

Community Living Kenbury House Limited

Kenbury House

Inspection report

Main Office, Flat G
2B, Kenbury Street
London
SE5 9BS

Tel: 07960484429

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Kenbury House is a supported living service providing personal care for up to six people with learning disabilities in one adapted building with individual flats, each with their own living rooms and kitchens and one communal space. Not everyone who used the service received personal care, at the time of the inspection there were three people receiving personal care. The Care Quality Commission (CQC) inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

The service supported people to have the maximum possible choice, control and independence. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests and staff supported them to achieve their aspirations and goals.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture:

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

This service was registered with us on 16 February 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care and right culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kenbury House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out the inspection.

Service and service type

Kenbury House provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since it had registered with us. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We also spoke with the registered manager, the deputy manager, a team leader, a Positive Behaviour Support analyst and two support workers. We reviewed a range of records. This included two people's care records and two medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People using the service told us they felt safe. Comments included, "I like all the staff. I feel safe."
- There were safeguarding and whistleblowing posters on display in the service for people and staff to refer to, these were in an easy read format in an accessible format for people.
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member said, "Safeguarding is making sure they (people) are safe from harm, looking out for signs of abuse. I would report any concerns immediately."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Risk assessments were based around people's individual support needs and were reviewed monthly, this helped to keep people safe from harm. These included ways to minimise the risk and interventions that staff needed to take.
- Records included proactive and reactive steps and key triggers for behaviours that could be seen as challenging which helped staff to support people through these.
- Formal and informal sharing of information about people's risks ensured people were kept safe.
- Staff managed the safety of the living environment and equipment well. Checks and actions were taken to minimise risk.
- People had individual evacuation plans in place to be used in the event of an emergency and the provider carried out regular fire evacuation drills.

Staffing and recruitment

- The service employed enough staff. One-to-one support was available for people to take part in activities and visits when they wanted.
- People told us that staff supported them to access the community and there was always someone available to support them to go out.. People were allocated a team of support workers which helped with consistency of care.
- Robust recruitment checks were in place including, checking employment history, references, notes from interviews and Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store prescribed medicines safely.
- Medicines were kept securely in locked cabinets and people told us staff gave them their medicines on time.
- The provider kept appropriate records in relation to medicines support. These included the support needs of individual people, a list of their current medicines and records for staff to complete when administering medicines. Staff completed these in a timely manner and we found these to be completed correctly.
- Protocols were also in place for medicines that were administered 'as required', such as pain killers.
- Training records showed staff were given training in medicines administration and their competency was regularly assessed. This helped to ensure they were competent.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.
- Incidents and accidents were logged in a timely manner. The provider carried out investigation reports and reviews. These included a description of the event, areas of improvement and an improvement action plan. Action plans had an 'owner' responsible for ensuring these were followed up.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health either when they started using the service
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, communication, preferences and skills.
- There were transition plans in place when people were due to move into the service. This included a number of day visits and overnight stays over a number of weeks to prepare people and staff..

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have such as , mental health needs, communication, autism awareness and positive behaviour support. Training records showed a high level of completion amongst the staff team.
- New staff completed a thorough induction which provided them with the necessary information and training needed to support people and perform their duties effectively. This was completed within a six month period and consisted of the provider's required training, going through the organisations policies and procedures, the CQC fundamental standards and being shadowed by an experienced support worker.
- Updated training and refresher courses helped staff continuously apply best practice. The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of regular supervision, appraisal and recognition of good practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People were able to eat and drink in line with their cultural preferences and beliefs.
- People were involved in choosing their food, shopping, and planning their meals. One person told us, "Staff help me with food." Where appropriate, a food diary was kept to monitor people's nutrition where they needed additional support in this area.

Supporting people to live healthier lives, access healthcare services and support

- People had health actions plans/health passports which were used by health and social care professionals to support them in the way they needed.

- People were supported to attend annual health checks, health screening and primary care services such as their GP.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A record of health appointments was kept, this showed that people had access to community healthcare services.
- There were health assessments such as oral health assessments in place and health monitoring charts.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff empowered people to make their own decisions about their care and support. Staff restricted people's freedom based only on their individual needs and in line with the law.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff were familiar with the MCA and its use.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People told us staff were caring and they were treated well. Staff spoke about how they supported people with regards to their religious needs such as accompanying people to their chosen place of worship for prayers.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff demonstrated a good understanding of people's support needs but also about people's likes and dislikes, the things they enjoyed doing, their emotional responses and how best to support them. They received training in equality and diversity and sexuality and relationships to develop their understanding in these areas.

Supporting people to express their views and be involved in making decisions about their care

- People felt listened to and valued by staff. Staff supported people to express their views using their preferred method of communication
- People told us they were able to express their choices and lived their lives how they wanted.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People's views were sought in relation to their menus, activities and how they liked to spend their day. Staff supported them to make informed decisions about their day to day care and support.
- People had regular meetings with an allocated key worker. This gave them an opportunity to express their views and let staff know what things they wanted to do.
- Support plans were person-centred and contained details about people's likes and dislikes, their personal histories and the things they enjoyed doing.
- Staff supported people to maintain links with those that are important to them. One person was supported to visit their family on a weekly basis.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- People told us staff supported them with their daily chores such as meal preparation and laundry. Staff told us ways in which they encouraged people to maintain their independence.
- Staff knew when people needed their space and privacy and respected this.

- The provider followed standards which ensured people received privacy, dignity, choice and independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. The provider employed a Positive Behaviour Support (PBS) manager to work with staff to support people. PBS is a person-centred approach to supporting people with a learning disability. The PBS manager explained how they monitored outcomes through regular meetings with people involved in supporting people.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. Care plans were based around people's individual support needs and were reviewed monthly.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. These were achieved through regular, meaningful key worker meetings.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- There were photographs and other visual cues such as easy read information which helped people know what was likely to happen during the day and who would be supporting them.
- There was individualised support such as tailored visual schedules presented in a pictorial format to support people's understanding of their weekly activity plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis.
- Staff provided person-centred support with self-care and everyday living skills to people.
- Staff ensured adjustments were made so that people could participate in activities they wanted to and helped people to have freedom of choice and control over what they did. Although there were individual activity timetables in place for each person, people had the freedom to take part and change their day-to-day activities. One person spoke about the activities he took part in including going cycling and to the gym,

he also spoke about his music interests and that he had his own drum set.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- There had been no formal complaints received by the provider in the past year from people or their relatives. Where concerns had been raised by other agencies, these were investigated by the provider in an open and transparent manner.
- People were asked if they had any concerns or complaints through individual key worker meetings and residents' meetings.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us he worked hard to instil a positive, transparent culture within the service. He said, "I try and take on feedback from all the staff here, including the night staff. I will come in early to hear from them."
- Managers worked directly with people and led by example. Staff felt respected, supported and valued by senior staff who supported a positive and improvement-driven culture. A staff member said, "For me, it's a good place to work. I feel it is progressive."
- Staff told us they felt able to raise concerns with managers without fear of what might happen as a result. Details of the provider's whistleblowing procedure was available for staff to refer to if needed.
- The provider understood their responsibilities under duty of candour and the need to apologise when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. The registered manager was supported by a deputy manager, a night manager, team leaders, senior support workers and support workers. Additional support was provided by a Positive Behaviour Support (PBS) team which included a behaviour certified board analyst. The PBS manager told us they held regular forums, these were individual for each person to discuss the support needs of people using the service.
- There were staff champions allocated to areas such as safeguarding, medicines, PBS support and infection control which helped to split up responsibilities and empowered staff.
- Managers completed robust audits which were effective in identifying areas of improvement. There was a weekly schedule in place for governance oversight, for example meetings and reviews for recruitment, environment, medicines, and menu planning.
- Regular governance and risk meetings took place which helped to ensure the service was well-led. This included a weekly risk and review meeting attended by the registered manager, the Positive Behaviour Support team, team leaders and the group operations director to review any incidents and risk for the previous week. A monthly integrated governance meeting was also held to review areas such as staffing, recruitment, medicines, safeguarding and people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service.
- The provider encouraged people and staff to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Resident meetings were held for people using the service. This gave them an opportunity to discuss how they were feeling, if they wanted to discuss anything such as holidays and activities. These also included follow up actions from previous meetings.
- Regular staff meetings were held and allowed for information to be fed back to staff and vice versa, topics of discussion included welfare of people using the service, health and safety, activities provision, staff welfare and policies and procedures.
- Feedback surveys were completed by people, relatives, staff and healthcare professionals. We reviewed these and found individual responses were positive.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and desire for people to achieve the best outcomes possible.
- There was a service improvement plan in place which identified areas of improvement for the service. This included improvements to the night staff provision, additional training requirements, group activities for people using the service and ways in which staff morale could be improved. This demonstrated a commitment to continuous improvement and learning.

Working in partnership with others

- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. We saw positive feedback from an Applied Behaviour Analyst (ABA) consultant and a PBS practitioner praising the staff team for supporting people using the service.