

Kazlum Support Ltd

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Inspection report

Unit 1, Cleaveanger
Coldridge
Credton
Devon
EX17 6BE

Tel: 0136383509
Website: www.kazlum.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

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

Kazlum Support Limited is a supported living service providing personal care to 12 people at the time of the inspection. Support is provided to people with learning disabilities and autistic people living in their own houses and flats.

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: Model of Care and setting that maximises people's choice, control and independence

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People lived safely and free from unwarranted restrictions because the service assessed, monitored, and managed safety well. There were comprehensive risk assessments in place covering all aspects of the service and support provided.

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 were not always able to comment on their safety. However, their body language while interacting with staff was relaxed and positive, which indicated they felt safe.

Medicines were managed safely. Infection control measures were in place. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights

Staff provided care that was kind and compassionate. They were supported to reflect on their practice, to

ensure it was person centred, and promoted people's dignity and independence. With the support of a specialist in positive behavioural support (PBS) there were improved outcomes for people through more positive interactions with staff, and increased engagement in activities and the community.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

Governance processes were effective. They helped to hold staff to account, keep people safe, protect their rights and ensure good quality care and support.

People's equality, diversity and human rights were respected. The service worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Overall staff felt supported and valued by the management team promoting a positive and improvement-driven culture

People were supported by staff who had received relevant and good quality training. This included training in the wide range of strengths and issues people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 July 2022) At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focussed inspection of this service on 17 and 21 February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care; consent; safeguarding and governance.

We undertook this focused inspection to follow up on action we told the provider to take at the last inspection and confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kazlum Support Ltd on our website at www.cqc.org.uk.

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.

Is the service effective?

Good ●

The service was effective

Is the service well-led?

Good ●

The service was well led

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector: two assistant inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 8 'supported living' settings, 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met and spoke with 4 people who used the service and observed their interaction with the staff team supporting them. We also spoke with 7 relatives. We spoke with 17 members of staff, including 11 support workers, 2 team leaders, the director, registered manager, deputy manager and care consultant.

We reviewed a range of records, relating to the care and support provided. This included training records, 6 peoples care records and 4 staff files in relation to recruitment and support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We received feedback from 3 health and social care professionals who worked with the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection systems and processes to safeguard people from the risk of abuse were not operated effectively. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- 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.
- Information about safeguarding was accessible to people in a format appropriate for their individual communication needs.
- People were not always able to comment on their safety. However, their body language while interacting with staff was relaxed and positive, which indicated they felt safe. A relative told us, "[Person's name] visits us every weekend... They are non-verbal so it's lots of guess work, but they are always happy to go home. They never look back, don't even say 'bye'."
- Staff had training on how to recognise and report abuse. They were clear about what action to take if they suspected a person was being abused and described situations when they had acted to protect people.
- Safeguarding was a regular topic in staff supervision to ensure staff had the opportunity to discuss any concerns.
- Staff knew people very well and could recognise if a person was worried or unhappy. This meant any concerns about people's well-being could be identified and followed up. A member of staff told us, "People are protected because we monitor the service. We encourage service users into open conversations, and if there was anything to be addressed it would be."

Assessing risk, safety monitoring and management

- People lived safely and free from unnecessary restrictions because the service assessed, monitored, and managed safety well. A relative told us, "The care is so good. They know when [family member] is becoming distressed and help them to manage it. They have never given up on him."
- There were comprehensive risk assessments in place covering all aspects of the service and support provided. This created a positive culture where people could participate safely in a range of activities of their choosing. For example, staff described how one person had a risk assessment in place for accessing the community, with guidelines for different scenarios. The triggers for the person's anxiety often changed, and new risk assessments were developed to reflect this. This enabled the person to continue accessing the

community safely with staff support.

- Staff knew people well and were trained to monitor, anticipate, and observe changes in behaviour. This helped them identify if people were unwell or upset and provide the support they needed. Risk assessments and care plans facilitated this, for example helping staff to recognise if a person was going to have a seizure, with guidance about how to support them safely.
- The computerised care planning system ensured information about any changes in people's needs could be shared promptly across the staff and management teams.
- The service worked in partnership with people to help them understand and manage risks. Staff received training in communication methods such as British Sign language (BSL) and Makaton. This meant people could participate meaningfully in assessing risks and developing support plans. Information, such as the complaints procedure was provided in an accessible format according to people's individual communication needs.
- People had regular health checks and were referred for support from external health professionals when this need was identified. This was confirmed by relatives who commented, "They are very hot on that. [Person's name] was looking under the weather, black marks under their eyes. They took them to the GP, they had a little infection."
- There were processes in place to promote environmental safety. This included health and safety checks, fire risk assessments and drills and individual risk assessments for people in the event of an environmental emergency.

Staffing and recruitment

- There had been challenges with the recruitment and retention of staff. Staff confirmed there were a lot of vacant shifts, but these were usually covered by the existing staff team. Relatives confirmed there had been no impact on the support provided to their family member. Comments included, "[Person's name] has a team of 4 who I see all the time. He trusts them. They know how he works. They do a really good job" and, "Staff are really good. We have had them for 6 years plus. There is a consistency of staff. [Person's name] has the same ones. A few have left."
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. 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

- Staff received ongoing training and support to administer medicines safely. This included specialist training by community nurses for the administration of insulin. Staff told us, "The training we had was really thorough. You couldn't get any wrong, you couldn't just skim through it, you have to pay attention. Sometimes people get complacent- even now I'm still making sure that's the right medication, name and amount- I think the training was brilliant for safely administering medication."
- The service supported a national project called STOMP. This stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. No PRN (as required) medicines were being used to manage people's behaviour at the time of the inspection.
- Medicines administration was monitored regularly. The computerised care planning system alerted the management team instantly if there were any issues or errors. Audits were overseen by an independent consultant. Any errors were analysed, and action taken to minimise the risk of recurrence.

Preventing and controlling infection

- Policies, procedures and risk assessments were in place to minimise risks related to the spread of

infection.

- Staff received training in infection prevention, with additional training during the Covid 19 pandemic.

Learning lessons when things go wrong

- Staff followed clear policies and processes for reporting and recording accidents, incidents and near misses, which helped keep people safe. They, alongside complaints and safeguarding concerns, were audited by the provider to identify any patterns and trends, and any further actions required.
- There were effective systems for capturing relevant information from incidents. This was used, with the support of a Positive Behaviour Support (PBS) specialist, to identify learning to help reduce the likelihood of a repeat occurrence.
- The service had acknowledged the concerns raised at the last inspection, learning from them and taking decisive action to address them. For example, they had worked closely with the local authority Quality Assurance and Improvement Team (QAiT), the PBS specialist, and an independent consultant, to support them to improve. The consultant told us, "The team at Kazlum Support are very open and honest and very self-aware. They have recognised where they can make further improvement to the service as a whole for service users and staff teams."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection people's rights under the Mental Capacity Act were not being protected. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Since the last inspection the provider had worked with the local authority and other relevant professionals to ensure people's human rights were protected. This meant they were now working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff received training in the MCA, and demonstrated a good understanding of how it is used in practice to protect people's rights.
- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented. For example, one care plan guided staff to listen to the person using not just the words they said but through body language and mood. Another person communicated their wishes using both BSL

and a communication board.

- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

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

At our last inspection people's care was not always delivered in line with standards, guidance and the law. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since the last inspection the provider had worked with people, relatives and an external specialist to review care plans. Care plans now contained clear guidance for staff about how to support people in line with their needs, choices and aspirations.
- Every person's record contained a clear profile with essential information to ensure that staff could see quickly how best to support them.
- Since the last inspection staff had received ongoing training and guidance from a specialist in PBS (positive behavioural support) and person-centred care planning. They had been supported to reflect on their practice, to ensure it was person centred, and promoted people's dignity and independence.
- With the support of the PBS specialist there had been improvements in communication and recording, leading to the development of better support strategies. This meant there were improved outcomes for people through more positive interactions with staff, and increased engagement in activities and the community.
- People's physical, mental health, communication and social care needs were fully assessed prior to being supported by the service, to confirm the service was right for them. Staff worked to ensure a smooth transition. This included involving people and their families in the development of care plans and assessing their compatibility when moving into shared accommodation.

Staff support: induction, training, skills and experience

- Relatives spoke positively about the skills and knowledge of the staff team. Comments included, "I think they do (have the right training to care for my family member). They certainly go through a vigorous training standard" and, "They seem really good. They know what they are doing."
- Newly recruited staff received a comprehensive induction to allow them to carry out their role safely and effectively. This included the care certificate for people new to care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed the providers mandatory training, which incorporated training specific to the needs of the people they supported. They told us, "I might have epilepsy training for service users who have epilepsy and that would be the same with a person who is autistic, so the training is relevant to the service users I support. We do communication and managing challenging behaviour, but the training is person-centred around the person's plan, so we are trained as per the person."
- Staff received additional support to enable them to complete the training if required. One member of staff told us, "I've at times missed things I'm meant to keep on top of. Work have been really good, and they have

a plan. I'm rota'd on to do it - an hour or so at home each week."

- Staff received ongoing support and supervision from the management team. A new supervision format was being trialled by the deputy manager at the time of the inspection. This included evaluating staff knowledge and understanding by discussing a person's care plan and risk assessment. Staff told us, "They adjusted their supervision to make it more interactive and now do them on example-based scenarios. For example, 'What is this person's medication for?' or 'What is this person's personal hygiene support plan?' So, they test your knowledge of the people in the house where you are working."

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

- The service ensured people received any support they needed with nutrition. They were enabled to make healthy food choices, shop for ingredients, and prepare their meals with staff support. Referrals were made for external specialist support and guidance if required.

- People's independence around food choice and preparation was promoted. Relatives told us how staff used pictures to help their family member to choose what they wanted to eat. One person told us how they enjoyed cooking, especially making bread. Minutes from a staff meeting stated, "We are here to enable and not disable service users. [Person's name] (loves to help with cooking) even if they are limited to what they can do to help. So encourage them to be involved in the cooking...even if it takes longer, because that is what we are there for."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Care records documented the involvement of a range of health and social care professionals.

Staff told us, "We will make a referral to the appropriate professional, like the Intensive Assessment and Treatment Team (IATT) or the local learning disability team or a GP referral. We try to work closely with the local professionals. We are currently doing some de-sensitivity sessions with IATT for one person with a fear of needles. I have also just had a conversation with the Speech and Language Therapy (SALT) team about an assessment for one of our service users next week."

- People were supported to attend annual health checks, screening and primary care services, including the optician and dentist. This supported their well-being and helped them lead healthy lives.

- People had a 'hospital passport', containing essential information about their needs and preferences in case of a hospital admission.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found governance processes were ineffective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Following our last inspection auditing processes had been reviewed and updated with the support of the local authority quality assurance and improvement team (QAIT).
- The provider had a wide range of audits in place looking at all aspects of service provision, overseen by an independent consultant. This meant governance processes were effective. They helped to hold staff to account, keep people safe, protect their rights and ensure good quality care and support.
- Action had been taken where governance processes had identified any concerns. This helped to reduce the risk of reoccurrence and drive improvement. For example, medication errors were discussed at staff meetings, and clear feedback given about expectations going forward.
- The electronic care planning system meant the management team had oversight of the support being provided in real time. It also facilitated communication across the staff team.
- The provider completed their own spot checks and inspections, so had oversight of the quality and safety of the service.
- There was a staffing structure in place with clear roles and responsibilities. The roles and responsibilities of the management team were in the process of being evaluated and reviewed to improve their effectiveness.

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

- At the last inspection we found some elements of a closed culture, where people's rights were not always protected, and they were not supported to develop and flourish. At this inspection we found the provider had taken decisive action and the culture was now more person-centred, open, inclusive and empowering.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's Statement of Purpose documented a philosophy of putting the individual at the centre of everything they do, allowing them to flourish within their community;

and become and remain as independent as possible.

- A commitment to supporting people to identify and achieve their individual goals was evident. Meeting minutes documented people being asked what was important to them now and in the future, and what support they would need to achieve their future goals. Staff told us how one person had showed an interest in cycling. They had initially hired bikes and tested a few simple cycle paths, and now went for 10-mile cycle rides quite often. They told us, "He is really confident on a bike now."
- The provider promoted an open and transparent culture at the service. The management team operated an 'open door' policy, and overall, staff found them accessible and approachable. They told us, "They are all very approachable. There is always someone there, you don't feel like you're bugging them. They'll always call you back if they miss you."
- The service reinforced the notion of a 'no blame culture', encouraging staff to come forward if they had made any mistakes. Staff meeting minutes documented, "There has been an increase in the open and honest culture from staff who have informed managers of the errors when they happened. This is what you should all be doing and is what we want to see more of. It ensures we deal with and rectify these errors so that we can make sure that they don't happen again."
- The provider complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

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

- The provider was in the process of conducting an in-depth feedback exercise, meeting individually with staff to ask for their views about how the service could be improved. The feedback was in the process of being analysed, and outcomes shared. This was due to be replicated with people using the service, tailored to their individual needs.
- Annual satisfaction surveys were completed by people, relatives and staff. The surveys were provided in an easy read format to enable meaningful participation.
- Monthly meetings were held in the individual properties. This was an opportunity for people to share their thoughts and opinions and make decisions related to the running of the house. The meetings were minuted so people, and staff could refer back to them.
- Staff told us they 'had their say' at a range of meetings and their views were listened to. This included suggestions about people's activities and support, as well as improvements to the running of the service. They told us, "Oh yes, regarding the hive platform (computerised care planning system), every suggestion I have made to that they have taken on board."

Continuous learning and improving care; Working in partnership with others

- The management team were committed to improving and sharing knowledge of best practice. They worked closely with the local authority and other external professionals to improve the quality and safety of the service. For example, they continued to commission the PBS specialist and independent consultant to work with them and provide independent guidance and support.
- Continued learning and reflection was promoted to improve care. For example, the findings of the previous CQC inspection were discussed at a staff meeting, along with the action being taken to address the concerns. Staff were kept informed about the progress being made, and ongoing areas for improvement.