

Mr Sam Lal

# Karma Liv-in

## Inspection report

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### Ratings

#### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

This inspection took place on 9 December 2015 and was unannounced. There was no previous inspection as the service started operating in March 2015. We did not give a rating to the service as there was only one person using the service. There was not enough information about the experiences of a sufficient number of people using the service over a consistent period of time to give a rating to each of the five questions and an overall rating for the service.

Karma Liv-in provides accommodation and support with personal care for up to five adults with learning disabilities, mental health needs and/or physical disabilities.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found staff understood what constituted abuse or poor practice and systems were in place to protect people from the risk of harm. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

Effective recruitment practices were followed to ensure staff employed were suitable to support people and there were sufficient numbers of staff available to meet people's individual needs.

Staff received training and support to deliver a good quality of care to people and a training programme was in place to address identified training needs.

People were involved in planning the care and support provided by the service. They received health support from staff that knew them well and understood their individual needs.

The registered manager and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The staff had developed good relationships with local healthcare services which meant people received the specialist support required.

Staff were caring in their approach and had a good understanding of people's likes, dislikes and preferences. People's privacy and dignity were respected.

There were effective management systems to monitor and improve the quality of service provided. The registered manager sought feedback about the service from people who used the service, their relatives and other health professionals.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People's safety was promoted by staff who had been trained to recognise and respond effectively to the risks of abuse.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

Effective recruitment practices were followed to help ensure all staff were fit, able and qualified to do their jobs.

People were supported to take their medicine in a safe way.

**Inspected but not rated**

### Is the service effective?

The service was effective.

People were cared for and supported by staff who had relevant training and skills.

Staff understood their responsibilities in relation to consent and supporting people to make decisions.

People were supported to maintain good health and to access healthcare services when they needed them.

People's dietary needs were taken into account and their nutritional needs were monitored appropriately.

**Inspected but not rated**

### Is the service caring?

The service was caring.

There was a positive relationship between people and the staff who supported them.

People received their health support in a kind and compassionate way from a staff team that knew them well and were familiar with their needs.

Confidentiality of people's personal information was maintained.

**Inspected but not rated**

People's privacy and dignity was respected and people were supported to maintain relationships with their relatives.

### **Is the service responsive?**

The service was responsive.

People received care and support that met their needs and took account of their preferences and personal circumstances.

Staff had a good understanding of people's needs, choices and preferences, and were aware of how to meet people's individual needs as they changed.

The provider's complaints policy and procedure was accessible to people and their relatives.

**Inspected but not rated**

### **Is the service well-led?**

The service was well-led.

People and their representatives felt the service was well managed and staff felt supported. They found the registered manager and provider approachable and friendly.

There were clear lines of responsibility and accountability within the management structure of the service.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

**Inspected but not rated**

# Karma Liv-in

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection carried out on 9 December 2015 by one inspector.

Before our inspection we reviewed the information we held about the service and information we had received from other professionals for example the local commissioning team and the care management team.

During our inspection we observed how the staff interacted with people and how people were supported. We also looked at care records including people's risk assessments, and records relating to the management of the service such as staff training records, staff duty rosters, policies and procedures, fire safety records and documents relating to the monitoring of the service.

We spoke with one member of staff, the provider and the registered manager. The person using the service could speak only limited English so we spoke to them through one staff member who spoke their language in order for us to get their views about the service. After the inspection we contacted one relative by telephone to obtain their feedback about the service.

# Is the service safe?

## Our findings

People confirmed they felt safe at the service. A relative we spoke with was confident their family member was safe and said, "I have no worries about the home and can relax knowing the staff are looking after my relative well."

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. Records showed and staff confirmed they had undertaken training to support their knowledge and understanding of how to keep people safe. Staff understood their responsibilities to protect people from harm. They knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. We saw that information about reporting concerns, together with relevant contact numbers, was displayed on the noticeboard in hallway of the service. This showed staff, relatives and people using the service had access to information about how to raise concerns and what procedures to follow.

We saw risks to people were assessed by the registered manager and management plans were in place where risks were identified. These informed staff of how to reduce and manage risks to maintain people's safety. For example, we saw a risk assessment in place if the person became unwell due to a certain medical condition. Staff were able to describe to us in detail how they supported people to keep safe on a day to day basis. This demonstrated that staff followed guidance to ensure people were provided with safe care that met their needs. The registered manager reviewed the risk assessments on a monthly basis.

We looked at records which confirmed that checks on the premises and equipment were carried out to ensure health and safety of people, staff and visitors to the service. We saw documentation and certificates to show that relevant checks had been carried out on the electrical hard wiring, fire extinguishers and gas boiler. We also saw checks were carried out on all electrical items in November 2015 to ensure they were safe and in good working order.

There was a fire risk assessment in place which had been reviewed by the registered manager in June 2015. We saw that the provider had installed a fire door in the hallway to comply with the recommendation made by the fire and safety officer during their visit to the service. This showed the provider took appropriate action to protect people, visitors and staff against the risks of unsafe or unsuitable premises and equipment.

The provider had a system in place to record and monitor accidents and incidents. The registered manager and staff said there had not been any accident or incident; however they had appropriate documentation in which to record an accident or incident should they occur.

We reviewed the recruitment records for staff members and found effective recruitment practices were followed to ensure staff did not start work until satisfactory employment checks had been completed. We looked at the files for two of the most recently employed staff. The staff files included evidence that pre-employment checks had been carried out, including written references and satisfactory disclosure and barring service clearance (DBS). The DBS is a national agency that keeps records of criminal convictions. This helped to ensure that staff members employed to support people were fit to do so and showed the

provider understood their legal responsibilities regarding safe staff recruitment.

There were enough staff to meet people's needs and to provide personalised care and support. As there was only one person using the service there was one staff on duty at all times. However the provider confirmed they assessed the staffing levels according to people's needs. When the person needed to go out for example to a hospital appointment then there would be an extra member of staff on duty. This meant that the staffing levels in place were monitored on an ongoing basis to ensure they were sufficient to meet people's changing needs. We saw staff responded quickly to the person when they called for assistance and they did not have to wait. The provider informed us that the staffing would be increased to two staff later this month as one more person was going to be using the service.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were supported to take their medicines by staff who were trained to do so safely. Support was received from the local pharmacist who dispensed people's medicines into a monitored dosage system. We saw they visited the service to carry out an audit on 18 May 2015 and another visit was due soon. Records of medicine administration and stock were kept, to show medicines were administered in accordance with people's prescriptions and available when people needed them. Any medicines prescribed to be given as necessary were monitored and guidance explained when these medicines should be given. We saw the registered manager carried out regular audit of medicines, including people's medicines administration records. Medicines were stored appropriately in a lockable metal cupboard.

## Is the service effective?

### Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. They said the staff were "very good". Observations and relative's comments demonstrated that people's needs were effectively managed and the staff provided the support people needed. A relative told us, "The staff are really good."

People were supported by staff that had received appropriate training and support to do their jobs and meet people's needs. Staff told us and records we saw confirmed they received appropriate training and support for their role. We looked at a record which detailed training staff had undertaken during the course of their employment and this showed staff had attended training in a number of areas. One care staff told us, "The training is good." Staff told us that they received the training they needed to care for people effectively. Training was accessed by various sources including in house, and external such as the local authority. Training needs were monitored through individual support and one to one meetings with staff.

Staff were also supported to gain further knowledge. For example, the registered manager was aware of the Care Certificate which sets out common induction standards for social care staff and was introducing it to the staff. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

We saw new members of staff received induction training and shadowed existing members of staff before they started work as a full member of the team. The induction included new staff reading all the policies and procedures of the service, attending training courses and getting to know the people living there. This meant that staff received a detailed induction programme that promoted good practice.

Staff received regular one to one supervision to discuss their role and development needs. One staff member said, "I have regular supervisions with the manager." We looked at some minutes of supervision records which showed staff had an opportunity to discuss any issues they might have and any training requirements as well as discussion around people's needs. This meant that staff had the opportunity to raise any issues or concerns and carry out their roles effectively.

People were involved in discussions and decisions about how they wanted to receive their care. This included being asked their consent before care and support was provided. During our inspection we saw staff sought people's wishes and obtain their consent before providing care and support. Staff had been trained and showed an understanding of, the MCA and the associated DoLS. They had access to a policy and procedure that provided them with the information they needed to know.

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. The registered manager told us if there were concerns about people's capacity, they would refer it



to the appropriate professional for an assessment.

People spoke positively about the food choices available and the food served was good. They were supported to eat and drink and maintain a balanced diet based on their needs and preferences. We saw nutritional risk assessments were in place and people's weight was monitored regularly. For example due to a medical condition of the person, the staff would not give them certain type of food to eat. This showed that people were supported to eat healthy food to support their wellbeing. Staff were knowledgeable about people's dietary needs and their likes and dislikes. People were given sufficient drinks throughout the day to maintain their hydration needs and promote their wellbeing.

The registered manager worked well with other health and social care professionals to support people using the service. We saw that people's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed. For example an occupational therapist visited the service recently to provide advice to staff on how to manage one specific need of the person. We also saw people were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. This showed people were supported to maintain good health. Relatives agreed that people were well supported with their healthcare needs.

## Is the service caring?

### Our findings

Staff had developed positive caring relationships with the person who used the service. The person spoke positively about the care and approach of staff. One relative said, "The staff are always very helpful." We saw staff treated people with respect and in a kind and caring way and interacting with them in a friendly way.

It was clear from our observations that staff had a good knowledge of people's individual needs. For example, the person did not like noise and staff ensured that the environment was not noisy. We saw staff took time to answer the person's questions and continually checked that it was ok to support the person. They always explained what they would be doing and any support was provided in an unhurried manner.

People were supported to maintain as much independence as possible and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. For example during personal care staff would encourage people to wash parts of their body themselves. This demonstrated that staff encouraged people to maintain their independence. People were involved as fully in decisions about their care and support as possible.

People were supported to maintain their personal appearance for example by wearing clothing of their choice. The registered manager informed us that the person liked to wear a particular item of clothing most of time and staff respected their wishes. This showed people were supported to maintain their individuality. People were able get up and go to bed at times that suited them. Staff were aware of their wishes and respected them. This showed that people's routines were taken into consideration.

We observed people's privacy and dignity was respected by staff when they received care and support. For example when asking people if they needed to use the toilet, staff asked them quietly and discreetly, to ensure other people could not overhear. We saw staff knocked on the person's doors and asking permission to come in before opening the door.

The registered manager told us they were not using any advocacy services however this was available to people if they had no family members available to support them, for example, in a 'best interests' decision meeting. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. Information about advocacy services was displayed on the notice board which staff and people had access to. At the time of the inspection the person using service did not require an advocate.

The importance of confidentiality was understood and respected by staff. Confidential information was stored safely and was locked away when not in use.

## Is the service responsive?

### Our findings

People received care and support that was personalised and responsive to their individual needs. We saw the care plan provided staff with clear and detailed guidance about the individual care and support needs of the person. There was also information about specific health conditions that detailed the actions staff needed to take to ensure the person were safe. The care plan included information about the person likes, dislikes and preferences. People confirmed they received support in their preferred way and that staff were responsive to their needs.

Staff were kept up to date with people's individual needs during daily handovers or during staff meeting. They had access to the care records and were kept informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. We saw care plan and risk assessments had been regularly reviewed.

People were supported by staff to remain active and do things they enjoyed. They were supported to spend time as they wished, such as listening to their favourite music. This showed that people felt at home and relaxed and were enabled to spend their time as they preferred. Staff ensured that people were in regular contact with their family where possible and supported this through telephone contacts and regular visits.

People we spoke with did not have any complaints about the service and were complimentary about the service they received. There was information available to people who used the service and visitors to the service about how to raise complaints and concerns. We saw there was a copy of the complaints policy on display in the service. However we advised the registered manager to amend the policy and procedures to inform people that the Care Quality Commission does not investigate individual complaints.

People's social and emotional needs were taken into account. There was a variety of activities for people to join in with during the week however the person using the service preferred to spend time in their room. People were able to go out with relatives who visited them on a daily basis and they participated in social events for example to celebrate someone's birthday in their family.

The person and their relative told us they would tell the staff or the registered manager if they were not happy about something. This helped to ensure that people were supported to raise anything that concerned them or upset them. Relative told us they knew how to raise issues or make a complaint. They also told us they felt confident that any issues raised would be listened to and addressed. The registered manager told us that they had not received any complaints since they had started operating. The service also had a pictorial easy read complaint procedure in place. People who used the service also met their key worker individually on a monthly basis and were encouraged to speak up if they were unhappy.

## Is the service well-led?

### Our findings

People and staff told us that the registered manager was very approachable. Staff told us the registered manager was easy to talk to and was available for advice at any time. One member of staff said, "If I have any concern about something I will talk to the manager." Staff felt supported well by the management team. One member of staff said, "The manager is very approachable and supportive." Staff told us the morale was good and that they were kept informed about matters that affected the service.

Relatives we spoke with were happy with the quality of the service. They told us, "It is a very good home and I don't have any concerns."

The registered manager told us they received good support from the provider to ensure the quality of care was maintained. This helped to ensure the service ran smoothly and provided good quality care for people using the service. The registered manager and provider operated an open door policy where staff, relatives and other professionals could speak to them if they had any concerns.

There were regular meetings held for staff to share their views and experiences and for the registered manager to cascade information about things happening in the service. From the minutes from the last meeting we saw that a number of areas were discussed including people's needs. Staff told us they had opportunities to share ideas during these meetings. One staff said, "We talk about the home and any changes in people's needs or any training that's happening." This showed that staff were supported to have a voice. Staff were also able to raise issues and make suggestions about the way the service was provided in their one-to-one meetings with the registered manager and these were taken seriously. Staff we spoke with were clear about their responsibilities, expectations and culture and values of the service. They understood their roles and felt well supported.

The registered manager undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, medicines administration and health and safety checks audits. We saw that where any issues had been found during these audits, an action plan was put in place which stated what the service needed to do to improve. This meant people could be confident the quality of the service was being assessed and monitored. Any maintenance issues that were identified during health and safety audit by the registered manager were dealt with promptly for example a water leak was repaired.

There were processes in place to get formal feedback from staff, people who used the service and their relatives through satisfaction surveys on an annual basis. However as the service had been in operation for less than a year so no surveys had yet been completed. We would look into this area in more depth at our next visit. There were opportunities to discuss the quality of care provided during conversations and discussions with people, staff and relatives on a day to day basis.

The registered manager had informed us of reportable incidents as required under the Health and Social Care Act 2008. This demonstrated they were aware of when CQC should be made aware of events and the responsibilities of being a registered manager.

