Kadima Support UK Limited

Kadima Support UK Limited No 23

Inspection report

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Ratings

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

Overall summary

This inspection took place on 24 June 2015 and was unannounced. Kadima Support UK Limited No 23 is a care home for up to five adults with mental health problems. This was the first inspection of the service since it registered with the Care Quality Commission on 17 October 2014, having been previously owned and managed by a different provider. At the time of the inspection there were three people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the 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.

People had opportunities to take part in activities within and outside of the home, although some indicated that they would like to have more options. There were clear

Summary of findings

records in place for planning and monitoring the care and support provided to people. Systems were in place to ensure that their consent was sought for all care provided.

People were happy with the support provided in the home and had developed good relationships with staff members who knew them well, and understood their needs. Health care professionals spoke positively about the service. People had been included in planning the care provided and they had individual plans detailing the support they needed.

The service had an appropriate recruitment system for new staff to assess their suitability, and we found that staff were sensitive to people's needs and choices, supporting them to develop or maintain their independence skills, and work towards goals of their choosing, such as moving into more independent accommodation. People were treated with respect and compassion. They were supported to attend routine health checks and their health needs were monitored within the home. The home was well stocked with fresh foods, and people's nutritional needs were met effectively. There were suitable systems in place for managing people's medicines safely.

Staff in the service knew how to recognise and report abuse, and what action to take if they were concerned about somebody's safety or welfare. Staff spoke highly of the support, supervision and training provided to ensure that they worked in line with best practice.

There were systems in place to monitor the safety and quality of the home environment. The home was clean and well maintained. Regular audits were undertaken to check on the quality of care provided and consult with people using the service and other stakeholders about any areas for improvement. A suitable complaints procedure was in place for the home, and people told us that their concerns were addressed by the home's management.

We have made a recommendation about the recording of risk assessments for people living at the home to ensure that they provide clear information about how to address all identified risks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. Risk assessments for people living at the home did not always provide clear information about how to address all identified risks for people.

Staff knew how to recognise and report abuse. Staff recruitment procedures were sufficiently rigorous at checking their character and suitability to work in order to protect people from the risk of unsafe care. People told us that there were sufficient staff at all times to keep them safe.

There were systems in place for monitoring and maintaining the environment to ensure that the home was safe. There were effective arrangements in place for the storage and administration of medicines, which protected people from associated risks.

Is the service effective?

Good

The service was effective. Staff received regular supervision and appraisals and felt supported in their work.

Arrangements were in place to ensure that people consented to the care provided to them in line with the Mental Capacity Act 2005.

There were systems in place to provide staff with a range of relevant training. People were supported to attend routine health checks, and to eat a healthy diet.

Is the service caring?

Good

The service was caring. People gave us positive feedback about the approach of staff, and we observed staff supporting people sensitively and respecting their privacy and dignity.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice. Their cultural and religious needs were met.

Is the service responsive?

Good

The service was responsive. People had opportunities to take part in activities within and outside of the home.

People's needs and preferences had been assessed, and person centred care plans were developed to guide staff so that they could meet people's needs effectively.

The service had a complaints procedure that was accessible.

Summary of findings

Is the service well-led?

The service was well-led. There was monitoring in place to ensure the quality of services provided to people living in the home. Staff described clear leadership and communication. There was consultation with people using the service and other stakeholders, and where areas for improvement were found, plans were put in place to address them.

Good 

Kadima Support UK Limited No 23

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 inspection took place on 24 June 2015. The inspection was conducted by two inspectors. Before the inspection, we reviewed the information we held about the service including notifications received by the Care Quality Commission.

We used a number of different methods to help us understand the experiences of people using the service. We spent time observing care in the communal areas such as the lounge and kitchen areas and met with all three people living in the home. We spoke with a support worker, a domestic worker and the manager of another home owned by the registered provider (as the registered manager was on leave).

We looked at all three people's care records, five staff files and training records, a month of staff duty rotas, and the current year's accident and incident records, quality assurance records and maintenance records. We also looked at selected policies and procedures and current medicines administration record sheets.

Following the inspection visit we spoke with a health care professional who supported people using the service.

Requires improvement

Is the service safe?

Our findings

People using the service told us they generally felt safe at the home, and with the staff supporting them. We had been notified of an incident prior to the inspection, impacting on people's safety. People told us, "I feel safe enough here now," "I see my social worker regularly," "I can lock my room," and "I get to see the GP if I'm not well." However one person felt that the incident that had happened could have been prevented if staff took preventative action in time. One person told us that there were times when they did not feel safe, as people living in the home could "get on each other's nerves. I try to stay out of the way."

Staff we spoke with were able to describe the types of abuse that people living at home might be vulnerable to. They described what they would do if they had a concern about a person's safety or welfare which included reporting their concerns to their line manager and ensuring these were properly addressed. Staff were aware of the appropriate external agencies to contact if they considered their concerns were not fully investigated. A safeguarding policy was in place and all staff received safeguarding training.

We saw that people's risks were identified in respect of their mental health. Indicators of deterioration in people's mental health were clearly set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action would be taken swiftly. Risk assessments were being reviewed approximately six monthly or more frequently if there were changes. We saw from the files we looked at that where concerns were raised they were quickly communicated to relevant mental health professionals and where necessary further action taken. For example one person had refused medicines and was quickly readmitted to hospital as a consequence of deteriorating mental health.

However we noted that other risks identified did not give clear actions for staff to take to mitigate against these. For example one person was said to be at risk of physical aggression to other people including staff, other people living in the home and family members. This person was also at risk of self harm. There was no information about potential triggers for these behaviours and no guidance or instructions for staff about how this person's risks should be managed.

Core safety checks by staff such as health and safety monitoring and routine fire checks were being recorded on a regular basis. We looked at the safety certificates in place for equipment and premises maintenance including gas, electricity and portable appliances safety certificates, and fire extinguisher and alarm servicing, and found that these were up to date.

The staff team included the registered manager and five support workers. Inspection of the home's rotas showed that there was at least one support worker on throughout the day and night, with extra staff booked to support people to attend appointments outside of the home. However we found that the registered manager's shifts within the home were not recorded on the rotas. There was an on call rota available, ensuring that a registered mental health nurse from the provider organisation could be contacted at all times.

Recruitment records of new staff recruited to work at the service within the last year showed that appropriate checks had been carried out including a criminal records disclosure, identification, interview and satisfactory references prior to them commencing work, to determine their suitability to work at the service.

Staff administering medicines to people using the service had undertaken appropriate training. Medicine administration records showed that medicines were administered as prescribed. We checked all people's medicines and found that the number of remaining tablets corresponded with records, which helped to assure us of medicines being administered as prescribed. We found no prescribed medicines had run out, and that there were records of medicines coming into the service and being returned to the pharmacist. Medicines were stored safely. People had regular reviews of their medicines, and had signed to indicate their consent with staff administering their medicines. Medicines audits were undertaken on a weekly basis to ensure safe administration. First aid boxes were well stocked as appropriate. Staff had undertaken first aid training and were confident about how to act in an emergency.

Requires improvement

Is the service safe?

The home was clean and well maintained. People had use of a kitchen and lounge and an additional conservatory area where they were able to smoke. Each person had their own room but shared bathrooms. We saw that the bathrooms and toilets were clean and well maintained. A cleaner was employed to work in the home on two days weekly. The home used a labelling system to ensure food was hygienically stored and the temperature of kitchen freezers and refrigerators was monitored daily. Each person also had a refrigerator in their own room, and the temperatures of these were checked every week.

We recommend that the system for recording risk assessments for people living at the home be reviewed to ensure that it provides clear information about how to address all identified risks for people.

Good

Is the service effective?

Our findings

We saw that people received effective support from staff at the service. People told us, "I can go out when I want," "They told me what the rules were. We have equal rights. There is no smoking in the house, we are not to abuse staff or other residents, and no visitors at night." One person said, "I am fussy about my food and do my own cooking. They [staff] do the shopping but I do help them." Another person told us, "The staff cook a main meal around 4 o'clock. They ask you what you want. I can go shopping with them and we discussed budgeting."

We observed that people responded positively to the staff support they received, and engaged well with the staff on duty. Staff members we spoke with were knowledgeable about individual people's needs.

Staff were receiving supervision sessions with the manager approximately every two months in line with the provider organisation's policy. Annual appraisals were also held, and we saw records evidencing that these were used to discuss a range of issues relevant to the home including individual support for people, medicines administration, food provision and cleanliness. Regular staff meetings were also taking place at the home to facilitate communication, consultation and team work within the home.

Training records showed that staff had received induction training prior to commencing work and also attended mandatory training and training on other relevant topics including mental health diagnosis, challenging behaviour, equality and diversity, dignity and respect, nutrition, and schizophrenia. Staff were positive about the standard of training and supervision provided by the organisation and displayed a good understanding of how to support people in line with best practice in monitoring their mental health and promoting independence. Staff training was planned for the year ahead, including courses in psychological intervention, and healthy lifestyle behaviours. Staff were supported to complete national vocational qualifications in care equivalent to levels 2 and 3.

There were arrangements in place for recording and reviewing the consent of people in relation to the care provided for them. We saw people had signed a contract about living in the home, although this did not set out rules and conditions of stay. However the people we spoke to were clear about the conditions of their stay and the house rules before they moved in. They were able to describe these conditions which included times for returning at night and restrictions on visitors to the home. Records showed, and staff confirmed that they had received training in the Mental Capacity Act 2005. We observed that staff encouraged people to make choices where possible such as choosing what to eat or drink, and how to spend their days. People had keys to their bedrooms and staff did not enter without their permission.

The kitchen was well stocked with fresh fruit and vegetables, and other foods. Staff were aware of the nutritional needs and preferences of people and encouraged them to be independent in this area, whilst providing a cooked meal for those who wished. We observed that the menu was varied including a range of different cultural foods in line with people's preferences.

We saw that people had regular access to health and social care professionals as required. One person told us, "I have a GP and have check ups." People regularly saw their social workers and the doctors overseeing their mental health treatment. We also saw that appointments were arranged for people to visit their dentist, the GP, and attend appointments for specialist medical investigations. Records were kept of all visits to health and social care professionals including the outcome of each appointment.

A health care professional spoke positively about the support provided to people by staff in the home, and their promptness to seek medical advice if they had any concerns.

Good

Is the service caring?

Our findings

People spoke very positively about the staff support they received, and the atmosphere in the home. One person told us, “I find it's the support and guidance that’s most helpful about living here, someone to talk to. The staff help you be more independent.” Another person said, “You get moral support here.”

We observed that people had developed positive relationships with staff at the service. Staff took time to talk with them and provide support when needed. There was a relaxed atmosphere in the home throughout the day.

We observed sensitive and appropriate interactions between people using the service and staff. Staff on duty demonstrated a good understanding of individual people’s preferences and had a positive approach to supporting people. Our observations showed that staff treated people with respect. Staff were polite to people, and encouraged them to be independent. Staff did not enter people’s rooms without their permission. We also saw that people had signed confirming their agreement as to who could have access to information about them.

People were encouraged to be independent. Their care plans included details of what they could do, as well as the support that they needed. They were supported to maintain and develop independence in new areas, such as cooking and budgeting.

People had their rooms personalised according to their own choice. Staff recorded their preferences with regards to goals and support, maintaining contact with their families and meeting cultural or religious needs, and took steps to address these. People were also offered the opportunity to go on holiday with staff support.

On the day of our inspection a ‘resident meeting’ was held at the home. Records indicated that these were held monthly and used to discuss menus, activities, and other aspects of shared living. Most recently meeting had included discussion of food, cooking sessions, a planned barbeque, hygiene issues and activities that people were interested in.

Good

Is the service responsive?

Our findings

People told us that they chose how they spend their time within the home. They said, “Before I moved here I came to visit. I liked what I saw. It's a good house,” “A normal day for me is watching the television. I am pretty lazy. If asked I will do the shopping or go to the cinema,” “They try not to stress you,” and “You're pretty much able to do what you want. You can get a lot of help here.” One person told us “I am aiming to go on to step down accommodation as soon as I can. My goals are to save money and look at what I need to do to be more independent.”

People told us that they were involved in planning the support that they received. One person said, “‘I've been involved in my care plan. It's about helping me with my medication, about healthy eating and budgeting, and doing activities, cooking and cleaning.” Another person told us, “I have a review every six months.”

We saw that each person had been assessed prior to coming to the home and a further needs assessment was undertaken after their arrival. People told us that they were involved with developing their care and support plan. We saw specific goals were identified such as aiming for step down care, stabilisation of mental health, and maintaining abstinence from drugs and alcohol. People we spoke with confirmed these goals were what they were working towards during their stay at the home.

We found that care plans were up to date and all sections had been completed appropriately. They were being reviewed approximately six-monthly or more frequently where significant changes to people’s needs had occurred. People’s needs and progress were discussed at six monthly reviews. Actions agreed at meetings and appointments with health and social care professionals were followed through by staff.

We saw that people had one-to-one sessions with their key workers each month. The support plans were reviewed quarterly. Support plans set out the actions to be taken by staff to support people to reach their identified needs. These covered issues such as mental and physical well-being, medicines, and the need for meaningful activities and professional appointments. The support plans we looked at appeared to be similar in terms of the activities set out for each person requiring support in each area. We asked staff about this and were told that the type of activities that would be required were similar for people and that further evidence of how these were carried out in relation to each individual would be the in the daily records. We checked the records and saw that these provided evidence that support plans were carried out for example where people required prompting for showers, to keep their rooms clean and to take medicines in a timely fashion. The records we looked at showed that staff were proactive in encouraging people with these tasks. Records of key working notes (with an allocated support worker) indicated that people met with their key worker at least monthly to review their progress with goals set.

Relevant monitoring records were in place to ensure that people’s health needs were addressed including weight monitoring, and blood tests when needed.

We observed staff responding to people’s needs during the inspection, and saw that everybody had the opportunity to go out of the home and engage in the local community with or without staff support. People told us that they had a choice of activities available to them. They said, “I go for walks. I used to play table tennis. They will take you to the gym and swimming,” “There are holidays and outings. We've been to Brighton. We have meetings as a resident group. sometimes people don't attend,” and “There are outings to the seaside. We have a van which gets used on Saturdays.” However two people told us that they would like the opportunity of more group activities on other days of the week.

Records of activities indicated that during the week people were encouraged to go swimming, to the gym, for bike rides, to undertake light housework, and attend cooking and computer session run by staff. Outings were arranged on Saturdays with a group from other care homes managed by the provider. Recent trips had been arranged to seaside resorts, shopping centres and the cinema. We spoke with staff about how they worked with individuals and staff were able to give us examples of how they could best motivate particular people. However with the exception of weekly outings it was not always clear that people were proactively encouraged to identify and maintain meaningful activities as set out in their support plan. The people we spoke with, whilst being satisfied with the level of activities they were involved in, said they spend a lot of time sleeping and watching television. Management indicated that this was partly due to the newness of the home, and the time needed to work with people and

Good

Is the service responsive?

motivate them to work towards goals of their choosing. They noted that feedback from a recent survey at the home had identified a need for more activities, and told us that this was being addressed.

People told us that they were happy with how complaints were dealt with at the home. They told us "If I thought something was wrong I would complain. They would take it seriously," and "If I wanted to make a complaint, I would go to the office and ask for a form."

The home had a complaints policy and procedure which was accessible to people, although no formal complaints had yet been received. People said that they received feedback about any suggestions or concerns they raised about the home. They knew how to make a complaint if they wish to do so. We saw that the complaints policy was posted on the noticeboard in the main living area and instructions about making complaints were also contained within the service user guide for the home, which each person was issued with on moving into the home.

Good

Is the service well-led?

Our findings

People were positive about the way the home was run. They told us, "Before I came here someone came to talk to me about it. They described the house. Then I came to see it. I saw it was okay, and would be a good place to come to," and "I feel lucky to have got here. I was in a bad way. I wasn't able to look after myself."

The registered manager for the home was not available on the day of our inspection, but people living at the home and staff spoke positively about his management of the home. Staff felt well supported by the registered manager and the provider organisation, and described clear direction, structure and communication within the home.

Regular residents meetings and staff meetings were held at the home, and records of these meetings indicated that people were consulted about the way the home was run. In addition to regular residents meetings, people had had an opportunity to comment on their reviews and care plans. For example one person's review showed that they did not agree with their diagnosis and viewed their mental health condition differently to the health professionals. This had been clearly recorded. People had signed to confirm their involvement with their care plans and their reviews.

Regular staff meetings were held to facilitate communication, consultation and team work within the home. The needs of people living in the home were discussed in detail at these meetings, for example a recent change in one person's sleeping pattern.

We found that accidents and incidents were recorded appropriately, with a clear post incident evaluation to consider ways of preventing a reoccurrence. A designated person from the provider organisation undertook regular audits of the home. The most recent audits in January, March, April and June 2015 included the views of people living at the home, the home environment, and checking on the quality assurance systems in place. Actions identified from these audits had been carried out. A recent contingency plan was available in the event of an incident affecting the functioning of the home. An environment risk assessment for the home in April ensured that all actions required from the previous assessment had been undertaken. Appropriate insurance and safety certificates were available for the home and the most recent food hygiene inspection by the local authority from June 2015, awarded the home five stars (the maximum).

Surveys of the views of people living at the home, and other stakeholders were undertaken every year. The provider had questionnaires for people to provide feedback. We saw that people living in the home had filled in these questionnaires and there was a note included in their file as a reminder when further feedback was due. We saw from the questionnaires returned that people were largely content with the service provided with few comments about improvements although there was one request for more activities to be available. Other stakeholders had provided very positive feedback about the home praising the home's communication and attention to detail, and responsiveness and helpfulness during placement reviews.

The quality assurance system for the provider organisation governing the home included sending out surveys in September each year, and assessing and evaluating the responses and collating the information in December. A 'think day' would then be held in January, during which strengths, weaknesses, threats and opportunities would be assessed, prior to producing a business plan by February. The most recent business plan for the service for 2015 included the operating environment for the service, service delivery, quality standards, and current programme and development objectives. Development objectives including programmes of redecoration, proactive daily care planning, attendance of conferences and the association of therapeutic communities.

The provider had comprehensive policies on a wide range of topics concerned with the running of the home. These included policies on complaints, care of hazardous substances, medicines and safeguarding. We saw that each member of staff had signed to confirm that they had read these policies.