Modus Care (Plymouth) Limited

Klein

Inspection report

58 Albert Road
Plymouth
Devon
PL2 1AE

Date of inspection visit:
23 September 2017

Date of publication:
13 October 2017

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

The inspection took place on 23 September 2017 and was unannounced. Klein is a residential care home for up to two people. It specialises in the care of people who have a learning disability and associated conditions. At the time of this inspection there was one person living there.

The service had a registered manager. 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.

At the last inspection on the 4 and 5 September 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good:

People said; "Yes I feel safe here because I have staff for company all the time." A relative said; "Very safe. It's the safest environment possible. Fantastic team. I can't praise them enough." Staff said; "We keep people safe because they have the staffing they need to keep them safe."

People remained safe at the service. There were sufficient staff to meet people's needs and support them with trips out and activities. Risk assessments were completed to enable people to retain their independence. People received their medicines safely.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were well trained and competent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

The staff were very caring and people had built strong relationships with the staff. We observed staff being patient and kind. People's privacy was respected. People or their representatives, were involved in decisions about the care and support people received. One person said; "They (their relatives) come to my review meetings."

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices about their day to day lives. Complaints were fully investigated and responded to. A relative said; "We raised two minor concerns. They were dealt with straight away."

The service continued to be well led. People and staff told us the registered manager was approachable. The registered manager and provider sought people's views to make sure people were at the heart of any

changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Klein

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 a comprehensive inspection; it took place on the 23 September 2017 and was unannounced. We followed this up with phone calls to the registered manager and a health and social care professional involved with someone living in the service to gain additional information.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in September 2015 we did not identify any concerns with the care provided to people.

During the inspection we met with the person who lived at the service. A senior manager of Modus Care (Plymouth) Limited, the company that owns Klein, was available throughout the inspection by telephone. We looked around the premises and observed staff interacting with people. We spoke to 1 relative and 2 members of staff.

We looked at records relating to the individual's care and the running of the home. These included care and support plans and records relating to medication administration and the quality monitoring of the service.

Good

Is the service safe?

Our findings

The service continues to provide safe care. The person appeared to be very relaxed and comfortable with the staff who supported them. The person told us they felt safe and said; "Yes. I have my own flat; staff stay or go when I want them to." A relative said; "Safe- yes very." Staff spoken with also felt the person was safe with one saying; "When we need two staff to support the person if they become unwell it's put in place very quickly." A health and social care professional who had involvement with the person felt they were safe and well looked after.

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager or senior management and were confident that action would be taken to protect the person.

Risks of abuse were reduced because Modus Care had a suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

The person had one to one staffing to support them and two to one staffing as and when needed, for example if they became unwell. There were sufficient numbers of staff to keep the person safe and make sure their needs were met. Throughout the inspection we saw staff meet the person's needs, support them and spend time socialising with them.

Risk assessments were completed to make sure the person was able to receive care and support with minimum risk to themselves and others. Where risk had been identified, for example when going out in the community there were up to date risk assessments in place. For example, where the person may place themselves and others at risk, there was clear guidance in place for staff managing these risks. Risk assessments were also in place regarding risks associated with behaviour.

The PIR stated; "All staff delivering a service is as good as it can be. Individual generic risk profiles are completed and where required risk assessments for specific activities."

The person received their medicines safely from staff who had completed training. There were systems in place to audit medicine practices and clear records were kept to show when medicines had been administered. The person was prescribed medicines on an 'as required' basis. There were clear protocols in place to instruct the staff when these medicines should be offered to them. Records showed that these medicines were not routinely offered but were only administered in accordance with the instructions in place.

The person was protected from the spread of infections. Staff understood and had received training in what action to take in order to minimise the risk of cross infection.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support. Staff were competent in their roles and had an excellent knowledge of the individual they supported which meant they could effectively meet their needs. A relative said; "They are a person in their own right here (In Klein) not just someone in a care home. "

The person was supported by well trained staff. New staff completed the Care Certificate (a nationally recognised training course for staff new to care) as part of their induction and training. Staff told us they were provided with plenty of training and in subjects relevant to the person who lived at the home, for example mental health training.

The PIR recorded; "The introduction of the Care Certificate is a positive step forward in developing newer staffs' knowledge of the role and responsibilities along with evidencing their skill base. The effectiveness will continue to improve the service."

The person had their health monitored to make sure they were seen by appropriate healthcare professionals to meet their specific needs. For example the person told us they visited the local surgery for regular blood test.

The person was able to make choices about the food they ate. They designed their own menu with some staff support. They assisted with the preparation of meals, they were supported to cook their meals and went shopping for their own food. Where there were concerns about their diet and food choices staff sought advice from relevant professionals, for example dieticians.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff said the person was encouraged to make as many day to day decisions themselves. Where decisions had been made in the person's best interests these were fully recorded in care plans. One relative said they had been involved in a decision about their relatives care. Records showed healthcare professional had been involved in making decisions for the person. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for the person who required this level of support to keep them safe.

The person currently living in the service had no restrictions in place. However best interest meetings and decisions had been held with this person, who had capacity, to record how best to support them when they became unwell and not always able to make some choices during this period.

The accommodation was well maintained. The person told us they were able to choose the furniture and update the décor of the home when they wished to. A relative said; "They are very proud of their flat."

Good

Is the service caring?

Our findings

The staff continued to provide a caring service. The person told us; "The staff are lovely. I like them all." A relative said; "They (their relative) has been through lots of care homes but now so settled. Been a nightmare journey to get here and they have done wonders with them, I call them […] (name of their relative) Angels."

The person had built strong relationships with the staff who worked with them. There was a calm and relaxed atmosphere and the person appeared very comfortable with the staff working with them. They told us staff were caring and they were happy with the staff supporting them.

The person had their own living area, en-suite bedroom and large kitchen. These had all been decorated and personalised to reflect their tastes and personalities. The person had unrestricted access to their rooms and they were able to spend time alone if they chose to. They said; "If I want the staff to stay they do. If I want to be on my own I can do that." They were also able to spend time with their family when they wished.

Staff knew the person well and were able to communicate effectively with them. This ensured they were involved in any discussions and decisions. Staff respected the person's need for privacy. Staff were observed to be interacting well and appropriately. A health and social care professional said the staff always included the person in any decisions.

The PIR recorded; "Staff respect the individual's privacy, dignity and right to make choices, as a team we have worked hard to adopt the awareness that we are supporting people in their homes and that Klein is more than just a workplace."

The person or their representatives were involved in decisions about their care. They had their needs reviewed on an annual basis and attended review meetings with staff from the service who knew them well. Personal representatives, for example family members or health care professionals also attended. Everything that happened in the service was discussed with them on an on-going basis. This ranged from their own care needs to buying new furniture for their rooms.

Staff understood the persons individual needs and how to meet those needs. They knew about the person's lifestyle choices and how to help promote their independence. For example encouraging them to participate in household tasks.

Good

Is the service responsive?

Our findings

The service continued to be responsive. The person was well known by the staff who provided care and support which was person centred and took account of individual needs and wishes. Staff monitored and responded to changes in the person's needs, for example, if the person's needs fluctuated due to their mental health. Staff confirmed that if the person was well they encouraged them to undertake activities. They said this was important as when the person's mood was low they would be less active and supported more at home. Staff had also undertaken specific training to help ensure they understood and supported this person's specific mental health needs. A relative said; The best thing is if [...] (name of relative) is unwell they can stay in Klein and not have to go to a hospital. They are blissfully happy there!" A health and social care professional said the staff were able to recognise when the person became unwell and responded quickly when they did become unwell.

The person took part in a variety of activities with staff support. On the day of the inspection the person had plans for a family visit and family contact was regular. They told us of the variety of activities they took part in, for example swimming and going out for coffee.

Staff told us how they encouraged the person to make choices. For example they encouraged the person to assist with their own shopping and decide on which destination they like to go for their annual holiday. This helped ensure the person's voice was heard.

The person's computerised care plans were personalised and contained information to assist staff to provide care and gave information on the person's likes and dislikes. In addition to full care plans there were brief pen pictures of the person, particularly about their health needs and how to respond to those needs. This information showed the service had liaised with other agencies to support the person with any issues that may challenge the service. Staff had a good knowledge about the person and were able to tell us how they responded to the person and supported them in different situations. There were clear guidelines in place to help staff respond and defuse situations where the person may become agitated or upset. Staff were very clear how to respond appropriately to the person's needs.

There was a complaints policy in place which gave the person easy instructions about how to complain. The provider also had a complaints procedure displayed in the service to make it easy for people to understand. A relative said they had raised two minor concerns and they had been dealt with immediately. This relative also said how pleased they were that their relative was supported and able to raise any concerns however minor. They said; "We feel great they are able to make complaints and know the registered manager will sort it."

Though no complaints had been received, the registered manager knew what action to take to ensure they would be investigated and responded to. The registered manager would take action to make sure changes were made if the investigation highlighted shortfalls in the service.

Good

Is the service well-led?

Our findings

The service continues to be well led. There is a registered manager in post. 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.

The person said; "I see […] (registered manager) regularly to see if all is OK." A relative said; "I'm kept informed and fully updated not just with my relative but about the company as well." They went onto say; "The registered manager and I have a really close relationship and will call if we have any concerns, either way." Staff said; "Brilliant registered manager" and "The registered manager always makes them self available when needed." A health and social care professional confirmed the registered manager always kept them informed on any issues involving the person they visited.

The registered manager and provider had clear values and a vision for the service. Their web site included; "The objectives of Modus Care are to provide; Safe, sound and supportive services. A safe, structured environment in which challenging behaviour can be safely managed. Care delivered flexibly, attentively and in a non-discriminatory fashion while respecting the right to independence, privacy, dignity, fulfilment, and to make informed choices. Services that ensure the needs and values are respected in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments." These objectives were supported by both the registered manager and provider and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about the work they did. One said; "The registered manager wants things done properly, and we will support them and offer help if needed to change things to make people safe."

The registered manager was well respected by staff and relatives. They were open and approachable and keen to make improvements where necessary. The person said they were happy to talk to the registered manager and from discussion with the registered manager it showed the person was comfortable talking to them. The registered manager kept their practice up to date with regular training. They had completed a management and leadership course. They also met with other managers of the company that owned Klein for additional support.

When the registered manager was not available there was an on call system available between senior management and the company's' other services. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported by the registered manager and the provider.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. Regular testing of the fire detecting equipment and hot water and servicing of equipment had taken place. The PIR recorded; "Systems are in place to monitor the quality of the service and remain effective in learning from incidents or complaints. Links have continued to develop with outside agencies,

including GP, community nurses, psychologist, psychiatrists, and community Police officers."

The registered manager made themselves visible in the service and their time was divided between office time and talking with staff and people who use the service. This enabled them to work alongside other staff to monitor practice and address any shortfalls. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements.