

Rehability UK Community Ltd

Kingston House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Kingston House is a supported living service. Kingston House is a collection of 30 self-contained flats with an adjoining central communal area for people to access. At the time of the inspection the service was providing personal care to eight people all of whom had learning disabilities.

Not everyone who used the service received personal care, CQC only inspects where people receive personal care. Personal care is support related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people to live meaningful lives that include control, choice, and independence.

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

People were consulted regarding the development of their care, through reviews and surveys. The manager had implemented a new quality assurance system to better identify where improvements in care delivery are needed.

The manager told us they were working to develop a more open culture. The staff had a good level of training and were equipped to meet the needs of people using the service.

We found the care delivery was person-centred including involvement from people using the service. Communication was promoted to ensure people were able to effectively communicate and become involved in their care. The service promoted the maintenance and development of relationships of people with others of importance to them.

Professionals and relatives of people using the service told us people were safe. The service ensured staff were recruited safely and there were sufficient numbers of staff supporting people. The service managed risk in a proactive manner while allowing people using the service to continue with new experiences.

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

The service did apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this location was Good (published 06 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kingston House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two Inspectors

Service and service type

This service provides care and support to people living in two '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.

The service had a manager in place who had applied to become the registered manager with the Care Quality Commission. This means that they, alongside the provider, will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection to allow people the opportunity to consent to a home visit from an inspector.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service. We looked to see if statutory notifications had been

sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We reviewed information that had been sent to us by the public, the local authority safeguarding team, and the local clinical commissioning group (CCG). We used all this information to plan our inspection.

During the inspection

We spoke with two people who use the service. We spoke with a range of staff including the Managing Director, the manager, the Quality Assurance lead, one team leader and five care staff.

We looked at the care and support records for five people who used the service including medication records. We looked at accident and incident records, safeguarding records, training, staff rotas and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and clarification of those who received a regulated activity. We spoke with two relatives of people who use 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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives informed us they felt safe in the service. People described the staff as good and one relative told us, "My [family member] is safer than they have ever been."
- The manager and the staff we spoke with understood their responsibilities in relation to keeping people safe and free from harm or abuse.
- The manager had reported any safeguarding concerns as required to the local authority and CQC.

Assessing risk, safety monitoring and management

- We saw there were risk management plans relating to person-centred needs covering a range of areas including nutrition, choking, those at risk of leaving the service and behaviours. We observed evidence of risks being reviewed by the management team.
- People were supported by staff who were aware of the risks to them on a daily basis. People told us staff were knowledgeable regarding the risks to them and risks had been assessed, to ensure people using the service were safe. One staff member told us, "We support [service user] to eat their meals by cutting their food and supporting them to eat slowly so they don't choke as they have a tendency to rush."
- The manager told us there is a new monitoring system coming into place to further manage risks within the service. This is to allow the manager to have a better oversight of risks and how best to keep people safe from harm.

Staffing and recruitment

- Staffing was planned to meet people's needs. A relative told us, "The manager has been amazing" in strengthening the staff team by establishing a more stable, experienced staff team where previously there was a turn-over of staff in the service. During the inspection we observed adequate staffing to meet people's needs including a skill mix across the team of senior staff and support staff enabling people's needs to be met safely.
- Staff had been safely recruited. The manager carried out checks before staff could commence their employment, these included background checks made using the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment.
- The service was person-centred in its approach to the recruitment of staff. One professional told us, "The individual we are involved with is being supported by the service to be involved in the recruitment of the staff that will be support them."

Using medicines safely

- Medicines were managed safely with clear systems in place to ensure people received their medicines as prescribed. Care workers had received training in managing and administering people's medicines.
- Staff had regular competency checks completed by senior staff members to ensure medications were safely administered.
- Managers checked medication records and reported any concerns to the relevant authorities.

Preventing and controlling infection

- People were protected from the risk of infection. Care workers received training in infection control and wore gloves and aprons as appropriate in the course of their duties.

Learning lessons when things go wrong

- Systems were in place to monitor and review accidents and incidents for patterns and trends.
- The manager told us they had a new system being introduced next month to more effectively monitor accidents and incidents in real time to better inform care plan reviews. We will review this system during our next inspection.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed by the manager prior to using the service which informed people's initial care plans.
- People told us they had choices in all aspects of their lives from meals to activities including accessing higher learning. Relatives we spoke with supported this view.
- Staff told us how they provide individualistic support and understanding for people's life choices and specific activities they wish to engage in.

Staff support: induction, training, skills and experience

- Staff told us they had an in-depth induction programme when they commenced in their roles. One staff member told us they, "had training in every area before starting then shadowed experienced staff."
- Staff told us they were supported in their roles with specific training including managing challenging behaviour and Autism to meet the needs of the people they support.
- Regular supervisions, competency and spot checks were completed by the senior staff and the manager to ensure the staff were meeting the needs of the people using the service.

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

- Staff were aware of the preferences of people who use the service and supported them to shop and cook healthy meals.
- People's records included any specific requirements people had in relation to eating and drinking. Risks related to people being able to eat and drink safely were documented and communicated to us by staff.
- Staff told us about meals and the involvement of the people in menu planning. We observed menu plans that were person-centred and chosen by the individual.
- The manager said, "Service users develop their menu with the support of staff, there is also the option of a communal meal in the Hub"

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with a number of agencies and professionals to meet the needs of the people using the service.
- Care plans included the input of professionals such as Speech and Language Therapists and District Nurses.

Adapting service, design, decoration to meet people's needs

- Staff told us people using the service chose their décor and adaptations were made depending upon need, for example, adaptations to the premises to facilitate people who were wheelchair users.

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

- Staff told us they supported people to access healthcare services as required.
- Where people were not able to go to a healthcare service, staff made arrangements for health professionals to visit people in their own homes.
- A relative described how the service supported their loved one to obtain input from several healthcare professionals, adding, "The service is brilliant at maintaining the services" needed by their family member.

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

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff told us some people they supported did not have capacity to make some decisions and had a DoLS in place to enable staff to support them with their care needs.
- We saw from records that the manager had applied for a DoLS where appropriate however outcomes of applications were not always chased in a timely way.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff treat people with kindness and respect when they were communicating with people. We saw staff support people to access new, unfamiliar environments positively.
- Records demonstrated how the service supports people with their sexual identity and how they facilitate and support people to socialise in the community with people. One staff member told us, "We support [service user] to access gay bars and meet people with a common interest."
- Relatives and professionals we spoke with spoke positively of the service with one relative telling us they, "Think there should be more services of this level."

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

- We read minutes of the service user meetings the service held these were a platform for the service users to communicate their views on the service and improvements they would like to see in the service they receive.
- People were supported to be actively involved in decisions regarding their care for example they were involved in their care plans and where appropriate the recruitment of the staff that support them.
- Staff told us, and records confirmed, people's needs, and preferences were identified and understood. We found people were supported to receive care in line with these needs and preferences.
- We saw people's opinion of the service was sought through the completion of regular surveys. We read completed surveys from service users as well as action plans from the service user comments in the surveys.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's independence, privacy and dignity as well as confidentiality.
- The manager and the staff we spoke with were motivated to promote the privacy, dignity and independence of the service users in their care through both their actions and how they spoke of the people they supported.
- People were supported by the service to regain and maintain their independence. One relative we spoke to said, "The service is really really good, a good ethos empowering the service users."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Peoples care plans were detailed with their needs and preferences in relation to the personal care they received. Care plans were personalised with details of goals and approaches important to the individual. Staff were knowledgeable about the details in people's care plans.

Meeting people's communication needs

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

- Care plans were in place that detailed communication needs of people who used the service. In addition, we saw documents including care plans and surveys in alternate formats with pictures and changes in fonts to meet the communication needs of the individuals who required this.
- The manager and the staff had a clear understanding of AIS and how to implement it on a person-centred level.

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

- We read plans people had in place to support activities they preferred to engage in, for example these included, attending University, socialising with other people who use the service and the wider community. Some people expressed a desire for increased community engagement and the provider advised this would be explored further to ensure people's needs were fully met.
- People were encouraged and supported by the manager and staff to maintain relationships by visiting parents at home on regular basis. Staff encouraged and supported people to meet with friends who have similar interests.

Improving care quality in response to complaints or concerns

- There was a clear complaints procedure in place, which people felt they could confidently use
- Where complaints had been made, they had been followed up appropriately by the manager and actions taken where appropriate.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection.
- End of life care plans were held in people's records. These had been discussed with the person using the

service who had capacity and where people lacked capacity this was compiled through a best interest meeting.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager and provider were not clear on the legal definition of the regulated activity of Personal Care. This meant they did not fully understand which individuals they were providing a regulated service to. This issue was resolved within 24 hours of our inspection site visit.
- Ratings were displayed in line with legal obligations. The manager was new in post and awaiting registration.
- Staff received supervision with their line manager, one care staff told us, "Supervision is very positive and constructive." Which helped ensure that staff understood their role and performance.
- DoLS had been applied for however systems were not in place to ensure that applications were chased.

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

- The provider had not ensured they had always taken action in relation to areas of improvement people asked for in feedback surveys. For example, where people wanted additional support to access the community.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager told us about improvements they were making to the culture in the service to make this more open and inclusive. A relative told us the new manager had begun to address the cultural issues, though they also said, "More work is needed to strengthen the staff team and manage this culture."
- We found the service to be person-centred, inclusive and empowering in its approach to people. We also saw the manager's action plan that was being developed to further build a positive culture to better meet the needs of people using the service.
- One member of staff told us, "[The manager] is changing things which is positive, when [the manager] says they will do something they do it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the duty of candour and had been open and honest in notifying individuals and the relevant authorities when something went wrong.

Continuous learning and improving care

- The manager had made improvements to the quality assurance and governance systems within the service. There was a new quality assurance tool in place which was person-centred enabling the manager to assess the overall quality of care being received by individuals.
- We saw and were told by the quality assurance lead of continuous learning initiatives to improve care in relation to activities and incident/accident monitoring. However, some of these initiatives had not yet been implemented at the time inspection.

Working in partnership with others

- The manager worked with commissioners of care, a number of health and social care professionals and other stakeholders to improve care outcomes.