

# Supported Independence Limited

## Kelly House

### Inspection report

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### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Kelly House is a service providing support with personal care to people with mental health needs living in supported living accommodation and in their own homes, as an outreach service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The provider told us that 92 people were receiving support with personal care, however this was largely limited to prompting of medicines and some personal care, rather than hands on care provided by staff.

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

People using the service were safe. Risks associated with their care were identified and guidance put in place to support staff in managing the risk. Staffing levels were sufficient to ensure people's needs were met. There was a pool of bank staff able to cover shifts when required. People were supported to be as independent as possible with their medicines. If staff provided support, this was outlined in their care plan.

The service was well led. The service provided was person centred in nature and encouraged people to be as independent as possible. Staff were well supported and able to openly discuss any concerns they had. There were systems in place to monitor the service including audits and recording of any accidents and incidents.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was outstanding (published 2 April 2019). At this inspection we rated the service good.

### Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of people's personal care. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from outstanding to good based on the findings of this inspection.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# Kelly 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 Health and Social Care Act 2008.

#### Inspection team

The service was inspected by one inspector.

#### Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

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

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was so that we could ensure there would be staff available to support the inspection.

We visited the location's registered office on 27 October 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all other information available to us including notifications. Notifications are information about specific events and incidents the provider is required to tell us about.

#### During the inspection

We visited the registered office which was located at one of the supported living accommodations. We spoke with five members of staff including the location manager, a new manager who was due to take over the post and three support staff. We spoke with three people using the service. We reviewed care records for two people and reviewed other documents relating to the running of the service such as audits and policies.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were well treated. One person told us that sometimes there were arguments between people but that staff "dealt with them quickly". People told us staff treated them well.
- Staff were trained in safeguarding and told us they felt confident about identifying and reporting abuse. Staff told us that people were safe.
- Managers worked with the local authority when required to ensure people were safe. One example of this was an individual who behaved in ways, at times, that posed a risk to other people's wellbeing and safety. This had clearly been a challenging and difficult time for the service. In conjunction with the local authority, staff had worked hard to find a solution that ensured people were safe. This was confirmed by staff and people we spoke with.

Assessing risk, safety monitoring and management

- People using the service were able to carry out most of their personal care independently and staff support was in the main, limited to prompting people. Therefore, the risks around personal care were minimal.
- We saw from the care planning and associated documents that any risks associated with people's care were identified and measures identified to guide staff in giving the right support. One person was at risk of self neglect and staff prompted them to carry out their own personal care routines. It was identified that good humour worked well in encouraging the person.
- We read that one person had epilepsy. Although they hadn't had a seizure in recent years, we gave feedback to the manager that it would be helpful to have clearer information in the care plan about what staff should do if the person had a seizure whilst being supported by staff. Staff told us they had training and would know what to do in the event of having to respond to a person experiencing a seizure.

Staffing and recruitment

- The service had sufficient staff to meet people's needs. Regular bank staff were used to cover shifts if required. The service had a significant pool of bank staff which meant continuity of care for people and staff who understood people's needs well.
- One member of staff commented on how people often received support over and above their commissioned hours, evidencing that staffing levels were sufficient,
- There were policies in place to support safe recruitment. This included seeking references from previous employers and undertaking a Disclosure and Barring Service (DBS) check. A DBS check highlights any convictions a person has that could potentially affect their suitability for their role.

Using medicines safely

- People required minimal support with their medicines. Where staff were involved in medicine management, this was clearly documented.
- For one person, staff were supporting with giving him access to a weeks' worth of medication at a time. This had been agreed with the person to help manage the risk of the person overdosing.
- For another person, their care plan documented that refusing medicines could be a sign of their mental health deteriorating.

#### Preventing and controlling infection

- Staff had access to PPE if required.
- Communal areas of the service that we observed were clean and well maintained. People received support as required with keeping their individual rooms clean.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored.
- Reports were detailed and gave clear information about the action staff had taken in response.
- The registered manager kept a spreadsheet as an overview of accidents across the service and supported then in monitoring for any themes in the kinds of incidents occurring.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. We found evidence that people were well cared for by staff that were kind, caring and dedicated to their roles. However, the service no longer met the threshold for the rating of Outstanding. This did not indicate a decline in standards at the service.

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

- There was a positive, person centred culture within the service. People were included in all aspects of planning care and their independence encouraged and promoted.
- People told us that staff treated them well and encouraged them in following their interests and hobbies. One person enjoyed telling us about a holiday they had been on recently and another showed us trophies they had won whilst pursuing their hobby.

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 registered manager was aware of the requirement to operate in an open and honest way with people.
- Notifications were made to CQC as and when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were carried out across the service and fed back to the registered manager so that they were able to keep an overview of the service.
- There were systems in place for monitoring the quality and safety of the service. Individual managers completed audits of their individual services and sent these to the registered manager for overall monitoring.
- Managers completed weekly reports to send to the registered manager giving information such as staffing requirements, any incidents that had occurred and any safeguarding concerns.

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

- We saw that people were involved in the service and their feedback and opinions sought. For example, we saw that after various activities people completed they were asked to fill out an evaluation form and make suggestion as to any improvements that could be made.
- Staff told us they received good support and felt able to talk about any concerns. We heard about one particular issue that had been particularly challenging for staff and people at Kelly House. The manager told us how they had encouraged staff to be open and honest about how they were feeling during this time and this had worked very well and in supporting staff wellbeing at this time.

#### Working in partnership with others

- The service worked with other agencies involved in people's care. We saw reports from the local authority contracts and compliance team evidencing that the service had been proactive in making improvements in the service when required.
- We also saw feedback from a member of staff in the local authority highlighting the 'outstanding' support that had been given to two people when moving to a new property.