

Liaise Loddon Limited

Karibu Place

Inspection report

37-39 Mulfords Hill
Tadley
Hampshire
RG26 3HY

Tel: 01256812663

Date of inspection visit:
15 November 2021

Date of publication:
29 December 2021

Ratings

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

Summary of findings

Overall summary

About the service

Karibu Place is a residential care home providing personal care to 6 people aged 18 and over at the time of the inspection. The service can support a maximum of 6 people. Each person has their own flat, that consists of a kitchen, living room, bathroom and bedroom. In addition, Karibu Place offers one large communal dining facility, a large garden and an multi-use room that is utilised as a sensory room as well as an activities room. Staffing is based upon the needs of people, with a minimum of 1:1 staffing provided to people in addition to surplus staff on site. Offices are located in one wing of the complex.

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

People were not always protected from the risk of harm by staff ensuring sufficient quantities of medication were on site and administered at the correct times. We made a recommendation about using best practice guidance on medicine management. People were not always protected from the risk of infection as the premises were not always kept clean. We made a recommendation that the provider work with external agencies specifically to manage this issue. The provider did have a re-decoration plan in place that they were working towards implementing. Risk assessments were robust and least restrictive. They encouraged and empowered people to access activities and daily living skills. Incidents were analysed and lessons were learnt to manage similar occurrences. Staff were trained in positive behaviour support as well as all relevant training associated with the social care. Agency staff were not trained in physical interventions training until they had worked at Karibu Place for three months. Although it was unclear if this impacted on people and safety, we did make a recommendation about training.

All aspects of people's physical, emotional and social needs were assessed, and plans were in place to achieve good outcomes for them. Staff were effectively supported to acquire the required skills and knowledge to support people. All agency staff were given a comprehensive induction that included working in the ethos of the service. We saw evidence of people being supported to eat and drink frequently. Management worked with external health professionals and families to try and ensure people's care and treatment was in line to their changing needs.

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

The management team promoted a caring, person-centred culture where people were at the centre of care delivery. Staff felt supported. The registered manager understood their responsibilities to inform the necessary agencies and people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent reoccurrences. Audits were in place to monitor the service, and focus on how to develop the service on a continuous premise.

We expect health and social care providers to guarantee autistic people and people with a learning disability

the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care focused on using positive behaviour support to ensure people were supported in the least restrictive way and enabled to retain choice. The flats were designed to promote people's independence and control of the environment.

Right care:

- We saw evidence of documentation that was person centred care, that promoted people's dignity and human rights. We observed that some areas of care were reflective of promoting right care. The management were seeking assistance from external health providers to support them in this area.

Right culture:

- People were encouraged to engage with the community, and access services and provisions that empowered their lives and promoted inclusivity.

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 service was good (published 08 March 2019).

Why we inspected

The inspection was prompted in part due to concerns received about areas of concern in relation to poor care and treatment, that placed people at risk. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Karibu Place on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was always effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was always well-led.

Details are in our well-Led findings below.

Good ●

Karibu Place

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. As this was a focused inspection we looked at the domains of Safe, Effective and Well-led, rating these accordingly. Where changes to the overall rating were affected due to the three-domain rating, we provided an overall rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors, with a site visit taking place on 15 November 2021.

Service and service type

Karibu Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service, including notifications that the provider is legally required to send in ahead of the inspection. In addition, we spoke with health professionals, social services and attempted contact with relatives. 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 used all of this information to plan our inspection.

During the inspection

We engaged with three people who used the service and completed observations of three people's interaction with staff. We spoke with four members of staff including the registered manager, positive support co-ordinator and two agency workers.

We reviewed a range of records. This included two people's care records, behaviour plans, risk assessments, initial assessments and medicine records. We reviewed the induction of agency staff, staff training records, supervision protocols, team meetings, communication methods, incident analysis amongst other documents. In addition, a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data analysis and quality assurance records. We spoke with five relatives and a further three staff.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We saw the service had sufficient quantities of personal protective equipment (PPE), and this was appropriately distributed to staff. Staff told us, "There is always enough PPE for us to use."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date. We observed staff adhered to the provider's infection control policy and procedures.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- The Commission had been made aware of concerns related to poor cleanliness of some of the flats. We noted that some were dirty, with residue of food smeared or thrown at the walls that had solidified. It was unclear how old the food was as this was a part of daily behaviour. Some flats had stained walls where people threw hot beverages at the walls and surfaces. We were told the provider had a plan to refurbish the flats which included redecorating. We spoke with the registered manager and raised concerns about the food on the walls. We were shown daily walk around schedules that were meant to be completed by staff, however we were unable to see any that had been completed by the other agency that were supporting.
- It was noted that another provider was supporting people living at the service, and that some of the responsibilities had shifted to the other provider from Karibu Place including those related to cleaning. However, Liaise Loddon Limited as the registered provider, for Karibu Place remained ultimately responsible for the cleanliness of the service.

We recommend that the provider works collaboratively with the agency and considers a methodology to monitor the cleanliness of the environment, even where Karibu Place staff are not directly providing care.

Using medicines safely

- People were not always receiving their medicines as prescribed. We observed an incident where to due an

error in the way a medicine was dispensed by the pharmacy, and the staff failed to note the error when signing the medicines in; a person went without a required medicine for over seven days. This was a one-off incident.

We recommend the registered manager revert to best practice guidance, specifically linked with safe medicine management.

- The registered manager had implemented comprehensive monthly audits to review medicines, including stock, MARs, and any errors. However, following the recent incident the registered manager was implementing new measures to mitigate a similar occurrence,
- PRN guidelines were comprehensive and detailed how and when staff needed to give as required medication. For example, with juice, or yoghurt.
- Staff had received training in medicine administration, and this was refreshed. Competency assessments were completed on staff following training.

Staffing and recruitment

- There was service had a high staff turnover which meant the provider used a significant proportion of agency staff to be able to provide safe staffing numbers. Whilst the registered manager attempted to block book consistent agency staff to ensure people using the service were familiar with the staff supporting them, this was not always achievable.
- The service had a rolling recruitment drive in place that was focusing on bringing in more experienced staff.
- Management acknowledged that agency staff did not always have the correct knowledge to support the client group, however ensured all new agency staff were inducted into the service including being given pen portraits of the people they were supporting.
- Whilst agency staff received a one-day course on positive behaviour support, they only received further training in physical interventions once they had consistently worked at the service for 3 months. It was unclear if this meant that untrained staff may be involved in physical interventions, when they were not trained. We spoke to the positive support co-ordinator about this, however he was unable to advise.

We recommend the service give consideration to best practice guidance and ensure staff receive the appropriate training to be able to safely support people in their care.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and were aware of the protocols to follow should they need to notify any concerns of abuse.
- The service clearly displayed safeguarding protocols for staff to follow in staff communal areas.
- However, some relatives felt the service did not do sufficient to safeguard people from the potential of abuse. They raised concerns pertaining to processes, that although were in place, they felt were not followed efficiently. This was looked at as part of the inspection.
- The registered manager had ensured that the relevant organisations, such as the local authority safeguarding team, placement officer and the CQC were made aware of any concerns within a reasonable time, and all protocols were followed efficiently.

Assessing risk, safety monitoring and management

- The service had risk assessments in place to advise staff how to support people in their care.
- The service had a behaviour support co-ordinator who had written comprehensive behaviour support plans to outline and characterise each complex behaviour and how staff needed to manage the risks

associated with the behaviour. We found that details were of a good standard, with information provided on triggers, antecedents, proactive, active and reactive approaches.

- Documents are reviewed and updated in line with changes in people's behaviours. Where new risks are assessed measures are employed to mitigate these.
- Incidents are monitored to measure the effectiveness of risk management. Where changes are required these are implemented.
- The registered manager made contact with external professionals to support with risk management and mitigation. Discussions were evidenced and measures suggested actioned.

Learning lessons when things go wrong

- Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy.
- Incidents and accidents are reported, in accordance with the provider's policy, these are subsequently analysed and investigated to determine a trends analysis. Any learning or changes to risk assessments are implemented and accordingly discussed with staff in meetings.

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 the effectiveness of people's care, treatment and support did achieve good outcomes and was consistent.

Staff support: induction, training, skills and experience

- Staff we spoke with told us that the training was "really good" and "gave a chance to learn from others".
- The training matrix indicated that staff were kept up to date with their knowledge, and that this was delivered using different mediums, from e-learning to face to face.
- We noted that learning sessions were incorporated in team meeting minutes, whereby an area would be discussed with staff and answers discussed, for example, care planning, or safeguarding. In addition supervisions were used to discuss and promote personal training and development with annual appraisals reviewing progress.
- Training was booked in advance and staff made aware of the planned schedule.
- Staff told us that all new staff and agency workers received a comprehensive induction. This covered all areas of operations, and mandatory training relevant to people.
- All agency staff received a course in positive behaviour management upon commencing work at Karibu Place.

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

- Care plans were comprehensive and well formulated clearly detailing information about the person and how they wished to be supported.
- Risks were assessed, with behaviour specialists and relevant health professionals being consulted to ensure people were enabled to partake in activities that they enjoyed, in the least restrictive way.
- The service attempted to allocate staff with the relevant skills, knowledge and experience to work with people most suited to their skillset.

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

- Care plans contained clear and concise information pertinent to people's dietary and health needs. For example, one person for whom food acted as a significant motivator, was discussed within the care plan with methods of working to manage this behaviour.
- Where required, food and fluid intake was monitored to ensure a clear account was retained of what was consumed. Where concerns were noted, relevant professionals were consulted and the appropriate action taken.
- We saw evidence of people receiving and having access to sufficient foods and drink. Each person had their own kitchen where they were supported to prepare small meals, whilst the main meal was prepared by the chef at Karibu Place.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives, access healthcare services and support

- We saw evidence of good communication with other agencies, including health care professionals, social services and families where relevant. Comprehensive documents were maintained of all communication.
- Advice was updated in care plans and where need be risk assessments. We saw evidence of the information being shared with the team within team meeting minutes.

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

- We noted that most living spaces were designed and decorated in line with people's personal preferences. For example, bedrooms, lounges, kitchens were painted in colours that were chosen by the person or their relative.
- One person required sensory stimulation. Their flat was designed and co-ordinated to have equipment that met their specific needs.
- The garden was designed to cater for people with disabilities. This was used by people as and when they wished.
- A sensory room that was doubled up as an activities room was located within the main complex of the building. However, we noted this was used more so as an area for storage. We were told this room was used by people on occasions. We discussed that this area needed to be more accessible and functional for people to productively use this space.

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.
- The registered manager and staff demonstrated an understanding of the MCA and how this impacted people. Staff were able to provide examples of how they promoted choice and enabled control wherever possible for people. People's capacity to consent to their care had been assessed and where appropriate best interest decisions were made and evidenced.
- The service retained copies of deputyships for people, who had court appointed legal deputies for health and welfare and/or property and finance.
- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication, including Makaton, pictorial images or signs and symbols.

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 good. At this inspection this key question remains the same. This meant the service management and leadership was consistent. Leaders and the culture they created did support the delivery of quality, person-centred care.

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

- The management team and staff told us that they placed people, their needs and preferences at the heart of the service, by aiming to ensure their choice, independence and dignity was maintained and encouraged.
- People however did not always experience personalised care from a stable staff team who knew them well. Whilst the registered manager attempted to ensure consistent staff were deployed to support people, this was not always achieved due to the high volume of agency usage.
- Relatives generally spoke highly of the registered manager, however made reference to the change in staff as having potentially negative impact on the people who use the service.
- The registered manager aimed to work with the staff team and develop their skills. She was reportedly positive and promoted learning that in turn would benefit people achieving good outcomes.

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

- Staff were supported to understand the principles of the duty of candour, when this applies and how, through robust policies developed by the provider.
- The registered manager understood the importance of transparency when investigating something that goes wrong. We saw evidence that the principles were appropriately actioned and the relevant people informed.
- The registered manager had assumed responsibility and accountability when concerns had been raised or mistakes had been made.
- The management team attempted to develop good relationships with people, family members and staff encouraging constructive criticism, and discussions for improvement.

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

- Management were clear about their roles and drove to ensure the service was person centred and focused on the needs of people.
- Staff reported feeling supported by management, received regular supervisions, attendance at team meetings, and working closely with the management team to ensure their performance was reflective of good quality of care.
- The registered manager understood the need to ensure regulatory requirements were met. We saw evidence of notifications being submitted within a timely manner, containing the relevant information.

Where supporting evidence was requested, this was provided.

- The management completed a series of audits focusing on the day to day operations of the service, care files, staff records and all other relevant documentation. These were completed monthly, and generated action plans, that were followed up on at the next audit. Following a recent incident involving a medicine error (as reported in safe) the registered manager had identified that additional systems may need to be implemented specifically to monitor medicine management.

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

- Management worked with people, their relatives and advocates to fully understand how people wished to be supported. They focused on working with people to achieve their best outcomes and enhance their experience of living at Karibu Place.
- Management were involved on occasions with care delivery. This meant that they understood the needs of people to whom support was provided. They were proactively involved in the service looking at methods to enhance staff knowledge and the people's experience using the service.
- Monthly team meetings covered areas for learning and focused on group discussions for staff to be able to learn and improve care.
- Staff told us that they felt supported by management, to continually learn and share experiences. They were encouraged and prompted to further their professional development, and where need be, provisions were implemented to ensure all staff had same accessibility.
- Staff told us the registered manager valued their views, which they were encouraged to share during supervisions. One staff told us they were looking forward to having face to face team meetings and learning events.

Working in partnership with others

- There was significant evidence to illustrate management worked in collaboration with external agencies to help ensure people received high quality of care and support. We saw evidence of emails communication, professional's communication records, and external guidance sent in by professionals.
- However, we received conflicting feedback from some professionals who felt communication could be improved, and partnership working was insufficient.
- Some feedback from relatives was positive. One relative reported "[Registered Manager] was very good and flexible" and that "the provider had gone to great effort to maintain contact during Covid-19". Another reported, "the registered manager is very responsive".
- However, we did receive some negative feedback in relation to the provider, with one relative stating "the provider is not delivering on the promises they made".
- Evidence reviewed did not substantiate the negative feedback.