Kidsgrove Care Solutions CIC

Kidsgrove Care Solutions - Arbour Street

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected this service on 21 April 2017. This was an announced inspection, as we needed to ensure people were using the service at the time of our inspection. This was the service's first inspection since they registered with us in 2015.

The service is registered to provide accommodation and personal care for up to three people who have a learning disability. People use this service for short respite breaks. The service also offers personal care support to people in their own homes. At the time of our inspection three people were using the service for a respite break and one person was receiving care in their own home.

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 and associated Regulations about how the service is run.

We found that improvements were required to ensure that effective systems were in place to ensure people's care records contained the information needed to ensure people received consistent care. Improvements were also needed to ensure that incidents relating to behaviours that challenged were monitored so any themes and trends could be identified. Immediately after our inspection, the home manager shared the systems they had devised to make these improvements. This showed they were responsive to our feedback. We will check the effectiveness of these new systems at our next inspection.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were not always followed as required. There were also some gaps in staff training. The home manager was aware of these gaps and was taking action to improve compliance in this area.

People were protected from the risk of abuse because staff knew how to recognise and report potential abuse. Safe staffing levels were maintained to promote people's safety and to ensure people participated in activities of their choosing. Staff understood how to keep people safe and people's medicines were managed safely.

People's health and wellbeing needs were monitored and people were supported to access health and social care professionals as required. People could eat meals that met their individual preferences.

People were treated with care, kindness and respect and staff promoted people's independence and right to privacy.

People were involved in the assessment and planning of their care and they were supported and enabled to make choices about their care. The choices people made were respected by the staff.

Staff supported people to access the community and participate in activities that met their individual preferences.

Staff sought and listened to people's views about the care and action was taken to make improvements to care. People understood how to complain about their care and a suitable complaints procedure was in place.

People and staff told us that the home manager was supportive and approachable. The home manager regularly assessed and monitored the quality of the service's environment and equipment care to ensure it was safe and well maintained.

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. Safe staffing levels were maintained and medicines were managed safely.

Risks to people's health, safety and wellbeing were managed as the staff understood how to keep people safe.

Staff knew how to identify and report potential abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective. The requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were not always met. This meant we could not be assured that decisions were made in people's best interests when they were unable to make these decisions for themselves.

There were some gaps in the staffs' training. However, the home manager was working to address these gaps.

People were enabled to eat meals that met their individual preferences. Staff knew how to monitor and promote people's health and wellbeing.

Is the service caring?

Good

The service was caring. People had positive relationships with the staff and staff treated people in a caring manner.

People were supported to make choices about their care and independence was promoted.

People were treated with dignity and respect and their right to privacy was promoted.

Is the service responsive?

Good

The service was responsive. People were involved in the assessment and review of their care to ensure their care met their individual preferences and needs.

People were supported to participate in activities that were

important to them. This included accessing the local community.

People knew how to complain about their care and a complaints system was in place to respond to complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Improvements were needed to ensure all aspects of care could be effectively assessed and monitored to ensure people received consistent support.

People and staff were supported by a supportive and approachable manager.

Feedback from people about the quality of care was sought and acted upon to improve people's care experiences.

Kidsgrove Care Solutions - Arbour Street

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 was planned to check whether the provider was 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.

We undertook an announced inspection of Kidsgrove Care Solutions – Arbour Street on 21 April 2017. We announced this inspection as we needed to ensure that people would be using the service when we visited. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, 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. We used this information to formulate our inspection plan.

We spoke with three people who used the service and three relatives. We also spoke with two members of care staff, the home manager and the registered manager/provider. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people in communal areas and we looked at the care records of four people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included staff files, rotas and quality assurance records.

Good

Is the service safe?

Our findings

People told us they felt safe around the staff. For example, when we asked one person if they felt safe they said, "Yes". We then asked this person what made them feel safe. They replied, "The people are nice". This person then went to a staff member and hugged them, which showed they felt comfortable to approach the staff. Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People told us that the staff were always available to provide them with the care and supported they required. One person said, "They are always here and they are all nice people". Staff told us that staffing levels were adapted to meet the individual needs of the people who used the service. The home manager said, "Staffing is completely based on the guests' needs. We look at their personal care needs and the support they need to access the community. We then plan the rota around those needs". Staff rotas confirmed what we were told as we saw that staffing numbers changed dependent upon the needs of the people who used the service. For example, the rota showed an increase in staffing levels at the time of our inspection as one person who used the service had been assessed as requiring the support of two staff members at times. This showed that a flexible approach to staffing was used to ensure that enough staff were available to keep people safe and meet people's needs.

Risks to people's health, safety and wellbeing were managed effectively as staff knew people's risks and knew how to keep people safe. For example, one person who used the service required specific support from staff to ensure their safety when accessing the community. The staff we spoke with gave us consistent information about how they kept a person who used the service safe when they supported them to access the community. This showed that staff understood the person's risks and promoted their safety. Staff also supported people to understand how to stay safe in the event of an emergency situation, such as a fire. One person told us how they had recently participated in a fire drill where they had learned what to do if the fire alarm sounded. We asked the person where the fire meeting point was. They replied, "We go to the carpark". Staff confirmed this was the agreed fire meeting point, which showed the person had been supported to understand the correct fire evacuation procedure.

People told us and we saw that medicines were managed safely. One person said, "The staff help me with it (medicines)". A relative we spoke with told us they were confident their relations medicines were administered as prescribed as their health conditions remained stable during their stays at the service. Our observations and people's care records showed that effective systems were in place that ensured medicines were stored, administered and recorded to protect people from the risks associated with them.

People were supported by staff who understood what potential abuse was and how to report it. Staff told us how they would recognise and report abuse, and procedures were in place to ensure concerns about people's safety would be appropriately reported to the home manager and local safeguarding team. No incidents of alleged abuse had occurred at the service since they registered with us.

Requires Improvement

Is the service effective?

Our findings

People told us and we saw that consent was sought before staff offered day to day care and support. However, staff told us that some people who used the service were unable to make important decisions about some of the more complex decisions relating to their care. We found that in these circumstances the requirements of the Mental Capacity Act 2005 (MCA) were not always followed. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The home manager told us and people's care records showed that mental capacity assessments were not competed to show that people's ability to consent to their care at the service had been assessed. The home manager confirmed that one person did not have capacity to consent to all aspects of the care they received at the service. They also told us that the person's care had been agreed with their relative in their best interests, but there was no written record of a mental capacity assessment or best interest decision for this care in accordance with the MCA. This showed that the requirements of the MCA were not always followed as required.

The home manager acknowledged the gap in MCA compliance and they were able to demonstrate they had a good knowledge of the principles of the MCA. They told us they would immediately add a prompt to the admission checklist to ensure that people's capacity to consent to their care was formally assessed at each admission in the future. This showed they understood the current gap in MCA compliance and they had taken action to address this. We will check that this action has been effective at our next inspection.

Staff told us that some people who used the service were at times under a high level of control and supervision in order to promote their safety. For example, staff told us that one person needed the support of two staff members to enable them to access the community safely. Staff told us two staff were needed because the person would occasionally attempt to run away from things that made them anxious, which placed them at risk of harm if they were to run onto a road or other potentially unsafe situations. This level of control and supervision exerted by the staff could be viewed as a potential deprivation of the person's liberty. 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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The home manager told us that a DoLS application had not been made as a social care professional involved in the person's care had not indicated that this was needed when the home manager had asked them. We discussed this with the home manager who acknowledged that the DoLS team needed to be consulted with about the potential deprivation of liberty rather than the social care professional and they immediately completed an urgent DoLS request. This showed that the home manager was responsive to feedback about how to improve their compliance with the MCA and DoLS.

Relatives of people who used the service told us they had confidence in the staff's knowledge and skills to care for their family members. One relative said, "I know the staff have had training as they always know what to do". Staff told us they had received training to enable them to meet people's care needs. One staff

member said, "The medication training gave me confidence so I know that what I'm doing is right". Another staff member said, "The first aid training was really good. Without it, I wouldn't know what to do first aid wise. I think it's really important as we sometimes lone work". We identified some gaps in the staff training. Training gaps included; the MCA and DoLS, safeguarding and fire safety. The home manager had identified this required improvement and had plans to address this issue.

People told us that they chose and enjoyed the foods they ate at the service. One person said, "I have a cooked breakfast. I have eggs, bacon, sausage, hash browns, mushrooms and brown sauce. I give them 10 out of 10". Another person said, "I like pizza with ham". Staff confirmed they were going to support people to shop for the ingredients they needed to make pizza during their stay. People also told us they could access snacks and drinks when they wanted them. One person showed us where the snacks and drinks were located which showed they knew how to access these.

Staff demonstrated that they understood how to support and monitor people's health and wellbeing. For example, one person who used the service had significant allergies and staff knew the triggers of these allergies and how to react to any signs of an allergic reaction. Another person required medicine to be administered on an 'as required' basis for a medical condition. Staff monitored this person's health and wellbeing, so that they knew when this medicine was required.

Good

Is the service caring?

Our findings

People and their relatives told us that they or their family member's enjoyed spending time at the service because the staff were kind and caring. One person said, "I like coming back". We asked them why they liked staying at the service and they responded by saying, "Nice people" and "10 out of 10". Comments from relatives we spoke with included; "[Person who used the service] is well cared for and well liked" and, "I know [person who used the service] enjoys every minute of their time there. They look forward to coming ever so much. They adore it".

People told us they had positive relationships with the staff. One person said, "I love them, I wouldn't be without them". We asked another person if they had friends who used the service. They told us about one friend who used the service at the same time as them and they also pointed at the staff, saying the staff were also their friends. Staff told us they treated people who used the service like they were their family. One staff member said, "We are like a family, they are my heart and soul".

People told us they were enabled to make choices about their care. One person said, "I tell them what I need help with". Another person told us about all the choices they made during their stays at the service. This included; the bedroom they used the foods they ate, whether they used the bath or shower and the activities they participated in.

We saw that the staff supported people to communicate their care needs and preferences. For example, one person who used the service had some difficulties verbally communicating their needs. We saw that staff understood this person's individual communication style and they were able to communicate effectively with this person. One staff member told us they were developing a pictorial communication folder to use with people who struggled to understand and communicate their care preferences. The home manager also told us they were planning to introduce pictorial care plans for people who needed them. This showed the staff were working to improve the way they communicated with people about their care preferences and needs.

People told us they were treated with dignity and respect. One person said, "They always treat me with respect". This person also told us how staff supported them to be independent which was important to their confidence and wellbeing. They said, "They help me to be independent". People also told us and we saw that their right to privacy was promoted. We saw that people could access their bedrooms and all areas of the home freely. Our conversations with staff also confirmed that people were treated with dignity and respect. For example, one staff member told us how they promoted people's privacy and dignity. They said, "I always ask the person before I give help and I talk them through what I am going to do" and, "I knock on their door and wait for them to shout before I go in".

We found that staff supported people to continue to participate in their established routines whilst they used the service. For example, people were supported to attend the colleges, places of work and the day services that they would usually attend if they were at home. This enabled people to receive consistent care during their respite breaks. People also told us they were supported to maintain contact with their families

during their stays. For example, one person told us staff supported them to speak with their parents every night.

Good

Is the service responsive?

Our findings

People told us they were involved in the planning of their care. One person told us that they were asked which bedroom they wanted to use during each stay at the service. Another person told us that they knew they had a care plan in the office. They said they had seen the care plan and had been involved in the planning of their care. This was confirmed when they told us about their care preferences in relation to how they wished to be supported with personal care. The information the person gave us matched the information recorded in their care records, which showed they had been involved in the planning of their care. Relatives also confirmed they were involved in the planning of their relation's care when this was appropriate. One relative said, "I said [person who used the service] likes going out every evening in the car to settle them. They've [the staff] taken that on board and he has a run out in the car in an evening".

Effective systems were in place to enable people's care needs to be communicated to staff and parents on admission and discharge. Relatives told us that they completed an admission's form prior to each respite stay. One relative said, "We have an admission form to fill in, any changes go on that". This form ensured any changes in people's medicines and care needs were handed over, so that staff were informed of any changes in people's care needs prior to each admission. Relatives also told us that they were informed of any changes in their relation's health or wellbeing during their respite breaks. One relative said, "Any issues and they are on the phone to us. There is immediate communication". This showed the staff communicated effectively with people's relatives.

People told us that staff knew them well which enabled them to receive care that met their personal care preferences and needs. For example, people told us and we saw that they were supported to participate in activities of their choosing. This included accessing the local community. One person said, "I'm going to the cinema this weekend". They also told us they were going to a local supermarket on the evening of our inspection to shop for food and to look at DVD's as they enjoyed collecting and watching DVD's. Another person told us they were watching snooker on TV as they enjoyed watching sports.

People told us they knew how to complain about the care. One person said, "I'd speak with the management and raise any concerns. I do feel I could do that". Relatives also told us they knew how to complain. Comments from relatives included; "If there was ever a problem, I'd be on the phone to the manager" and, "If [person who used the service] was unhappy, they would say and we would tell the manager. I've never had to do that as [person who used the service] is very happy". There was a complaints procedure in place. However, no complaints had been made at this service since they registered with us.

Requires Improvement

Is the service well-led?

Our findings

The content of people's care records were not being formally checked and as a result of this the registered manager and provider had not identified that some people's care plans did not contain the level of detail required to ensure people would receive their care in a consistent manner. For example, people who displayed behaviours that challenged did not always have detailed plans outlining exactly how staff should support them during these behaviours. The staff we spoke with were able to tell us how they successfully managed people's behaviours. However, the techniques used by each staff member differed which meant people's behaviours were managed inconsistently by the staff. Immediately after our inspection, we received a template of a care plan audit that the home manager planned to introduce. This showed that the home manager had been responsive to our feedback. We will check this new audit tool is effective during our next inspection.

Effective systems were not in place to enable the registered manager and provider to monitor incidents relating to behaviours that challenged at the service. Staff recorded these incidents in people's daily records. However, as the daily records were not audited, these incidents were not being monitored to identify possible themes and trends. Immediately after our inspection, the home manager sent us a monitoring sheet they had devised as a result of our inspection. We will check this new monitoring tool is effective during our next inspection.

People and their relatives told us they felt the home was well-led. One person described the home manager as, "A nice lady". Comments from relatives about the service included, "It's much better than other services we've used in the past" and "I can't fault the service".

Staff told us the home manager was approachable and supportive. One staff member said, "She's a very good manager; she knows her stuff and is always on the end of the phone if I need her". Staff also told us they received regular supervision from the home manager that provided them with feedback about their performance at work. This showed that the staffs' performance was being monitored and acted upon to improve the quality of care.

The home manager completed regular quality checks to ensure the service's environment and equipment was safe and clean. Records of these checks showed that action was taken to address any identified concerns. For example, we saw that the home manager had identified that the cooker was not working effectively and arrangements were in place to address this.

Effective systems were in place to seek and respond to feedback from people and their relatives about the quality of care. A 'guest advocate' had been appointed. This was a person who used the service, who people could approach with feedback if they did not wish to speak with the staff. The home manager told us, "The guest advocate supports me going through the satisfaction surveys". This showed that people who used the service were involved in seeking and responded to feedback about the quality of care. We saw that concerns raised through the surveys were responded which showed feedback was also listened to and acted upon.

The registered manager was also the service director/provider. They told us that the day to day management of the home was completed by the home manager. The registered manager told us that plans were in place for the home manager to become the registered manager of the home, leaving them purely in a director/provider role.