

Mr and Mrs Burns

Kaydar Residential

Inspection report

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21 September 2018

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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?

Good ●

Summary of findings

Overall summary

This inspection took place on 24 August 2018 and was unannounced. A second day of inspection took place on 21 September 2018 and was announced. There was a delay in us returning for the second day of inspection as the registered manager (who was also one of the providers) had been absent unavoidably.

Kaydar Residential 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.

This service provides personal care for up to eight people with a learning disability and/or autistic spectrum disorder. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. On the days of our inspection there were seven people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in April 2017 and rated the service as 'Good' overall. At this inspection we found the service remained Good.

Staff knew how to keep people safe and prevent harm from occurring. Staff had completed training in safeguarding vulnerable adults and understood their responsibilities to report any concerns. Thorough recruitment and selection procedures ensured suitable staff were employed. Risk assessments relating to people's individual care needs and the environment were reviewed regularly. Medicines were managed safely and administered by staff trained for this role.

Staff received appropriate training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to have enough to eat and drink and attend appointments with healthcare professionals.

Staff provided care and support with kindness and compassion. There were positive interactions between people and staff. People could make choices about how they wanted to be supported and staff listened to what they had to say. People's independence was promoted and encouraged. There was a welcoming and homely atmosphere at the service.

People received support which was person-centred and responsive to their needs. Detailed support plans

were in place which guided staff how people wished and needed to be supported with daily living. People who received support, or where appropriate their relatives, were involved in decisions about their care.

People spoke positively about the registered manager and the providers, who visited the service often. There was a positive ethos and culture which was led by the management team. There was an effective quality assurance system in place to ensure the quality of the service and drive improvement.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Kaydar Residential

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 August 2018 and was unannounced. A second day of inspection took place on 21 September 2018 and was announced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about so we can monitor the service.

We contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to inform the planning of our inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we observed how people were supported in communal areas and spoke with four people who used the service. We spoke with the provider, the registered manager, three members of support staff, and the maintenance person. We also spoke with an external health professional who was visiting the service during our inspection.

We viewed a range of care records and records relating to how the service was managed. These included the care records of two people, the medicines records of three people, recruitment records of two staff

members and records relating to staff training, supervisions and the management of the service.

Is the service safe?

Our findings

Some of the people who lived at the home had complex needs which meant they sometimes found it difficult to fully express their views about the service. During the time we spent with people, we saw they appeared comfortable in staff's presence.

People we spoke with told us they liked living at the home and felt safe. One person told us, "I like living here and I feel safe because the staff look after me." Another person told us, "I really like living here, it's brilliant. The staff are great."

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Staff had completed training in how to safeguard people from abuse and demonstrated a good awareness of the types of abuse that could take place and their role in reporting any concerns.

Medicines were managed safely and effectively. Medicine administration records (MAR) we viewed had been completed accurately. This meant people had received their medicines as prescribed and at the right time. Medicines were stored securely and were within the recommended ranges for safe storage. Staff who administered medicines had been trained for this role.

There were enough staff on duty to meet people's needs promptly and keep them safe. People received support in a timely way.

There were effective risk management systems in place. These included risk assessments about people's individual care needs such as nutrition, epilepsy and using specialist equipment such as wheelchairs. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to. There was a positive approach to risk management. For example, one person was visually impaired which increased their risk of falls. We saw staff promoted this person's independence without unnecessary risks to their safety.

Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency such as a fire.

Regular planned and preventative maintenance checks and repairs were carried out. These included regular checks on the premises and equipment, such as fire safety, food safety and moving and handling equipment. The records of these checks were up to date.

The service was clean and decorated to a good standard.

Is the service effective?

Our findings

People received care from staff who had completed relevant training. Records showed staff training in essential areas was up to date. Training which the provider classed as essential included first aid, food safety, safeguarding vulnerable adults and moving and handling. Staff we spoke with said they had completed enough training relevant to their role and they felt well supported. A staff member told us, "We get all the training we need. The providers are really hot on training."

Records confirmed staff received regular supervision sessions and an annual appraisal to discuss their performance and development. The purpose of supervision was also to promote best practice and offer staff support. Supervision records were detailed and relevant.

The provider carried out comprehensive assessments of each person before a care placement was agreed or put in place. This meant the provider was able to check whether or not the care needs of the person could be met and managed at the home. Following the assessment all risk assessments, care records and support plans were developed with the person and their representative where appropriate.

People were supported to choose what they wanted to eat and drink. Staff discussed menus with people each weekend to plan for the week ahead in a manner appropriate to their communication needs. Menus were designed to be healthy and nutritious whilst also acknowledging people's individual likes and dislikes. People's care records contained information about their eating and drinking preferences and needs. People's weight and nutritional well-being were recorded and kept under review.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are 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 were being met. We found that DoLS applications had been made to the relevant local authorities.

Staff told us how they involved people to make their own decisions where possible, for example when choosing how to spend their time or what to wear. During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. This meant the service was meeting the requirements of the MCA.

The premises were three converted houses so the width of corridors was limited, but people who used mobility equipment moved around the building with staff support without any difficulty. We saw that adaptations had been made to the physical environment such as a lift between floors, which enabled people to access the kitchen without having to use the stairs.

Is the service caring?

Our findings

All the people we spoke with spoke positively about the staff. One person said, "Staff are kind and they like me." Another person told us, "I love my room as it's exactly how I want it. I love living here as I've got everything I need. The staff help me, they're really nice." A third person said, "Oh yes, I like the staff, they're my friends."

Staff provided support that was empathetic and caring. Staff were particularly sensitive to times when people needed compassionate support. The provider told us that one person who used the service had recently died. When this person was nearing the end of their life staff visited this person on their days off to ensure someone was with them all the time. The provider had offered to pay staff for this but they had refused. One staff member said, "[Name of person] was like family to me. It was the least we could do to be with them at the end."

Staff told us how other people who used the service and the full staff team had been affected by the person's death. Staff were visibly upset when they talked about this and spoke very fondly about this person. During our visit we saw how people were supported to attend the person's funeral in a supportive and respectful way. The provider had arranged a minibus to take people and staff as the service was being held over an hour away. The provider had arranged for flowers to be available so people who used the service and staff could each place a rose on the person's coffin, if they wished. This meant the provider and staff supported people in a compassionate way.

People living at the service had very good relationships with staff. People were smiling and relaxed in the presence of staff. We saw that staff were kind, caring, polite and supportive. They spoke with people in a fond and familiar way and there was a pleasant atmosphere of warmth and trust. We observed and heard staff laughing and joking with people. This contributed to a strong person-centred culture.

Staff supported people to maintain close relationships with family and friends; people told us how important this was to them. This included supporting one person to visit a friend in their own home and supporting another person to visit a relative who lived some distance away. Staff supported people to visit the graves of loved ones which meant people were supported with their emotional needs.

The provider had received a compliment from a relative who had written, 'I would like to thank everybody at Kaydar for the care that they provided to my [family member] over the last 15 years. The care provided was exemplary. Every time we visited [family member] they were always clean and well-kept. They were very happy at Kaydar and got on well with all the staff and residents.'

The provider and staff described people who used the service as 'customers.' One staff member told us this was because staff were there to ensure people had everything they needed and they felt this was a term which showed respect. A staff member told us, "The customers are just like our family as we've known them for so long." Another staff member said, "It's like a home from home here."

A visiting professional told us, "It's absolutely fantastic here. Staff genuinely care. The service is very much service user-led and focused on the individuals who live here. It's a homely place and people's individual needs are cared for. Staff and the provider know people really well. People are always clean and well presented. The staff are constantly trying to improve people's quality of life. They involve people in everything."

Staff had a good understanding of protecting and respecting people's human rights. All staff had received training which included guidance in equality and diversity. Staff described the importance of people's individuality. There was a sensitive and caring approach which was underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

People were supported to make choices for themselves and staff listened to and acted on what people said. For example, what people wanted to wear or how they chose to spend their time. People were supported to be as independent as they wanted. They were supported to access the local community and took part in household tasks where appropriate.

People's privacy and dignity were respected. Staff knocked on bedroom doors and called people by their preferred names. Staff responded appropriately and discreetly to people's personal care needs by asking people quietly if they needed support and supporting them in their bedroom or bathroom.

Care records contained details about people's religious preferences. People told us how they were supported with this and how important it was to them.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. Everyone who used the service had an advocate to support them in making decisions.

Is the service responsive?

Our findings

Care plans were detailed and person-centred. Person-centred means the person is at the centre of any care or support and their individual wishes, needs and choices are considered. Each record included important information about the person and personal details such as their life history, hobbies and interests and their likes and dislikes. This helped staff to help understand what was important to the person. Staff told us about people's life histories and preferences which they said helped them to provide personalised support and helped them get to know people better. Care plans contained people's end of life preferences where people had felt able to discuss this sensitive subject.

Records showed care plans were reviewed by staff regularly or when a person's needs changed. Each person had a keyworker who was responsible for keeping their care plan updated. Keyworker meetings took place monthly when people's progress towards their goals was reviewed. Records of these meetings were detailed and captured people's feedback about the service and aspirations they had.

People were supported to take part in meaningful activities and access the local community. Staff told us people's activities were planned with them on a weekly basis but were flexible due to changes in people's needs. Staff knew what activities people liked and told us they tried to think of suitable new things for people to try. Activities included playing games, shopping, takeaway nights and going to the seaside. One person said, "I enjoy the trips out we go on."

When we returned for the second day of inspection people told us how much they were looking forward to going on holiday to Blackpool the following week. One person said, "I love going to Blackpool. The place we're staying at is really good." Another person told us, "I can't wait to go to Blackpool as I love the shops there." A staff member told us, "The customers have a great social life and a good quality of life in general, which is what they deserve."

The provider had a complaints procedure in place and people told us they knew how to make a complaint if necessary. People said they would speak with the registered manager or a member of staff if they felt something was wrong. We reviewed complaints records and saw that complaints received by the service since our previous inspection had been dealt with effectively and promptly.

Is the service well-led?

Our findings

There was a positive ethos and culture which was led by the management team. Staff spoke positively about the registered manager and the provider. Staff told us the culture of the home was focused on supporting people and always looking for ways to improve. A staff member said, "This is a great place to work. All the staff have been here years. The providers are really down to earth and we can go to them with anything." Another staff member told us, "The providers are fabulous. They're really good with the customers."

Staff meetings were held where all aspects of the service were discussed, for example people's support plans, rotas, safeguarding and health and safety. Staff told us they felt able to raise any concerns at these meetings or at any time. A staff member said, "I feel able to raise anything at any time. I don't have to wait for a supervision or a staff meeting."

The provider told us about a range of quality checks they carried out to monitor the quality of the service. These included monitoring care records, medicine audits and health and safety checks around the service. Records showed that these checks were carried out on a regular basis and where they had highlighted areas for improvement, these were addressed quickly. For example, some remedial plumbing work was needed which was planned while people were away on holiday. This meant audits were effective in identifying and generating improvements.

People's feedback was sought regularly via informal meetings and an annual survey which had been conducted in August 2018. People's feedback about the service was positive. People had asked for a new greenhouse which was bought. This meant people's feedback was acted upon.

Feedback from staff, relatives and professionals had been sought via an annual survey which had been conducted in September 2018. The feedback was positive from all groups. Relatives' comments included, 'I like the atmosphere. The family are welcome any time' and 'It's a well run and happy place.' Professionals' comments included, 'Staff and management are fantastic' and 'The service is very individually led. Individuals have choice and privacy and dignity is priority.' One staff member commented, 'I like Kaydar because it has a very friendly atmosphere and everyone gets on well together.'

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home.

The home had good links with the local community and people had taken part in a fundraising event for a local charity. Some people who used the service had attended a presentation ceremony when they handed over a cheque to the charity in question.

The provider contributed to the 2017/18 parliamentary review of residential social care and had recently worked with Healthwatch to make the provider's website more user friendly. This work had been shortlisted

for a national award with Healthwatch England.