

Kati Innes Occupational Therapy Limited

Kati Innes Occupational Therapy

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?	Good ●

Summary of findings

Overall summary

About the service

Kati Innes occupational therapy is a case management company providing a specialist service co-ordinating bespoke care packages for children and young people with cerebral palsy as a result of birth injuries. Kati Innes occupational therapy develop, deliver and monitor a package of care for people to meet their individual needs, support their rehabilitation, and provide for their care and support. At the time of the inspection, support was being provided to four people.

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

Risks to people were safely assessed and managed. People were supported by staff that had been safely recruited and knew people well. People were protected from the risk of harm and abuse by staff who understood their responsibilities around safeguarding and keeping people safe. People were supported to receive their medicines safely. Staff followed infection prevention and control procedures to keep people safe from the risk of infection.

People's needs and choices had been assessed in line with guidance and the law. The registered manager worked in partnership with people, their relatives and other health professionals to ensure that people's support needs were met. Staff received appropriate inductions, training and support to carry out their roles and support people effectively. The registered manager and staff ensured people received joined up and consistent support. 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.

People were supported by staff that were kind and caring. People were treated as unique individuals by staff. People and their relatives were supported to express their views and be involved in making decisions around their care. Staff respected people and their relative's privacy when supporting people in their homes. Staff supported people to be as independent as possible.

The registered manager was responsive to people and their needs. People's care was planned around their individual choices and wishes. Staff were knowledgeable about people's communication needs and worked in partnership with people to gather their views. People were supported to follow their interests and take part in activities that were relevant to them.

The registered manager led a service that was person-centered, inclusive and empowering. Feedback we received from people's relatives and health professionals that worked with the service showed that the registered manager advocated for people's wishes. Good outcomes were achieved for people because the registered manager empowered people to live their lives how they chose to. The registered manager monitored the quality of the service provided and made improvements where identified. Staff, people and their relatives were able to give feedback about the service provided.

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

Why we inspected

This service was registered with us on 15 July 2021 and this is the first 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Kati Innes Occupational Therapy

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a case management service and provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 August 2022 and ended 30 August 2022.

What we did before the inspection

We reviewed information we held about the service. 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 this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke to four people's relatives and five members of staff. This included the registered manager, team leader, and carers. We looked at four people's care and medicine records. We reviewed information relating to the quality of the service. We received feedback from six health professionals that worked with the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in safeguarding for vulnerable adults and children. Staff were aware of their responsibilities around recording and reporting safeguarding concerns. Staff told us, "I would speak to [registered manager] in the first instance, but I know how to report concerns externally to the appropriate agencies."
- People's relatives told us they felt their loved ones were safe. One relative told us, "[Person] is certainly safe. She is always smiling. I have not seen anything that would disturb her. Staff check on the rules for everything."
- The registered manager had appropriately raised safeguarding concerns and understood their responsibilities around safeguarding.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. Risks to people had been assessed by the registered manager with input from other health professionals and staff had clear risk assessments to follow. Staff had been trained to assess risks to people on the spot in situations that could not be planned for to ensure people's safety.
- People with epilepsy who experienced seizures had clear and detailed information in their care plans to instruct staff on how to recognise a seizure and what action to take to keep people safe.
- Staff we spoke to were knowledgeable about people's individual needs and were able to tell us how they supported the person to manage risks. Staff supporting people with epilepsy were able to tell us the exact response needed to support the person if they experienced a seizure.
- Some people required support from staff to move around safely. People had manual handling plans which detailed how staff should support the person for each movement they made and how to safely use equipment. Staff had received individual, tailored manual handling training specific to the people they supported.
- People had personal emergency evacuation plans (PEEPs) for staff to follow in the event of a fire. This detailed how staff should support the person to evacuate from each room in their house and how to keep the person safe.

Staffing and recruitment

- Although the service did not directly employ staff that supported people, the registered manager was involved in the recruitment process and ensuring that appropriate staff were hired for people. Each person had their own specific staff team who were employed by people's solicitors with the agreement of the person and their relative. Recruitment was ongoing for some teams and people's relatives told us they were recruiting for new staff with the support of the registered manager.

- Staff were recruited safely. The registered manager carried out checks on staff to ensure they were safe to work with people. This included references from previous employers and DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People's relatives told us that staff never rushed and took their time to support people. One person's relative told us, "Staff always take their time so my [relative] can take in what is going on."

Using medicines safely

- People received their medicines safely. Staff received training and competency checks before supporting people with their medicines.
- People's care plans gave clear guidance for what medicines the person was prescribed and how to administer this medicine. For example, care plans had guidance for how much water a tablet or sachet should be dissolved in and whether the person preferred to have their medicines administered from a cup or a syringe.
- The registered manager had identified some inconsistencies around the transcribing of people's medication administration records (MAR). Where people's relatives wanted to retain the responsibility of transcribing people's MAR, the registered manager had identified transcriber training the relatives could attend if they wished and was working in partnership with people's relatives to improve consistency.

Preventing and controlling infection

- People's relatives told us that staff adhered to government guidance around personal protective equipment (PPE). One relative told us, "Staff always wear a mask, they also wear gloves and aprons when helping with personal care."
- Staff received training in infection prevention and control and understood their responsibilities around ensuring guidelines were followed.
- People had individual COVID-19 care plans which assessed the risk of COVID-19 to the person and detailed measures staff should take to protect the person.

Learning lessons when things go wrong

- The registered manager told us how they used incidents as learning opportunities to improve systems and processes for people. Following a recent incident, the registered manager had reflected that communication could be improved with people's relatives and expectations about certain aspects of the service, could be clearer.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 holistically and were a collaborative effort between health professionals supporting the person and the person's relatives. Where people had received guidance for support from other health professionals, this had been clearly recorded in the person's care plan for staff to follow.
- The registered manager worked in partnership with people's solicitors, relatives and other health professionals to assess people's support needs. The registered manager described this process as a continuous relationship as people's needs often changed.
- People's oral care needs had been considered and recorded in their care plans. This included risks around supporting people with their oral hygiene and how to manage those risks.

Staff support: induction, training, skills and experience

- Staff received an induction before working with people unsupported. People's relatives led the induction process to support the staff member getting to know the person. New staff also shadowed more experienced staff where this was possible.
- Training for each person's staff team was individual to the person they supported. For example, if a staff team was supporting a person with epilepsy, they received training in epilepsy and rescue medication.
- People's relatives were involved in identifying training needs for staff. One person's relative told us, "Staff are well trained, if they are not, we tell [registered manager] and they will sort it. They work with the occupational therapist, speech and language therapist and hydro therapist to make sure staff are appropriately trained."
- Staff received regular supervisions to discuss their practice. Staff told us they found this useful.

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

- Instructions for staff on how to support people to eat and drink safely were clear for each person. People's food preferences were recorded in people's care plans as well as how food needed to be prepared if the person was at risk of choking.
- People's relatives told us that staff supported their loved one to eat safely. One person's relative told us, "[Person] is gastro fed through a tube, staff know how to support them to do this safely."
- Staff recorded people's food and fluid intake on people's daily records.

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

- People's care plans contained contact details for social and health professionals that were involved in the person's support. This included the person's case manager, occupational therapist, physiotherapist, speech

and language therapist, GP and dietician.

- The registered manager facilitated and arranged for the involvement of different health professionals to support people.
- Staff told us how they worked in partnership with health professionals to ensure people were supported safely. Staff told us they had recently worked with the speech and language therapists (SALT) for a person to ensure that staff had guidance to help the person to eat safely. Training had also been arranged for staff that supported this person.
- People's care notes showed that staff regularly supported people to attend appointments such as physiotherapy and encouraged them with exercises advised by medical professionals.
- One person needed to be supported with their oral hygiene in a specific way due a dental condition. This person's care plan was clear and detailed as to how to support the person and their condition, as advised by the specialist dentist.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's communication plans were specific to each person and included how to support the person to be involved in decision making. For example, one person's plan described how staff should hold two items up for the person to choose between for the person to look at or hit the item that they want.
- Where people had deprivation of liberty safeguard (DoLS) risk assessments and best interest reviews, information about the decision made and who was consulted when making these decisions was recorded. Where people had restrictions in place these were reviewed regularly and ensured the least restrictive option was being used for people.
- Staff received training in mental capacity and DoLS. Staff had a good understanding of how to support people to make decisions.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Professionals that work with the service told us that staff balanced managing risks with people's interests, they said, "[Registered manager] is careful that wherever possible risk management is not unduly prohibitive to the quality of life of the service user. For example, exploring wheelchair skateboarding for a client who wanted to take some calculated and age appropriate risks."
- People's relatives told us that staff always involved people in the support they provided to them and asked for consent before supporting the person. One person's relative told us, "Staff always ask before they help [person], they have a lovely relationship with them."
- People's relatives told us that staff were kind and caring. One person's relative told us, "Staff are caring, kind and they listen to me. They are respectful and considerate of others in the house."

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

- Staff recorded in people's daily notes what had made people smile and laugh and how people's emotional wellbeing had been. Where staff had recorded that people had been unsettled or upset, staff also recorded how they had reassured people and helped them to feel better.
- People's care and support was individually designed around each person's unique needs and wishes. Professionals we spoke to told us, "I have seen [registered manager] tailor the service provides to meet the individual requirements of the clients and their families. No two cases are worked the exact same way. I have always found [registered manager] to be holistic in her analysis and interventions, considering every aspect of the person."
- People's relatives told us they were involved in decisions around their loved one's care. One relative told us, "I am always involved in discussions around my child's care." People's relatives regularly fed back to the registered manager about how staff were supporting people.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff respected the whole family's privacy. One relative told us, "Staff treat us all with dignity and respect. They are part of the family. They are very respectful and don't encroach when we are together as a family."
- People's relatives gave us examples of how staff had supported people to become more independent. One person's relative told us, "They've encouraged [person] to mobilise more and move to other parts of the room and by themselves. Staff give him choices of activities and what he wants to eat."
- Another person's relative told us how staff had supported someone to be more independent around their continence needs. They told us, "Staff advocated for [person's] independence and these changes are all down to the carers."

- Health professionals that worked with the service told us the registered manager regularly researched and explored alternative methods of therapy to support people. The registered manager told us that one person did not want to follow traditional physical therapy methods. The registered manager had been exploring with health professionals which alternative methods could be appropriate that would achieve the same result, whilst respecting the person's wishes.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's care plans were based around people's strengths and what they could achieve. Where people needed support, guidance for staff was clear. People's preferences, likes and dislikes were detailed in people's care plans.
- People's daily routines were clear in their care plans and contained descriptive detail of how people chose to be supported. Where people had hair and beauty routines related to their culture, these were implemented by the person's staff team.
- For people who may not be able to communicate their feelings verbally, their care plans detailed facial expressions, body language and actions and what they usually meant for the person. Staff we spoke to were able to tell us about these signs and knew people well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people's care plans were in pictorial format. This included icons of people's favourite TV programmes and their interests such as going to the park and playing on the swings.
- People's communication needs had been considered throughout their care plan. For example, in one person's pain care plan, there were clear instructions for staff on how to establish whether the person was in pain and where the pain was using hand signs and body language and asking in an order specific to the person.

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

- People's daily notes showed that staff provided people with opportunities to engage with the world around them. This included for example, going for a walk in the garden, watering the flowers and picking fruit.
- Professionals told us that the registered manager worked in a person-centred way. Professionals gave us examples of how the registered manager advocated for people they supported, this included, "One young person we work with is keen to engage in climbing despite their complex movement disorder – [registered manager] is advocating for rehabilitation to include this as a meaningful activity for them."
- Staff had recently supported people whilst on holiday with their families. Staff had recorded activities that

people had participated in whilst on holiday which for one person included; swimming, practicing moving around in their wheelchair, going to an animal park and walks on the beach. Staff had uploaded photographs of the person to their daily notes, the person seemed to enjoy these activities.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. There was a clear complaints process in place and people's relatives told us they knew how to make a complaint.
- People's relatives told us they would feel comfortable to raise a complaint or concern with the registered manager. One person's relative told us, "I would and have in the past, [registered manager] is approachable and I would feel able to complain."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People's relatives felt that the culture of the service was supportive to them and their families. One person's relative told us, "The company is very well managed. [Registered manager] is amazing and supportive. They helped me to find another house and equipment when we needed it."
- People's relatives were positive about their teams of staff. One person's relative told us, "We love the staff, they are a great team. They are absolutely kind and go above and beyond for [person's] needs."
- Staff we spoke were positive about what people could achieve and spoke about them with warmth and kindness. Staff recorded in people's daily notes how brilliant they thought the person was and used positive language to describe people's achievements.
- All feedback we received from health professionals told us that the registered manager was the driving force behind advocating for people's unique and individual needs and wishes. One professional told us, "I believe [registered manager] is such a great advocate for her clients because she is genuinely dedicated to representing her client's best interests. With a wealth of experience in risk assessment and manual handling [registered manager] is able to provide support and information to enable clients to develop new skills and facilitate meaningful activities."

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

- People's relatives told us that the registered manager is, "Approachable, straight talking and honest with us."
- Although the service had not experienced any duty of candour incidents, the registered manager was aware of their responsibilities to be open and honest and apologise if something went wrong.
- The registered manager is required to send CQC notifications about significant events that happen at the service. Statutory notifications had been submitted as required.

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

- Professionals told us that the registered manager was focused on high quality delivery of care and support. They told us, "A driving force behind the quality of the service, I believe, is that [registered manager] genuinely cares for her clients and is dedicated to providing them with an excellent service. [Registered manager] is always striving for efficient solutions for our clients."
- The registered manager had analysed the use of a specific care logging system for its strengths and

weaknesses. The registered manager had considered the impact of this system on each individual person and an action plan created to ensure the smooth implementation of this system for people and their families.

- Some people using the service lived with epilepsy and experienced seizures. Staff accurately recorded each seizure, how it looked and any action taken to support the person. The registered manager had oversight of these incidents.
- Staff were positive about the registered manager and told us, "[Registered manager] is supportive, approachable and professional. Communication has always been good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their families were invited to complete surveys on the quality of the service provided. The most recent survey results had been very positive. The registered manager was in constant contact with people and their families and gathered feedback from them each time she interacted with them.
- Staff had completed surveys regarding the training that had been provided, whether staff felt supported and whether they needed any support. The registered manager collated and analysed responses and made changes based on their suggestions.
- Staff meetings happened on a regular basis. Because each person had their own team of staff, each staff meeting was arranged for the separate staff teams. Staff told us, "The quarterly team meetings are interesting and good, they give us the opportunity to discuss how things are going for the client and to meet other staff members who are supporting the person."
- Staff told us they felt listened to by the registered manager. One staff member told us, "If I have a problem or concerns, I will go to [registered manager] and they will always answer or go away and think about it and come back to me."
- People's relatives told us the registered manager was responsive to any concerns raised and resolved issues quickly as they arose. They said, "They are doing a great job, I talk to the management a lot. They resolve things in the here and now and look for improvements."

Working in partnership with others

- Professionals that worked with the service told us that effective communication with the service had been key to achieving good outcomes for people. One professional told us, "I have always found communication to be clear, concise and timely. I know that our mutual clients are very grateful for this as it means the service is responsive and supportive - meeting their needs quickly and effectively."
- Another professional told us, "[Registered manager] is an excellent Case Manager, who is thoughtful and professional and works always towards the goals of the child and family. However, will also make tough decisions and advocate if it is in the family's/child's best interest."
- People's relatives worked in close partnership with staff and the registered manager. People's relatives had access to people's daily care notes so they could be kept informed of how the person had been throughout the day and how the person had been supported.