

Karuna Living Limited

Karuna Living

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Karuna Living is a domiciliary care provider. At the time of this inspection three people received personal care support from the service. The service supported younger people with a variety of care needs, including people living with autism and learning disabilities. Some people had very limited verbal communication skills.

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

Right Support

The staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture

People received good quality care, support and treatment because trained staff could meet their needs and wishes. Staff placed people's wishes, needs and rights at the heart of everything they did. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care

and right culture.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

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.

Karuna Living

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One Inspector and an Expert by Experience carried out the inspection. 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 provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

Inspection activity started on 10 January 2022 ended on 18 January 2022. We visited the office location on 10 and 12 January 2022.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke one person who used the service and five relatives about their experience of the care provided.

We spoke with six members of staff including the registered manager, a director and four care staff.

We reviewed a range of records. This included three people's care records and three medication records. We looked at four staff files in relation to recruitment and staff supervision. 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 and quality assurance records. We spoke with four professionals who regularly visit 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 for 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

- People and their relatives told us they felt safe. One relative told us, "It is very safe. I absolutely trust them." Another relative said, "It is totally safe. I never have a worry."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- Relatives and professionals felt the service managed risks well. One professional told us, "We often undertake craft activities with [person's name] which might include using tools and equipment that have potential risks. Staff will lead the risk assessments for the day and then both [staff members names] will support this and as they know [person's name] best will instigate additional risk management protocol if and when needed."
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- Staff had a high degree of understanding of people's needs. People's care and support was provided in line with care plans. Records we viewed, and staff confirmed, that people's needs were met through the use of supportive measures. One staff member told us, "I would say as a team we understand the routines for the people we support well, but there are always times where routines and structure have to be changed. When changes need to be made, we aim to prepare our boys to the best of our ability e.g. visual calendars, verbal reminders. There is time each day for us to make the people we support feel important and valued, this is achieved through the ability to provide 1:1 support and have someone available at all times for any need."

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service.

Using medicines safely

- People and their relatives were happy with the support provided with people's medicines.
- Staff had received training in the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance.
- People received the correct medicines at the right time. People's medicines were reviewed by their GP to monitor the effects of medicines on their health and wellbeing. Staff followed systems and processes to safely administer, record and store medicines.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements to keep premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents that had occurred. There was evidence that the provider reviewed these to ensure that appropriate action had been taken to reduce any on-going risk, and to debrief the staff involved.

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

- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours.
- People had access to a range of meaningful activities in line with their personal preferences. Support with self-care and everyday living skills was available to people who needed it, this was provided in a person-centred way. One staff member told us, "I make sure that our boys have as much choice as possible, whilst supporting them to be clean, safe, happy and feel loved. We encourage everyone to complete independent tasks where possible and to support where necessary with praise and understanding. I always explain when I'm supporting with a task and also always ask for their consent to help."

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

- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. We observed a meeting with people where they chose what they would like to eat by looking at pictures of various meals, vegetables and puddings. A relative told us, "They take turns to help prepare the evening meal. His job is to lay the table. There is a picture to remind him how it should look. There is also a visual menu board." We observed a mealtime and observed one person fully involved and enjoying preparing the dinner for everyone.
- Staff spoken with were all passionate about mealtimes. One staff member told us, "Whilst working at Karuna living mealtimes were a very important part of the day and as a team we were committed to making these family time, staff are expected to sit and participate. The boys chose their meals weekly and we aimed to make these as nutritionally balanced as possible (whilst remembering that the boys are allowed to make their own choices and always have the opportunity to say no or have something else). We would encourage at least one item of veg with every meal and fresh fruit was always available."

Staff support: induction, training, skills and experience

- Staff could describe how their training and personal development related to the people they supported. One staff member told us, "The training is extensive in a good way, it's helpful to be consistently reminded about things, this aids the staff team to carry out our day to day duties correctly and be confident in all areas of our care roles."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. One staff member told us, "[registered managers name] has been very supportive in providing necessary supervisions. I feel I have a supervision with him at least once a month. We also do have a lot of informal conversations regarding the service users and their development. I feel I can approach [registered managers name] when I need to ask a question about one of the service users and he does provide me with the

relevant knowledge and guidance that I require."

- The service had clear procedures for team working and peer support which promoted good quality care and support.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health. A professional told us, "From what we can observe from [person's name] attending two sessions a week, I would say he is kept in very good health. I know that he attends medical appointments, his level of hygiene is very good, his diet good also and he gets exercise. His wellbeing and emotional needs are well supported and managed by them also."
- The service ensured that people were provided with joined-up support so they could travel, access health centres, employment opportunities and social events.

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

- When we visited the service one person was very proud of their home and showed us around on a tour. They were full of enthusiasm and very helpful and were a joy to be around.
- Relatives were pleased with the home. One relative told us, "Good use is made of the home for activities. A greenhouse has been purchased, land cleared logs bark and a fire pit added good for barbeques. A craft cabin has been added."
- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment. The environment was homely and stimulating.

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
- People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards.

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

- People or their families told us that they received kind and compassionate care. Staff protected people's privacy and dignity and understood people's needs. One professional told us, "I would say that [registered managers name] is an exceptional care manager and care support worker. His attitude is one of utmost professionalism with good boundaries and respect whilst at the same time being extremely caring, supportive, nurturing and fun. You just have to see [people's names] turning up on their last day before Xmas break, with great grins as they arrived in matching elf costumes, to get an insight into the appetite for having fun in the service. He also works hard to make sure [person's name] has every opportunity to engage in the activities on offer."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "Treated with the upmost care, compassion, empathy and commitment to fulfilling a meaningful day every day. It really is more than a job to myself and the people I work with, we want the best for the people we support."

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

- People were involved in their care and were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff maintained contact and shared information with those involved in supporting people, as appropriate. One relative told us, "Parents have weekly conversations and usually a monthly meal together. This home has changed all our lives for the better."

Respecting and promoting people's privacy, dignity and independence

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A professional told us, "The staff always seem to genuinely care about both [people's names] when we see them at handover times and speak with them appropriately and respectfully."

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 received individualised care which met their needs. The service worked in a person-centred way to meet the needs of people with learning disability and autistic people. One staff member told us, "To me person centred care means adapting to the specific needs of the person you're supporting. This approach makes each day meaningful for the person being supported and helps to get the best from someone."
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, meal preparation and health issues.
- Staff demonstrated a detailed knowledge of people as individuals. One staff member told us, "I am passionate about improving the guys quality of life and every time they do something independently that you have introduced or have been part of the teaching process just brings joy."
- People were supported to access the community and choose their activities they wished to pursue. For example, one person had travelled to London and after the trip were making craft models of London landmarks they had seen. A relative told us, "The many activities, holidays outings all contribute to their happiness."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people had access to information in formats they could understand. Pictorial and easy read information was available for people who required this. One staff member told us, "A person centred approach means every service user is an individual person with their own likes and dislikes. That they have their own communicational approaches be it Makaton, Pecs or Verbal. They also have their own special requirements for instance sensory input."
- Staff worked closely with health and social care professionals. One professional told us, "Although [person name] is not completely non-verbal his communication is limited. I have seen both [staff members names] ask [persons name] what he would like to do in a session and support him by asking open questions to elicit responses." Another professional told us, "[person name] has a communication book which is used to communicate between Karuna Living and (name of service). They always write in his book and action anything we ask".

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported

them to do so.

- The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated.

End of life care and support

- When we visited the service, nobody was receiving end of life care.

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 and their relatives were happy with the service. One relative told us, "I am very happy and grateful that he is there. I could not wish for better." Another relative said, "They do their best the make the boys life meaningful".
- Professionals we spoke with all praised the service and management and felt the service put people first. One professional told us, "Both of the people we jointly support are really thriving at our service, meaning they must also be happy at home."
- The service had created a very strong focus on person centred care which was understood by staff and implemented in practice. One staff member told us, "I feel incredibly valued at Karuna Living. It is clear that all decisions are made with the boys' best interests at heart. Management are understanding and supportive. I feel proud and lucky to be a member of the team." Another staff member said, "Putting the person at the centre of their care plan. Giving them choice and control over how they are cared for."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.

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

- People and their relatives were happy with the management of the service. One relative told us, "The manager is very approachable. He has good interaction with the health professionals and is good at encouraging the staff." Another relative said, "I feel listened to. I have not had to raise any concerns, he genuinely cares. New staff are supported and monitored."
- Professionals also praised the registered manager. One professional told us, "[Registered managers name] care delivery I would say is exceptional and [staff members name] provides a good level of care to [person's name]." Another professional said, "[Registered managers name] is very approachable, understanding and good at communicating to us." Another professional told us, "[Registered managers name] is very approachable, knowledgeable and from what we've seen, very competent."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "[Registered managers name] is a fantastic manager, he was the main reason I came to work for Karuna living as he was my manager at a previous provision. He's fair and approachable whenever needed, he values his team which makes for a happy working environment and happy living environment for the boys."

- There were a number of systems and processes in place for monitoring the quality of care. These included audits of medicines, safeguarding, health and safety, accidents and incidents, infection control, complaints, mealtimes, activities, care plans, staffing and dignity. Where issues were identified, remedial action was taken. People's views and comments were collated, considered and used to develop the service.
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements were continually made to the quality and safety of the care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Peoples and their families were continually updated, and feedback received was that communication was excellent.
- The service worked in partnership with health and social care professionals. One professional told us, "Both [people's names] seem happy with their home, they are healthy, the team communicate well with us, we have email and phone communications regularly together with [registered managers name] and [persons parents]. There's great partnership working from all angles, [registered managers name] seems to offer person-centred support, we always discuss their needs and other aspects of their support separately." Another professional told us, "We really think their communication is excellent, someone is always available very quickly by phone or email. Anything they've said they'll do is actioned in good time. The whole team really seem to care about the wellbeing of the young people they're supporting."
- The provider carried out reviews with people using the service to ensure they were happy with the care provided. The provider also sought feedback from people or their families using a quality assurance survey. This was sent out annually seeking their views.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. One staff member told us, "We had daily hand overs if necessary or within our staff meetings there would be in-depth conversations to make sure all staff were on the same page and supporting people with a consistent approach. It was also routine to make sure nourish (on line care planning system) was up to date and any necessary information logged on there."

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

- There was an open and transparent culture in the service. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.