Care Quality Commission

Partnerships in Care 1 Limited

Kingfisher

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

Overall summary

Kingfisher is registered to provide supported living for up to five adults with mental health needs. The service offers support to enable people to make the transition from rehabilitation placements to full independent living and social inclusion. The staff office is located within the housing complex where people who use the service live as tenants. There is a small area for parking at the front of the building. At the time of the inspection, the service was providing support to five people.

The service has 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 2008 and associated Regulations about how the service is run.

We undertook this unannounced inspection on the 22 October 2015.

We found staff were recruited safely and there was sufficient staff to support people. Staff were on duty from 11am to 8pm and people spoken with felt this was sufficient to meet their needs.

Summary of findings

Staff received training in how to safeguard people from the risk of harm and abuse. They knew what to do if they had concerns. There were policies and procedures available to guide them.

People had assessments of their needs which included any potential risks to their safety. Staff had read the risk assessments and knew the steps to take to minimise risk.

We found staff had a caring and professional approach and found ways to promote people's independence, privacy and dignity. Staff provided information to people and included them in decisions about their support and care.

People had their needs assessed and support was provided in a person-centred way. They were supported to maintain their physical and mental health needs.

We found staff encouraged and supported people to have a healthy diet and lifestyle but recognised that as all the people who used the service had capacity, this was their choice.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked capacity to agree to it.

We found staff supported people with activities of daily living including access to community facilities and keeping in touch in family and friends.

Staff received a range of training, supervision and support. This included training considered essential by the registered provider and also specific training to meet the needs of people they supported.

We found staff had made links with other agencies to ensure information was exchanged appropriately.

We found there was a quality assurance system which consisted of audits to check progress and meetings to obtain people's views. People confirmed they were listened to and could make suggestions.

There was a complaints process and information provided to people who used the service and staff in how to raise concerns directly with senior managers.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff received safeguarding training and had policies and procedures to guide them in how to keep people safe. Staff knew how to raise concerns.

There were sufficient staff to support people and an out of hours contact number for people to use in emergencies.

People received their medicines as prescribed. The amount of supervision and support varied in line with risk assessments.

Good

Is the service effective?
The service was effective.

People who used the service were supported to maintain their physical and mental health. Staff supported people to maintain their nutritional needs.

People were encouraged and supported to make their own decisions.

Staff received training, supervision and support to enable them to feel confident when supporting people who used the service.

Good

Is the service caring?
The service was caring.

The staff approach was caring, friendly and professional. They provided advice and information to people to enable them to be involved in their support plans.

People's privacy and dignity was respected. Staff encouraged people who used the service to maintain their independence.

Good

Is the service responsive?
The service was responsive.

People participated in assessments of their needs and were involved in formulating support plans. Support was provided in a person-centred way.

People were supported to access community facilities to feel included.

There was a complaints policy and procedure and information to guide people in how to raise concerns. People who used the service felt able to make a complaint if necessary.

Good

Is the service well-led?
The service was well-led.

There were systems in place to monitor quality and improve the service for people.

People who used the service and staff were able to make suggestions and said they were listened to.

Good

Summary of findings

There was an open culture and values of promoting independence, respect for individuals and involving both people who used the service and staff.

Kingfisher

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 registered 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 unannounced inspection was carried out by one adult social care inspector and took place on 22 October 2015.

We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

We spoke with the local safeguarding team, the local authority contracts and commissioning team and a representative of the clinical commissioning group [CCG]. There were no concerns expressed by these agencies. We obtained information from a mental health professional involved with one person who used the service.

During the inspection we observed how staff interacted with people who used the service when they visited the office. We spoke with two people who used the service. We spoke with the registered manager and the two care workers who provided support to the five people who used the service.

We looked at two files which belonged to people who used the service to look at how staff supported people to plan their care. We also looked at other important documentation relating to people who used the service such as one person's medication administration record [MAR]. We checked to see how or if the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included the training record, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records.

Good

Is the service safe?

Our findings

The two people spoken with told us staff treated them well and they were happy with the service. They said staff were available at certain times of the day and evening and they were aware of how to contact them in emergencies during the night. Comments included, "Staff are always here when we need them", "There is a hotline to Riverbank [another service provided by the registered provider] out of hours but I've never had to use it", "Staff check to make sure I don't get taken advantage of as I manage my own money now", "Staff support is 11am to 8pm here; they are the first port of call if I need help", "I do feel safe here; there is nothing they could do better" and "I like it here, it's a quiet area and close to my family."

The registered provider had policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Staff confirmed they had completed safeguarding training with the local authority and they were aware of what to do if they had any concerns to raise. Staff were aware of the whistle blowing policy and procedure. In discussions, staff demonstrated knowledge of the different types of abuse and signs and symptoms that may alert them to concerns. The registered manager was aware of the safeguarding risk matrix tool but stated they would contact the local safeguarding team for advice if required.

There were risk assessments in place designed to support people to maintain their independence but also to minimise risks. The people who used the service were all independent but required guidance and prompts to assist them to keep safe. There were also risk assessments completed by health and social care professionals. Staff had read the risk assessments and knew what they needed to be aware of to help keep people safe.

There had not been any staff recruited in the last two years. The registered manager described the staff recruitment process which consisted of shortlisting from application forms, checking gaps in employment, selection by interview process, obtaining references and completing checks with the disclosure and barring service [DBS]. They said staff would not be able to start work until all employments checks had been completed. This helped to ensure only suitable staff were employed to work with people who could potentially be vulnerable to exploitation.

We found there were sufficient staff employed to support the people who used the service. There were five people who lived independently in flats in the same building which housed the staff office. Support was provided by one member of staff from 11am to 8pm, seven days a week. There was also a system for people to call staff outside of these hours if there were any concerns. We saw the telephone for use out of hours was accessible to people. The registered manager told us there were staff available from one of the other registered provider's services, Riverbank, to cover for annual leave and short notice absences. They said because people who used the service had been resident at Riverbank in the past, staff knew them and the level of support they needed. Staff said, "One staff is sufficient at the moment, as we have a settled client group." One health and social care professional told us that having only one member of staff could potentially limit the community support available to people. Whilst another stated, "There has been a recent change in the staffing model which promotes independence; this does not appear to have had an adverse reaction on the residents."

We found people received their medicines as prescribed. The registered manager told us all the people who used the service managed their own medicines, although some had varying levels of support and supervision dependent on their risk assessment and liaison with their GP. Staff managed the ordering of the medicines, logged them in and distributed the containers to the people who used the service on a weekly or monthly basis dependent of self-medication skills. Each person had a lockable facility in their flats for the safe keeping of the medicines. Some people also received additional medication support from health professionals. Staff told us they completed spot checks of people's medicines to assure themselves they were managing and taking them as prescribed.

The service had a medicines cupboard held in a store room for one person's specific medicine as they had recently been assessed as requiring more support. The cupboard was partially secured to the wall but was easily moved. This was mentioned to staff and they told us they would contact maintenance to address it. Staff monitored the temperature of the storeroom to ensure medicines were stored at the correct temperature.

The registered housing landlord was responsible for the upkeep of the building which included individual flats, the office and the exterior. People told us any concerns they

Good

Is the service safe?

had with repairs were mentioned to staff and they liaised with the landlord so they could be addressed straight away. The staff checked fire safety equipment used in the office and individual flats and completed fire drills. The registered provider had an emergency contingency plan to support staff and people who used the service if required. The plan included emergency numbers should any utility fail or flood occur.

We saw the office was clean and tidy. There were toilet facilities for staff and a small kitchen area. There was office equipment and space for staff to carry out administration tasks. The registered manager and staff confirmed the office was used as a social area for people who used the service. They called in to talk to staff, have a coffee with them and meet other people who used the service.

Good

Is the service effective?

Our findings

People who used the service told us staff reminded them about health appointments and supported them to attend them when required. They also said they were independent and able to make their own decisions and choices. They said these were respected by staff. Comments included, "Staff help me with appointments and make sure I get there", "It was a joint decision for me to move here. I was doing really well at Riverbank so I came to have a look around and meet the staff and they showed me the flat – it's got all mod cons", "There's a diary system for reminders for appointments; I appreciate that, I really do" and "I can talk to staff if I'm becoming unwell."

Staff supported people to meet their health needs. We saw staff held a diary to record when people's physical and mental health appointments were due with GPs, community psychiatric nurses [CPNs], specialist nurses, consultant psychiatrists, opticians and dentists. We saw staff supported people to attend appointments and prepared some of them so they could attend independently. It was clear both members of staff knew the people who used the service well. They were able to describe how they would recognise when people were becoming unwell and when they would seek advice from health professionals. They also described how they supported people to develop coping strategies. Staff said, "We know the signs [of deteriorating mental health] and have discussions with people. We openly discuss their mental health symptoms and would intervene quickly by calling their CPN; their response would be quick." We saw staff had completed a health screening check with each person who used the service so any issues could be followed up with their GP or community nurse.

Staff monitored people's nutritional needs and tried to encourage a healthy lifestyle. There were notices in the office about healthy eating and the importance of exercise. People who used the service were able to shop and cook with minimal support.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS] when authorised by the Court of Protection when people live in their own homes in the community. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. People who used the service all had capacity to make their own decisions and choices about their life and how they wanted to spend their time. There was no-one subject to a Court of Protection authorisation. Staff had completed training in the Mental Capacity Act 2005 [MCA] and were aware that people's mental health may deteriorate which could affect their capacity temporarily. They knew in these instances advice and guidance would be taken from health and social care professionals involved in people's care and treatment, as decisions may need to be taken in line with mental health legislation instead of mental capacity legislation.

In discussions, staff described how they sought people's consent during day to day support. They said, "If service users don't want to do anything, we can't make them; we have to respect their choices", "We ask people what they want to do", "People all make their own choices; it's their life, their choices and their wishes. We discuss with them what they want to achieve" and "It's about not having expectations of people, knowing what their anxieties are and supporting them at their own pace."

Staff confirmed they had access to training considered essential by the registered provider. This was delivered in face to face style, e-learning and with workbooks. There was information to staff regarding the frequency of refresher training. Training records showed staff had completed training in safeguarding, food safety, first aid, fire safety, infection prevention and control, health and safety and medication management. Other specific training included, equality and diversity, dignity in care, values, human rights, nutrition and mental well-being, how to manage behaviours that could be challenging, mental health awareness, personality disorders, suicide awareness and information security. Staff also completed training in legislation such as MCA/DoLS and the Mental Health Act 1983. Staff said they felt they received sufficient training. Comments from staff included, "The mental health awareness training covered diagnoses, signs and symptoms and interventions" and "There's plenty of training and opportunities for development. I'm doing a management and leadership course at level 5."

The registered manager told us there was an induction period for new staff. We saw this included an individual continuous professional development portfolio. This set out how the induction and probationary period would work for new staff and detailed review periods when progress would be assessed. We saw this induction was

Good

Is the service effective?

linked to national Care Certificate standards and included work books for staff to complete which would test their comprehension and competence on a range of issues. There had not been any recently recruited staff to go through this new induction but the registered manager told us it would be used for any new staff in post.

Staff confirmed they had supervision meetings with the registered manager and stated they felt well-supported within their role. Comments included, “Any concerns we go straight to the manager; they respond and sort problems out if they can” and “Support is good; we can contact them [registered manager and other managers within the organisation] as and when needed.” Records confirmed staff had supervision and appraisal meetings.

Good

Is the service caring?

Our findings

The two people we spoke with were complimentary about the staff. They confirmed staff treated them with dignity and respect. Comments included, “They always knock on my door or use the intercom”, “The staff are excellent; I’m very happy with the service”, “The staff are brilliant; I’ve known [member of staff’s name] for many years” and “[Member of staff’s name] is really nice and easy to get along with. He has time for the tenants.”

In discussions, staff were clear about how they promoted core values of choice, independence, dignity and respect. Comments included, “We can’t just walk into their flats – it’s their home. We have a key for emergencies”, “We would support them to make appointments for the first three months then they get used to doing it themselves”, “For me privacy and dignity is about allowing and accepting people’s wishes, ensuring there is a private place for discussions, accepting people and respecting them”, “We use the recovery star plan; it’s a self-assessment tool and we discuss with them what they want to achieve and support them to do it” and “With the recovery star we look at certain things, where they are at now and we complete it together.”

We observed the way staff interacted with people who used the service. This was done in a friendly and professional way. There was a natural banter between staff and the people they supported. We saw people came into the office and were offered a chat and a cup of coffee. We observed a member of staff support one person to take their medicines; this was carried out in a way that promoted their independence. Each person had their own self-contained flat and staff provided the level of care and support each person needed.

We observed staff respected people’s privacy. People were offered the opportunity to speak with the inspector in private in the office.

The registered manager told us one person had been involved in the recruitment of staff at one of the other registered provider’s services.

The support plans showed how people were supported to maintain their independence. We saw one person had a weekly planner which identified the support they required with daily household tasks. It included supporting the person to plan meals, to shop for ingredients and to assist with cooking. The records showed people had been involved in identifying their needs and what was important for them to achieve. Daily notes showed how staff supported people to achieve these goals. We saw people were involved in reviews about their care and support plan. Care support plans and reviews were signed by the person to show they agreed to the contents.

Staff provided information to people. There were notice boards in the office which informed people who used the service about how to access a range of community facilities. There was also information about how to maintain a healthy diet, how to make a complaint, the times staff were available and how to contact the housing landlord.

People were provided with welcome packs when they started to use the service. This explained the care and support which would be provided by staff. They also had tenancy agreements, which provided people with information about responsibilities and notice arrangements.

The registered manager and staff team were aware of the need for confidentiality with regards to people’s records and daily conversations about personal issues. We found people’s paper care files in daily use were held securely in the staff office; there was also a computerised version of the care and support plan. The registered manager confirmed the computers were password protected to aid security. Medication administration records were secured with medicines in a locked room. Staff personnel records were held on another site.

Good

Is the service responsive?

Our findings

The two people we spoke with told us staff were responsive to their needs; they said staff involved them in assessments and plans of care and support. They confirmed they were able to access community facilities and felt able to make complaints as required. Comments included, "My keyworker discussed them [support plans] with me", "I see this as the next step; I didn't want to spend a lot of time on my own. I need staff support still", "In the past I can have problems when I'm poorly and when I feel like that's happening there are people to talk to, to keep reminding me and to prompt me", "The recovery star programme is a gradual process of progression and a joint effort", "I can cook and am self-sufficient", "I often go out with the other tenants and I have visits from friends and relatives", "There really are no improvements – they have got it right" and "I have no complaints but I would feel able to complain if necessary."

Records showed people who used the service had various assessments of their needs which also identified any risks. We saw people were involved in the assessment process. There were general assessments which included areas such as a personal profile, self-care, relationships and family structure, social inclusion and hobbies, coping strategies available to the person, and mental health history with early warning signs. People who used the service completed a self-assessment which included what care support had worked for them in the past, what their present situation was and what they wanted to do, or where they wanted to be, in the future. There were tick box assessments that concentrated on activities of daily living and the level of independence that had been achieved to date and the support still required. Risk assessments were completed for specific areas of need, although we saw one person did not have a risk assessment for alcohol use when this was an issue for them. We mentioned this to staff and they told us they would address this. We saw there were risk and relapse plans in the care files which had been completed by health and social care professionals.

We saw people completed a recovery star which provided numerical and pictorial data when people assessed themselves, with the aid of staff, in a number of areas. These included relationships, addictive behaviour, responsibilities, identity/self-esteem, trust and hope, managing their mental health, physical health and self-care, daily living skills, social networks and work. The recovery star was reviewed at intervals to discuss issues and assess progress.

The assessments which people who used the service and staff completed were developed into management plans. In this way people were provided with person-centred care and support that was developed to meet their needs. The registered manager said, "The care plans are formulated with the individual." Staff told us they had time to read documentation and to become familiar with people's care and support plans. The daily records provided information about how people engaged with their care and support plans and when they chose not to engage in them. The care and support plans included one to one sessions with key workers, although we found these were not always recorded fully and mentioned this to staff.

We saw staff provided varying levels of support to assist people to access community facilities and to keep in touch with family and friends. There were notices in the offices reminding people about events and classes for sports, social activities and education. Records showed people were involved in shopping, bowling, swimming, going to the pub, gym and cafes, seeing their family, visiting friends and staying with relatives. On the day of the inspection, some people who used the service went out for lunch together. The level of activity each person participated in was reviewed each month. Staff told us the people they supported were encouraged to access community facilities. Comments included, "[Person's name] has completed an NVQ level 2 [national qualification] in social care", "The service users all get on with one another and have built up a good community feel here", "[Person's name] is starting guitar lessons", "Some people go back to Riverbank [previous service] each week to see their friends" and "Socialising is important to people and some visit their relatives; one person's relative lives nearby and moving here has increased contact with them." They also described how one person used to work as a kitchen assistant at one of the registered provider's other services. We saw a computer and table had been set up in the office for people who used the service to access when required.

Good

Is the service responsive?

We saw there had been arrangements made to support people during the transition between their previous service and current one. This included visits to the service to look around, discussions about support available and meeting tenants already there.

The registered provider had a complaints policy in place which was displayed within the service. There was a system in place to manage complaints which included documenting issues onto specific forms and timescales for acknowledgement, investigation and resolution. We reviewed the complaints file and saw there had not been any complaints. There were also posters on display advising people who used the service and staff of how to contact senior managers within the organisation to raise concerns. These included direct telephone numbers.

Good

Is the service well-led?

Our findings

The two people spoken with knew the registered manager's name and said they were able to contact them when required.

The service recently transitioned from one registered provider to another. This started in June 2015 and the registered manager told us this had gone well and improvements had been made. The transfer of computer systems was about to take place which would ensure staff had full access to policies, procedures and documentation relating to the new registered provider. At the moment some documentation still had the previous registered provider's logo. We saw staff had been kept well-informed during the transition and had been given welcome packs by the new registered provider. This included information about the structure of the organisation, culture and values and governance arrangements.

We spoke with the registered manager about the culture and values of the organisation and how these were put into practice. Comments included, "Our aim is to promote independence to assist in daily living skills with a view to progressing to independent living in the wider community", "We provide support that is person-centred", "I have an open-door policy" and "Tiers of managers are supportive. There has been a big difference in the change and more support now we have transitioned; we are able to ask questions." The registered manager also confirmed they had met the Chief Executive Officer and Operations Director describing both as 'really approachable' stating they had been kept informed about issues during transition. Staff told us they felt listened to and able to talk to the registered manager about concerns. Comments included, "Creates a friendly and warm atmosphere", "We can ask for a meeting or supervision at any time", "Sorts out issues" and "Listens and acts on things." Staff told us they enjoyed coming to work and said, "It's a good company to work for."

Staff confirmed communication within the organisation and with the registered manager was good. There were systems to communicate between the two support workers to ensure important issues were not overlooked. For example, one member of staff said, "The other day I was concerned about [person's name] so I passed this on and they were monitored." Staff also said they received weekly communications/update reports from senior managers.

The registered manager described a new initiative 'star recovery newsletter' which was planned so that staff in other services could share good practice and learn from ideas.

We saw there was a quality assurance system which consisted of a series of internal audits and oversight from senior managers. We saw a 'manager's weekly report' was produced which included audit information, for example infection prevention and control, hand hygiene technique, the environment, accidents and incidents, medicines and home remedy use, fire safety equipment check, community access, physical and mental health reviews, recovery star progress. Although some shortfalls had been identified, action plans had not been produced with timescales. However, staff had tried to address the shortfalls. The lack of action plans was mentioned to the member of staff who had the lead role for quality audits to address.

We saw there were staff meetings, which provided an opportunity to exchange information. Staff meetings also included monthly managers meetings which provided the opportunity for the registered manager to meet up with peers from other services. There were also meetings for the people who used the service; these were an opportunity for people to discuss activities, quality issues and receive information from the staff. An agent for the registered social landlord visited the service each week to meet with the people who used the service so they could raise any maintenance issues.

The registered manager described how they worked in partnership with other agencies for the benefit of people who used the service. They had developed relationships with local authority care coordinators who oversaw placements at the service. They also communicated with the local community mental health team to ensure they were aware of the times staff were available should reviews of care be arranged or visits organised to people who used the service. Links had been made with the outreach service and meetings had been held to discuss the people who used the service. Staff were aware of the crisis team and how to access them for support when required. Staff had worked with the local authority housing department when supporting a person to manage debt repayments to improve their chances of moving on to more independent living. Staff communicated with 'Inclusion' on behalf of people who used the service.

Good

Is the service well-led?

The registered manager was aware of their responsibility to notify the Care Quality Commission of incidents that affected the health and welfare of people who used the service. Because people who used the service were settled, well and quite independent, incidents between them were rare; there had not been occasion for the registered manager to submit any notifications of incidents.