

Kent County Council

East Kent Independent Living service

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

East Kent Independent Living is a care agency that provides care and support, including personal care, to adults, and children aged 16 and above, with a learning disability living in their own home. The service covers the East Kent area. There were four people using the service who were receiving personal care at the time of the inspection, which is the part of the service the commission regulates. The service is operated by Kent County Council.

This inspection was carried out on 7 June 2017. We gave the service short notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People were asked for their consent before care was provided. The registered provider complied with the requirements of the Mental Capacity Act 2005, but two assessments of a person's capacity had not been properly recorded. We have made a recommendation about this.

People were protected from abuse and harm by staff that knew how to recognise the signs of abuse and report any concerns. Risks to individuals' wellbeing and safety had been assessed and minimised. Staff knew how to reduce the risk of spreading infection when providing care.

People had their health needs met and were supported to access health care professionals as needed. They were provided with support to eat and drink well to meet their needs. People's medicines were managed safely.

There were enough staff to meet people's needs. People were provided with staff that knew them well and worked with them regularly. Staff were provided with the training and qualifications they needed to care for people safely and effectively. Staff were appropriately supervised and supported in their roles.

Staff were kind and caring and had developed positive relationships with the people they supported and their families. Staff treated people with dignity and respect and promoted their right to privacy. People were enabled to remain as independent as possible.

People were provided with personalised and flexible care. They were asked their views about how their care should be provided and these were included in their care plan. People's views about the quality of the service were sought and suggestions were acted upon. People knew how to make a complaint if they needed to and complaints were handled in a transparent and honest way.

The registered manager provided effective leadership and was aware of the risks and areas for development within the service. Effective quality assurance systems were used to identify shortfalls and action was taken to address these.

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.

Staff knew how to recognise the signs of abuse and report any concerns. The registered provider had effective policies for preventing and responding to abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people.

There was a sufficient number of staff to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. People received the medicines they needed at the right time.

Is the service effective?

Good ●

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005 and generally acted in accordance with the legal requirements. People were only provided with care when they had consented to this. However we made a recommendation about recording MCA assessments.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

People were supported to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed and were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive relationships with people and

respected them as individuals. They treated people with kindness and compassion.

People were involved in making decisions about their care. Staff knew what was important to people and ensured their wishes were met.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive to people's needs and provided a personalised and flexible service.

People's views and wishes formed the basis of their care. They were asked what was important to them and had care plans that met their needs in the way they wanted. Staff understood how to deliver each person's care in a personalised way.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People told us they were happy with the service they received. There was an open and person centred culture within the service.

There was clear and effective leadership of the service and an emphasis on continually striving to improve. The registered provider worked in partnership with other organisations to make sure they were following current guidance and providing a high quality service. There were effective systems for monitoring and improving the care people received.

East Kent Independent Living service

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

This inspection was carried out on 7 June 2017. We gave the service short notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning for this inspection we looked at the PIR and records that were sent to us by the registered provider and the local authority to inform us of significant changes and events.

We looked at four people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service. We also sampled the services' policies and procedures.

We spoke with three people who used the service to gather their feedback. We spoke with the registered manager, the unit manager and one member of care staff as part of our inspection.

This was the first inspection of this service since it was registered on 10 May 2016.

Is the service safe?

Our findings

The service was safe. People and their relatives told us they felt safe and well cared for using the service. One person told us, "Yes, I feel safe here, they are nice staff."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting concerns about people's safety and wellbeing. The registered manager had completed safeguarding training with the local authority and understood how to implement policies that reduced the risk of abuse taking place. The staff we spoke with were clear about their responsibility to report suspected abuse and how to do so. The service supported some younger adults aged 16-18. The registered provider had ensured that staff had completed appropriate safeguarding children training in addition to safeguarding adults.

There were sufficient numbers of skilled and competent staff deployed to meet people's needs. Rotas showed that the right number of staff were made available to support people in line with their care plan. The registered manager had matched staff with people taking into account their age, background, skills and interests. Recently changes had been made to the staffing team for a person to include male staff members as well as females in line with their request.

Staff were recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed including a check against the barring register for working with children. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. All staff received an induction and were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People were kept safe because staff carried out risk assessments of their home environment and took steps to reduce any risks. This included ensuring gas and electricity safety checks had been completed, appliances were checked and any possible trip hazards were reduced. Staff had access to equipment to reduce the risk of infection spreading. This included alcohol gels and hand washes, gloves aprons and face masks. Staff had received training in infection control and records showed they implemented this in practice. Individual risk assessments were completed for people to identify risks to their safety and welfare in their lives. This included risks when they wished to go out independently. Risk assessments contained clear and detailed instructions for staff to follow to reduce the risk of harm. The care records showed that staff followed control measures indicated in the risk assessments to ensure people's wellbeing. Accidents and incidents were appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from reoccurring.

People were supported to manage their medicines in a safe way. All staff who administered medicines received appropriate training and were routinely checked for their competency. People that were able to

manage their medicines independently were enabled to do so and support was given to remind them to take medicines as necessary. One person told us, "I can do most of my medicines myself and staff let me do that." Staff completed people's medicines administration records (MAR) appropriately. The registered manager monitored safe medicines practice through regular audits and spot checks.

Is the service effective?

Our findings

The service was effective. A person told us, "The staff are good, they always listen to me and they respect my choices."

People received effective care from skilled and knowledgeable staff. Staff received an appropriate induction that included the core training courses they needed to provide effective care. This included food safety, conflict resolution, autism, safeguarding, including domestic abuse, six courses in dementia, health and safety, safe medicine handling, moving and handling people, infection control and the principles of the Mental Capacity Act 2005. Staff were able to access a suite of training courses online. The registered manager used the online system to monitor where training refreshers were due. This was discussed with staff in their supervision meeting. Staff told us that they were provided with the training they needed for their role. One staff member said, "The training is very good, I get all the support I need." Staff were supported in their role by the registered manager and the registered provider. All staff received regular one to one supervision sessions and had an annual appraisal of their performance. Staff were encouraged and supported to undertake qualifications relevant to their roles and for their personal development. Newly recruited staff studied to gain the Care Certificate which is a nationally recognised care qualification for people new to the role. All staff had completed a relevant qualification in health and social care. The registered manager had completed a level four qualification in leadership in care services.

People were asked for their consent before care was given and they were supported and enabled to make their own decisions. 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. Staff were trained in the principles of the MCA and generally implemented these in practice. However, we saw that two records had been made in individuals care plans about their capacity to consent, which did not relate to a specific decision the person needed to make. We discussed this with the registered manager who advised that a new policy for the Mental Capacity Act was being issued and that staff would receive refresher training. Other mental capacity assessments had been completed appropriately, for example a person was struggling to manage their money. A MCA assessment was completed and the person was found to have capacity and the staff had implemented a care plan to support them manage their money. We recommend that the registered manager ensure that the records of Mental Capacity Act assessments detail to decision to be made.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For care agencies such as East Kent Independent Living the process for this is managed by the Court of Protection. The registered manager understood the application process to the Court of Protection, should a person's liberty be restricted. There was no one who had any restrictions to their liberty at the time of the inspection.

People had effective care plans that ensured their health needs were met. Care plans had been reviewed

and updated where people's health needs had changed. Staff supported people to access health care professionals as needed and, in some situations, made referrals on their behalf with their consent. Records showed that people were supported to attend regular check-ups with their dentist, optician and chiropodist. People told us that the service was effective in meeting their health needs. There was an effective handover system in operation to ensure that staff arriving to support a person understood their current health needs and how to meet these.

People were supported to have enough to eat and drink. They had their nutrition and hydration needs considered as part of the assessment process and plans were written to ensure they were given the support they needed. People's dietary needs and preferences were documented and known by staff. When there were concerns about people's nutritional health or appetite, their food and fluid intake had been recorded and monitored and staff had taken action to help the person contact their GP for further support. People were supported to plan a balanced diet and prepare their own meals as much as possible.

Is the service caring?

Our findings

The service was caring. People told us that staff were caring. One person said, "The staff are all nice. I get on with them all."

Positive caring relationships were developed between people and the staff that cared for them. People were asked about their life history and what was important to them during the assessment process. This information had been documented in their care plan. When we spoke with staff and the management team they were able to demonstrate that they knew people well. For example, staff understood the importance of music to a person. People had a keyworker and staff worked in small teams to support them so that people always had a familiar member of staff working with them.

People were cared for by staff who respected confidentiality and discretion. People told us their privacy was respected and they were supported in a way that promoted their dignity. We saw that staff respected people's right to privacy in their own home and asked before they went to their bedroom. Staff also respected people's right to confidentiality by ensuring their personal files were stored securely and only accessed by staff as required for the purpose of providing care. There was a secure email system in operation and all electronic information stored at the agency's office was password protected.

People were involved in making decisions about their care. Information was provided to people about the services the agency could provide to enable them to make an informed decision when agreeing their care. People were able to choose the agency they used and one person was using two agencies to meet different areas of their needs. People were involved in decision making about their care and treatment as they were involved in initial assessments of their needs, care planning and reviews when changes occurred. Staff understood how to support people in a way that promoted their dignity. People had signed their care plan and had a pictorial version to help them understand the document. One person told us, "[My keyworker] went through my care plan with me and I signed it. We do go through it to check it sometimes."

Staff promoted people's independence and encouraged people to do as much as possible for themselves. People's care plans included information about what they could do for themselves so that staff only provided the care that people needed. For example, one person had a support plan in place to enable them to walk to the bus stop independently. Where people were able to manage own areas of their personal care this had been included in their care plan and staff we spoke with were aware of this. People were supported to develop their independence, for example through managing their financial affairs, household budgeting and shopping online. People were asked if they wished to vote and were supported to do so. One person told us they had already placed their vote by postal vote for the forthcoming general election.

Is the service responsive?

Our findings

The service was responsive. People told us that staff were responsive to their needs and provided a person centred service. One person said, "I can do a lot of things myself, but the staff help me when I need them." They also told us, "The staff do things the way I like them done; they know me well."

People's care and support was planned in partnership with them. The unit manager visited each person to carry out an assessment of their needs and any individual risks before a care placement was agreed. People were asked for their views about their needs and how they would like their care to be delivered. The assessment took account of all areas of their life including their mobility, nutrition, physical needs, social needs, education needs, cultural and emotional needs.

People's care plans included information about the way they preferred to receive their support, for example what they liked to do during the day and what support they wanted and needed with their personal care. The support plans enabled people to do the things they enjoyed, for example shopping, going to the day centre, using a nightclub, visiting a garden centre and going out for lunch. One person was being supported by staff to research options for a holiday. People's care records showed that the service was flexible and responsive to people's changing needs and wishes. Where people did not want to do a planned activity their wishes were accommodated and they were provided with support to do something else. People had regular reviews of their care plan to ensure it continued to be effective in meeting their changing needs. People told us they were fully involved in this process. One person said, "I have my review booked for June."

We saw, and records showed, that staff responded quickly to people's requests and needs. They provided care at a pace that suited each individual. People were provided with means to call for assistance at times when they did not have staff supporting them. Some people had a pendant they wore to do this and others had mobile phones with the office number programmed in.

People's views about the quality and safety of the service they received were sought through a range of means. This included an annual satisfaction survey, home visits by the unit manager and involvement in reviews of their care plans. One person told us, "I have completed questionnaires when they send them. I see [the senior carer and unit manager] often because they come here and see how I am." The most recent survey in October 2016 showed that people and their relatives were happy with the service they were receiving.

People we spoke with knew about the service's complaint policy and procedures which was included in the brochure for the service. One person told us, "I would speak with [the unit manager] or any of the staff if I wasn't happy about something." They told us they were confident that any complaints would be promptly addressed in line with the policy. The registered provider's complaints records were clear and transparent and showed that appropriate action had been taken to investigate and respond to complaints.

Is the service well-led?

Our findings

The service was well led. People told us they were happy with the service they received and felt the management team provided effective leadership. One person told us, "I think it is a good agency."

There was effective leadership of the service. There was a registered manager in post who was supported by a unit manager who oversaw the day to day delivery of care. 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. People told us they felt able to approach the registered manager and unit manager with any concerns or requests and they felt they would be listened to.

The service was based on a set of values that were person centred. Staff understood these values and people told us they were provided with flexible and person centred care. We saw that the unit manager discussed the values with staff as part of their supervision and appraisal. Spot checks of staff practice were carried out every six months. Staff understood their responsibilities and were clear about the standards of care they were expected to provide. They were provided with a handbook of the policies and procedures for the service. Staff told us they were happy working for the agency and felt they got the support they needed. The registered provider carried out an annual staff survey to seek feedback from staff members about the support they receive and any areas for improvement in the service. Staff understood their rights in relation to 'blowing the whistle' on poor practice. They told us they felt confident to do so and felt they would be supported.

The service ensured that quality of care was maintained through an effective quality assurance system. A programme of monthly audits was carried out by the registered manager and the registered provider. The records of these audits showed that all areas of the service were checked regularly and action was taken to address any shortfalls. A senior care staff was responsible for regularly auditing people's care plans and associated records to ensure they were up to date and meeting people's needs. The unit manager and senior care staff visited each person using the service at least every month. They reviewed the overall care package and checked if the person was happy with the service they were receiving. The service was subject to a range of external audits by commissioners who purchased the service on behalf of people. There were no outstanding issues from these audits.

The registered provider and registered manager understood the relevant legislation and the requirements as registered persons. They had notified the commission of significant events that affected the running of the service and the wellbeing of people using it. The registered manager ensured that accurate and meaningful records were kept about the care people received and for the purpose of running the business. Staff completed records with sufficient detail to show that care had been provided in line with individuals care plans. This meant that the registered manager could monitor changes in people's needs to ensure that they continued to receive the right support.

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. They consistently participated in forums with other organisations in the sector to exchange views and information that may benefit the service. The agency also worked effectively with other agencies that were involved in meeting people's needs. One person used a second agency to meet their social needs. There was a communication book in place to share information between the two agencies. The registered manager had set up a weekly help desk where people they supported could go and seek support and advice on any aspects of independent living, such as paying bills, obtaining support and information or arranging care.