Kelso Care Consortium Limited

Kelso Care Consortium Limited Supported Living Services

Inspection report

Suite 2, 380 Gospel Lane
Birmingham
West Midlands
B27 7AN

Tel: 07792669668

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 29 March 2017 and was announced.

This service provides care and support to people living in 'supported living' accommodation, so that they can live in their own home as independently as possible. People's care and housing are provided under separate agreements; this inspection looked at their personal care and support arrangements.

There were five people receiving the regulated activity of personal care at the service when we inspected and there was a registered manager in post. 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 and associated Regulations about how the service is run.

People told us the care they received was safe and they had no concerns about their welfare. Where needed people were supported with care staff at night if needed. People told us they felt safe when the care staff were with them in or out of their home.

Care staff knew the action to take if a person was at risk of potential abuse to ensure they were protected from further risk. The registered manager was confident in how to report incidents to the local authority and the steps they would take to address any concerns. People knew their individual risks and when and where they needed the care staff to monitor their safe care and support. There were enough care staff when people needed them in their home at the arranged times. Staff provided people with their medicines and recorded when they had received them.

People were confident that care staff understood their needs and were knowledgeable about their support needs. Care staff were clear about their roles and responsibilities and received regular training and supervision that supported them to provide care to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People who could not make decisions for themselves were supported to make a decision in their best interest. People received support to plan, make and prepare their meals. Care staff knew where people required additional support with additional dietary requirements. Healthcare appointments were arranged for people if needed and care staff had helped to arrange transport or went with them.

People told us they liked the care staff and were encouraged to be involved their care, support and life choices. People's dignity and privacy was respected and promoted by care staff and supported people to live as independently. The registered manager was accessible and provided examples of how they advised and supported people them when they had queries or concerns.

People and care staff we spoke with told us the management team were available to talk with and would listen and act of any feedback provided on the service. The management team had kept their knowledge current with support from the provider and external professionals. The management regularly checked on the quality of the care that people received. The registered manager had developed a clear plan of improvements and was working towards achieving these throughout the year.

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.

People received care and treatment from staff that understood how to keep them safe and free from the risk of potential abuse.

People told us they felt there were enough staff to meet the care and social needs and manage risks.

Is the service effective?

Good

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs. People made decisions about their care and support.

People told us that they enjoyed the meals that were made for them. People had accessed other health professionals when required to meet their health needs with staff support.

Is the service caring?

Good

The service was caring.

People were happy that they received care that met their needs and reflected individual preferences and maintained their dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were supported to make choices and be involved in planning their care. Care plans were in place that showed the care and support people needed.

People who used the service and their relatives were confident to raise any concerns. These were responded to and action taken if required.

Is the service well-led?

Good

The service was well-led.

People and staff were complimentary about the overall service. There was open communication within the staff team and the provider regularly checked the quality of the service provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was carried out by one inspector and an expert by experience who had experience of using a service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

The provider had 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. We reviewed the information we held about the scheme and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with four people who used the service one house manager, one care co-ordinator, two senior care staff, three care staff and the registered manager.

We looked at two records about people's care, minutes from staff and people's meetings, complaint and compliments file, incident forms and quality audits that the registered manager and provider had competed.

Good

Is the service safe?

Our findings

People told us that care staff made them feel safe and secure while living in their own home. People were able to continue to live towards independence and felt safer with the support and guidance offered by the care staff. Care staff provided 24 hour care to some people and people told us they were respectful of their home and possessions. Care staff understood their responsibility to provide people with safe care and identify and report any concerns.

Care staff had received training in safeguarding vulnerable adults and knew the signs and types of abuse that people were at risk from. They provided examples of some of the signs people may display. For example, if a person changed their usual behaviour or had unexplained bruising. They were assured the management team would take action to deal with any reported incidents or concerns and help people to remain safe in their homes.

People told us about the support they received from care staff with certain aspects of their daily lives to minimise the risk of harm. For example, managing money and social relationships. Where people were at risk these had been recorded and considered and care staff told us these provided them with the information needed to assist people to maintain their independent living. People's risks had been reviewed regularly to help monitor any changes and that information was current for the care staff to refer to.

People's falls, accidents or injury had been recorded and reviewed. Care staff had completed forms to help in identifying if there were any on going risks to people that could be prevented. For example, if a person may need advice or support from a specialist or addition equipment in support of their care.

People's allocated care hours had been arranged with the local authority and provider. People told us that the care staff were always with them as agreed and needed. They also said they had the same group of care staff that supported them. The registered manager reviewed the care people received to identify if more or less support was required or if the current number of hours could be better used to meet a person's need. For example, more support during the night or to support a period of short term care. Office staff supported care staff by arranging the rotas. Care staff we spoke with said they worked as a team to cover shifts so that agency staff were not used to maintain a consistent care staff group that new people well.

Staff told us they completed application forms and were interviewed to check their suitability before they were employed. The interview process included people they would be supporting as well as the management team. The registered manager checked with staff members' previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. This information supported the registered manager to ensure suitable people were employed, so people using the service were not placed at risk through their recruitment practices.

Where people required the support of care staff with their medicines the staff were trained and had an understanding of what the medicines were for. Care staff had clear instructions on when and how to provide medicine to people as an occasion required. For example to manage pain, or support a health condition

such as epilepsy. We saw that where people were given their medicines covertly this had been agreed as part of a best interest decision and given in line with advice from the GP and pharmacy. The registered manager had looked at people's medicine records and where any gaps or concerns had been noted the care staff were supported with supervision and training.

Good

Is the service effective?

Our findings

People told us the care staff were good at knowing their support needs and trained in how to support them. The care staff and registered manager told us they ensured that people received care from staff with the right skills. All staff we spoke with told us the training gave them the skills to provide people with the care they needed to meet their needs. One care staff said, "The course on autism was very good and delivered in a way that made you think about how to communicate better".

All care staff we spoke with felt supported and had regular supervision meetings with their manager. This was to discuss their role and how they were providing care to people. They had also used that time to understand how a particular situation had worked well or could be changed to improve the person's experiences next time.

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. We checked whether the service was working within the principles of the MCA. People's consent to their care and treatment had been recorded their care plans. Records showed the involvement of the person wishes and needs. Where a person had not been able to make a decision, best interest meetings had been used. If required an Independent Mental Capacity Advocate (IMCA) had been sought to support the decisions made.

Two people we spoke with told us staff listened to what they wanted and felt the choices were listened to. All care we spoke with understood the principles of the MCA and what this meant for people they cared for. They told us it was always about a person's choice and that they would never go against their wishes. They would raise any issues or concerns with the management team to ensure the correct procedures were followed.

People we spoke with told us they were involved in choosing their meal, buying and preparing them on their own or with support from care staff. Care staff we spoke told the amount of support varied from person to person and the type of meals prepared. People's cultural and specific diets were known and supported by care staff. In addition, where people chose they were able to have meals made for them and eat in the communal dining room. People also told us that care staff always supported them to make drinks or got them drinks when they wanted.

People were supported with care staff when they attend health appointments if this had been identified as part of their support needs, such as GP or consultant reviews. Care staff also helped people with making regular appointments when needed and supported them to ensure that any suggested change were

considered and implemented. Care staff said that they worked well with people's local health professionals to help people get the care they needed.

Good

Is the service caring?

Our findings

All people we spoke with told us they liked the care staff and were happy when they spent time together. We saw that people and care staff laughed, chatted and were relaxed in each other's company. People also knew and welcomed the registered manager into their home. People were pleased the care staff were part of their day to day lives, knew them well and understood what was happening for each person as an individual. Where people lived with relatives they were also included in conversations with care staff. Where people had developed friendships these were supported and encouraged by care staff. This included looking at things people could do to enjoy similar interests, such as going to the cinema.

Care staff had taken time to get to know the people they cared for were pleased to be involved in all aspects of their lives and had formed positive relationships with them. People we spoke with said that care staff either knew their preferred routines or asked how they liked things done. Care staff also referred to care plans and friends or relatives if they needed information about the person and their interests. People told us if they were feeling unsettled or unsure care staff were good at listening to them.

People made decisions about the personal achievement and goals. Care staff explained that it was important to involve people in decisions towards their independence. People felt staff provided them with the opportunity or encouragement to ensure they remained as independent as possible. People were given space in their home to spend time in the communal areas or time on their own.

We saw that care staff were respectful and careful to ensure people's privacy and dignity were respected. Care staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. Care staff were aware of how to protect people against any potential discrimination whilst they were out in the community to ensure that people and staff remained safe.

The care staff and management showed they had a detailed and personal understanding of each person. Staff took individual needs, choices and preferences into account and were very knowledgeable about these in their discussions with us. When we were speaking with staff they were respectful about people and showed a genuine interest and compassion about their lives.

Good

Is the service responsive?

Our findings

People told us they were involved in the development and review of their care. One person told us how they could talk to staff at any time. People had an initial assessment before they began using the service which the registered manager reviewed and updated regular. People also had an annual review where checks were made to see if they were happy with the arrangements and if there was anything else they wanted to change. People told us they felt staff understood their needs and provided appropriate support in response to them. The care people received had been recorded and these were used to support each person when their care needs were reviewed.

Care staff we spoke with knew the type and level of care and support each person needed. They understood people's health condition and what this meant for them. For example, if a person had certain conditions such as autism, they knew how the person would react to certain situations or requests and proved the appropriate support. People were supported to attended regular and annual health checks with consultants by care staff. Care staff told us they were able to support and provide information about the person at this appointment. Care staff also felt they recognised any changes in people's day to day health needs. For example, infections or illness. Any changes to a person's care could then be incorporated in their care plan.

Care staff told us they always find suitable ways for people to communicate depending on individual needs. This included the use flash cards or picture cards to help people communicate, one care staff told us, "Some people might prefer to write things down", to help people communicate.

People's care records had been updated regularly or when a change had been required. The records showed people's choices and decisions about any that was working well or any change they wanted for the coming month. For example, any changes to hobbies or activities. Care staff we spoke with felt people's care records were accurate and reflected the person's care needs.

All people we spoke with told us about what they enjoyed doing when out of the home. Each person had an individual social lives and interest and were supported by care staff where needed. People told us they got to see their families and friends and were supported to invite people to their home.

People we spoke told us they were happy with their current care and support and if needed knew how they would make a compliant and told us how they would approach the staff. The registered manager liked to visit people often throughout the week to ensure they were aware of how people were and if they had any concerns or queries they could resolve immediately.

The provider had a formal complaints process in place and this had been included in people paperwork when they joined the service. The process gave people the names and numbers of We saw how this process looked and investigated people or relatives concerns and an outcome provided.

Good

Is the service well-led?

Our findings

People felt supported by a consistent staff team and involved with the service they received. We spoke with the registered manager who knew people who used the service and staff well. People who we spoke with told us they found the registered manager and the manager were approachable and responsive to their requests where it was required. People confirmed that they had met people who worked in a management role. All people we spoke with felt confident that any questions they may have would be answered by care or the registered manager.

People that shared a home with others were supported by the care staff to hold regular house meetings so they could discuss the day to day running and how things were working well or talk about how to do things differently. Questionnaires had been completed by people to express their views about their care and were visited in their by the registered manager. We saw that surveys had been available in alternative formats where people required. The results had been reviewed and the result showed people had been pleased with the care and support provided.

Care staff told us they felt able to tell management their views and opinions at staff meetings. One care staff said, "There is always senior cover available" that said supported them if needed or the people they provided care for. The registered manager felt supported with a staffing team that were caring and reflected the provider's ethos of proving care that promoted and listened to the people they care for. Care staff reflected these values when we spoke with them.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager visited people to check the standard of care provided. Staff told us this happened regularly to ensure they provided care in line with people's needs and satisfaction. Weekly management meetings considered people's experiences over the previous week, which included areas of personal achievements and where additional support may be required.

The registered manager felt supported by the provider to keep their knowledge current. They had access to resources and referred to Social care Institute for excellence, CQC and Skills for Care for support in guidance about best practice and any changes within the industry. In addition the manager was involved in provider's forums and meetings with the providers other service manager. The registered manager told us they used these to discuss what was working well and could be shared or if they were aware of any changes. The registered manager had also developed a service improvement plan for the year. They had many areas for the coming year to continue improvements.

The management team worked with key organisations within the local area to support people with their care provision and the development of the service. For example, local authority commissioners, people's social workers and local GP surgeries. The service manager sought advice and guidance from other professional involved in people's care. For example, advice from consultants and therapist for each person to help ensure the care continued to meet their needs. They felt this support led them to recognise and deliver high quality care to people in line with current best practice.