

Kazlum Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Kazlum Support Limited is a supported living service providing personal care to 12 people at the time of the inspection. It provides personal care to people living in their own houses and flats, and to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual arrangements. The CQC does not regulate premises used for supported living; this inspection looked at people's care and support. Not everyone using the service received a regulated activity; CQC only inspects the service being received by people who are provided with the regulated activity of 'personal care', for example which includes help with tasks such as personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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.

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

Right Support

The supported living settings were near to the centre of towns and had access to the local community and amenities. Staff supported people to make choices about their daily lives and engage in activities, however, staff were not always supporting people in the least restrictive way possible and in their best interests. This meant the care and support model did not always maximise people's choice, control and independence.

People were supported by enough staff who knew them well, and staff communicated with people in ways that met their needs. People's risk assessments were clear and up to date, however, people's support plans did not always contain enough information to enable staff to support them in a person-centred way.

Right Care

Staff understood how to protect people from poor care and abuse but did not always recognise where their practice might be abusive or restrict people's rights. People's positive behaviour support plans did not always contain sufficient detailed information which led to staff sometimes working with people in inconsistent ways. People could take part in activities, pursue interests and live active lives. Staff and people cooperated to assess risks people might face.

Right Culture

The Provider, Registered Manager and manager were not alert to the culture of the service; the culture did not ensure staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Management were defensive of practice which we highlighted as poor and outdated. Written records indicated a culture which lacked respect for people and indicated staff felt they

knew what was best for the person and imposed that upon them. Concerns had been raised in advance of our inspection about a potential closed culture within the management of the service. Most staff told us they felt managers were open and approachable, however, some comments did indicate some elements of a closed culture.

The failure to meet the underpinning principles of Right support, right care, right culture, meant we could not be assured that people who used the service were able to live as full a life as possible and achieve the best possible outcomes.

Systems were not operated effectively to identify where people may have experienced abuse or been put at risk of harm, and it not been identified that some people had been subject to degrading treatment.

People were subject to daily restrictions such as limited use of technology, restrictions on what they could spend their money on and restrictions around food. No mental capacity assessments had been completed in relation to these decisions. People's support plans referred to staff making decisions and taking action in people's best interest, however, no mental capacity assessments or best interest decisions had been completed.

Peoples care was not always delivered in line with standards, guidance and the law and there were no clear pathways to future goals and aspirations, including skills teaching in people's support plans. Staff completed regular training.

Governance processes were ineffective and did not hold staff to account, keep people safe, protect their rights or ensure good quality care and support. There were no audit and improvement tools in place, which impacted on people achieving good outcomes. The service did not always act on the duty of candour appropriately.

Where the service did identify an allegation of abuse, referrals to the Local Authority safeguarding team were made and investigations carried out. Risks to people's safety were identified and assessed and people were supported to access the community safely. Systems were in place to ensure staff were recruited safely. Appropriate measures were in place to reduce the spread of infection.

Following our inspection, we made nine safeguarding referrals to the Local Authority that had not been identified by the service to ensure people were safely protected from harm.

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

Why we inspected

The inspection was prompted in part due to concerns received about the management and leadership within the service and the management of allegations of abuse. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kazlum Support Ltd on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in regulation in relation to safeguarding people from abuse, consent, person centred care and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe

Requires Improvement ●

Is the service effective?

The service was not always effective

Requires Improvement ●

Is the service well-led?

The service was not always well led

Requires Improvement ●

Kazlum Support Ltd

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, two Assistant Inspectors 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 across a number of 'supported living' settings, 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.

What we did before inspection

We reviewed information we had received about the service and sought feedback from the Local Authority. We reviewed the provider information return. This is information we require providers to send us to give some key information about the service, what the service does 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 with one person who used the service and five relatives about their experience of the care provided. We spoke with 23 members of staff including the provider, manager, two administration staff and support staff. We reviewed a range of records. This included seven people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with six professionals who have worked with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were not operated effectively to identify where people may have experienced abuse or been put at risk of harm. It had not been identified that some people had been subject to degrading treatment, including being admonished by staff, having 'treats' withheld and being made to apologise to staff for behaviours they considered unacceptable. Treats were items people were supported to buy with their own money.
- Positive behaviour systems had been used in a negative and punitive way. Records showed staff using 'star' rewards and the removal of treats as punishment. Comments within incident records included, 'Lost his treat after so many times being asked to do something and due to poor listening skills.' 'Staff member told him he would lose a star and he still continued to ignore staff.' 'Staff told him he lost a star as he had a few warnings throughout the day as well but still didn't listen.' 'He apologised; staff responded that his sorry doesn't mean anything unless he truly means it. Staff made him aware that he won't be receiving his treat this upcoming week.' And, 'I told [Name] that this is unacceptable and will lose a star. He was not happy but explained what stars are for and that he had not deserved this.'
- Another person's care record said, '[Name] was told he can't behave like this as people don't like it and it's unacceptable and if it would continue, he may not be able to visit nice places like the circus.' The Provider told us this was the 'natural consequence of their behaviour.'
- One person had an identified risk around food. Their support plan said they should be supervised when in the kitchen to reduce the risk of them eating excessive amounts of food. However, records showed several occasions where they were able to access and eat food, including on one occasion from the waste bin.
- Following our inspection, we made nine safeguarding referrals to the Local Authority to ensure people were safely protected from harm.

Systems and processes to safeguard people from the risk of abuse were not operated effectively. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where the service did identify an allegation of abuse, referrals to the Local Authority safeguarding team were made and investigations carried out.
- All staff had completed safeguarding training.

Assessing risk, safety monitoring and management; Using medicines safely

- People were supported to take their medicines safely.
- The manager reviewed any incidents relating to medicines that were alerted through the online care support system, however, there were no audits undertaken or checks of medicines recorded.

- Risks to people's safety were identified and assessed.
- People's support plans contained a wide range of risk assessments that gave guidance to staff as to how to respond to and minimise the risk.
- People were supported to access the community safely.
- People's families told us they felt their relatives were safe. One said, "He is perfectly safe." Another told us, "The staff are very good around safety."

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely.
- DBS checks and references were obtained prior to staff starting work.
- We received mixed feedback about staffing levels. Generally, staff told us there were enough staff and people were supported safely. One staff member said, "The managers are always willing to step in."
- Staff supporting people in one particular house raised concerns about staffing levels, one told us, "There aren't enough staff at this house as a few have left and they haven't got any more staff for our house. Our house is the only house that needs people." Another staff member reflected that the high level of needs of one of the people they support could impact upon the support other people living in the house received.

Preventing and controlling infection

- Appropriate measures were in place to reduce the spread of infection.
- Staff took regular Covid-19 tests in line with current UK guidance, and checked their temperatures before starting work.
- Appropriate measures were in place with regards to visitors to the service, and people had been supported throughout the pandemic to reduce the risk of infection.
- People were supported to contribute to keeping their homes clean with staff support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

Care at home services

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.

- People's rights under the Mental Health Act were not being protected. For example, there were no systems in place to monitor applications to the Court of Protection. At the time of inspection, the manager was of the belief that applications to deprive two people of their liberty had been made in 2017, when they had not been.
- People were subject to daily restrictions such as limited use of technology, restrictions on what they could spend their money on and restrictions around food. No mental capacity assessments had been completed in relation to these decisions.
- People's support plans referred to staff making decisions and taking action in people's best interest, however, no mental capacity assessments or best interest decisions had been completed.
- Kazlum Support were managing people's finances on their behalf without the legal authority to do so. Two people had been assessed as lacking capacity to manage their finances in 2017, no action had been taken to ensure an appropriate person was appointed to manage their finances on their behalf.
- Training records indicated staff should complete Mental Capacity Act training every three years, however, 13 out of 34 staff had not completed the training within the past three years.

People's rights under the Mental Health Act were not being protected. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care was not always delivered in line with standards, guidance and the law.
- There were no clear pathways to future goals and aspirations for individuals, including skills teaching, in people's support plans.
- There was insufficient information within people's support plans to enable staff to effectively support and understand their mental health needs. For example, one person had a 'star chart' system in place and their support plan said 'All staff MUST work within the same firm boundaries as if not then their behaviour will escalate to unacceptable levels which will impact on the other service users. Being consistent with the boundaries is a must at all times.' There was no guidance as to what constituted the boundaries or what was considered 'unacceptable.' One staff member told us that different staff would implement different boundaries.
- Care records indicated another person was not being supported to choose when they would like to get up each day, and staff used judgemental and institutionalised language. For example, '[Name] refused to get out of bed this morning at an acceptable time.' 'Refusing to get up and complete his PH routine.' '[name] refused to get out of bed and have breakfast.'
- People were not always supported to spend their day in the way they wished to. For example, one person's support plan said they 'will often try and opt out of household chores preferring to stay in his room and listen to his music or say he is tired; however he must be encouraged and supported to carry out his share of the household tasks on a daily basis.'
- Two staff members told us people's routines and activities had not been reviewed in a meaningful way, some people attended organised activities because 'that's what they've always done.'

People's care was not always delivered in line with standards, guidance and the law. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Support plans reflected a good understanding of people's physical health needs and included relevant information of people's communication support needs.
- Support plans contained good information about people's likes and dislikes.

Staff support: induction, training, skills and experience

- Staff told us they completed regular training. One staff member said there was, "Always loads of training." Another said, "Even if they think we have all the training we need they ask if there's anything else we would like." And a third said, "We've been very well trained."
- Training records demonstrated staff completed regular training.
- 20 out of 24 staff had achieved or were working towards NVQ qualifications.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.

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

- People were supported to live active, healthy lives and to take part in a range of activities including physical exercise.

- People were supported to attend health checks.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives

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

- People had their own private bedroom, access to communal living space and safe outside space.
- One person took pride in showing us their home, including their pet fish.
- People were involved in the redecoration of one of the supported living settings, accompanying staff to buy the paint.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance processes were ineffective and did not hold staff to account, keep people safe, protect their rights or ensure good quality care and support.
- There were no systems in place to audit care records, which meant managers did not analyse information to ensure people were supported in line with their support plans or identify areas for improvement.
- Whilst the manager told us they reviewed all incident records, they had not identified themes and trends of positive behaviour systems being used in a punitive way, nor recognised this as abuse.
- There were no systems in place to ensure people's rights under the Mental Health Act were upheld.
- The Registered Manager had limited involvement in the day to day running of the service and did not participate in this inspection process. They attended a feedback session, where they told us they had been unable to be actively involved in the running of the service due to family commitments.
- Notifications were not always submitted to CQC in line with the regulations.
- The Provider did not complete any formal quality checks.

Governance processes were ineffective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's families were positive about the leadership of the service. One told us the manager 'is absolutely brilliant on a day to day basis.' Another said, 'The manager is very good, I can phone her at any time.'
- Staff told us they felt well supported and there was clear distinction between the responsibilities of different staff members. Staff told us there was an open-door policy, and they were able to request a supervision if they wanted one. One told us, "If there's anything I'm worried about I won't wait for a supervision."
- The Provider sought feedback from people using the service and their families on a yearly basis.

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

- The Provider, Registered Manager and manager were not alert to the culture of the service; the culture did not ensure staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

- Management were defensive of poor and outdated practice, and written records indicated a culture which lacked respect for people, and indicated staff felt they knew what was best for the person and imposed that upon them.
- Concerns had been raised in advance of our inspection about a potential closed culture within the management of the service. Most staff told us they felt managers were open and approachable, however, some comments did indicate some elements of a closed culture. One staff member told us, 'It's quite a small company and I think that means there's quite a lot of family members who work together and are close friends, they're friends as well as colleagues. If you're in that circle fine, but if you're not you're an outsider and it can be quite isolating sometimes.'
- A second Staff Member told us they had experienced some problems with their line manager. They had tried to raise their concerns, but said they were 'friends with the manager and seem to get away with a lot'. A third Staff Member told us, 'I see all the managers as friends.'

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; Working in partnership with others

- The service did not always act on the duty of candour appropriately.
- Where the service identified things had gone wrong, such as an allegation of abuse, they shared information appropriately with the Local Authority and people's families. However, in other instances information was not shared openly.
- A health professional told us a person they supported was served 'notice' after one allegation of abuse and had to be supported to find alternative accommodation and care. They said, 'They weren't forthcoming about talking to him about the move. I had to pick him up on the day and he didn't really know what was going on - even now (several) months later, he says he didn't know why he had to leave.' A second healthcare professional told us, 'There have been issues around trying to obtain information.'
- Other health professionals gave more positive feedback, told us good records were maintained in relation to people's medical needs and that people received good support. One said, 'I find them to be responsive when we're requesting information.' Another said, 'They're excellent with clients, they're willing to do anything to support the clients to make them as independent as possible.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out an annual quality assurance exercise to gain feedback from people and their families with the aim of identifying areas for improvement.
- We were told the most recent surveys were completed in 2021, however, no report of the findings was produced, and no action plan was developed as a result of the feedback.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not supported in a person centred way.

The enforcement action we took:

We imposed conditions on the providers registration.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not provided with the consent of the relevant person or in line with the principles and codes of conduct associated with the Mental Capacity Act 2005.

The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not protected from abuse and improper treatment.

The enforcement action we took:

We imposed conditions on the providers registration

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to ensure good governance.

The enforcement action we took:

We imposed a condition on the providers registration