

Kazlum Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 17, 19 and 24 August and 1 September 2015 and was announced. The provider was given short notice because the location registered with the Care Quality Commission is an office from which the provider runs a domiciliary care service and we needed to be sure that someone would be in.

Kazlum Support Limited provides personal care and support to people living alone or with family in their own homes in Exeter, Newton Abbott and the surrounding area in Devon. Kazlum support also supported people living in two supported living houses in Exeter, one of

which had five people living in it and the other which had six people living in it. Supported living is defined as Where people live in their own home and receive care and/or support in order to promote their independence. At the time of our inspection there were 16 people receiving a service. The personal care provided to people varied from 24 hour one-to-one support for some people to a set number of hours per week for others.

When we visited 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

Summary of findings

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 supported to be as independent as possible. However where restrictions were placed on people to ensure their safety, the provider had not undertaken mental capacity assessments for such restrictions or had a best interest meeting to consider what needed to be done, which might include applying for an authorisation to the Court of Protection.

Although there were some concerns about the current medicine administration record system, there was evidence that this was being replaced with an electronic system which would address the shortfalls. The new system was part of a computerised care record which both staff and people would be able to use. The new system also allowed managers to generate reports of activity and undertake audits of care records in a timely way.

There was a sense of 'family' among the people, staff and managers at Kazlum Support Limited. People and their families described the care they received as "very good" and said they felt safe with the staff who worked with them. Throughout the inspection there was evidence of people enjoying the company of the staff, with lots of

friendly interactions and gentle banter on both sides. Staff were respectful of people's right to privacy and treated them with courtesy and kindness. People felt able to change their minds in terms of what they wanted to do and were supported by staff and managers to do this. People were able to use their one to one hours each week flexibly to suit their chosen activities. Staff accompanied people on holidays of their choice in the UK and abroad. Staff said they would work different hours at times to the ones they were scheduled for to support people to do what they wanted.

People were supported to undertake activities of their choice by staff who were recruited safely. Staff underwent an induction supported by regular supervision and feedback. Staff also undertook training in a number of courses to support them to work effectively.

There were systems in place to gather feedback from people, their families, staff and health and social care professionals. There was also evidence that where a concern was identified, actions were taken to address the concern.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

There were systems in place to ensure staff were recruited safely.

There were sufficient staff to meet people's needs and staffing was adjusted where it was agreed with the commissioning body.

Staff understood and recognised the forms of abuse and ensured people were treated with dignity and respect.

Risks and needs assessments were undertaken to ensure people were protected.

Although the paper-based medicine administration system did not identify each medicine that had been administered separately, this was being replaced by a computerised system which provided more detailed information.

Good



Is the service effective?

The service was not fully effective.

People's capacity had not been fully assessed in line with the Mental Capacity Act 2005. There was evidence of restrictions being put in place without best interest decisions being recorded.

People were encouraged to eat healthily and were supported to menu plan, shop and prepare food of their choice.

People were supported to maintain their physical and mental health by staff helping them to arrange and attend appointments with health providers including the person's GP and dentist.

Staff had the necessary skills and knowledge to carry out their roles competently and confidently

Requires Improvement



Is the service caring?

The service was caring.

People and staff showed affection and friendship towards each other, laughing and joking about shared experiences.

People said they felt safe and supported by staff who knew them well. Staff worked with people to support them to be as independent as possible.

Staff accompanied people on nights out and also went on holiday with them both in the UK and abroad.

Where staff identified issues between people living in a home, they worked with them to address them.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People's needs and preferences had been assessed and care plans had been developed to support these.

People living in shared houses had weekly meetings to discuss what they wanted and what they planned to do.

People and their families said they knew how to feedback complaints and concerns when they had them. There was evidence that the provider investigated and resolved these.

Good



Is the service well-led?

The service was well-led.

There was a registered manager in post. The service had clear objectives which supported people being helped to be as independent as possible. .

The registered manager was well known to people and their families, who said they would always contact them if they had a concern or worry.

There were systems in place to monitor the quality of the service provided and evidence of actions taken where there were issues. There was an annual survey of people, their relatives, staff and health and social care professionals. An action plan had been developed to address the issues that had been raised.

Health and social care professionals said they found there was good communication between themselves and the provider.

Good



Kazlum Support Ltd

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 17, 19 and 24 August and 1 September 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of 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. We also reviewed the information we held about the service and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We met and spoke with 10 people receiving a service from Kazlum Support and one relative. We also spoke with two directors, one of whom was the registered manager and seven members of staff. We reviewed four people's care files, three staff files, staff training records and a selection of policies and procedures and records relating to the management of the service. We sought feedback from nine health and social care professionals to obtain their views of the service provided to people. We received responses from five of them.

Is the service safe?

Our findings

Some people's medicines were administered by staff. Although there was information about the medicines people were prescribed, the medicine administration record sheets (MARS) did not provide sufficient detailed information about whether each medicine had been administered. This meant that people might not always receive the medicines they needed. There were some gaps in the MARS and no explanation as to why the gaps occurred, such as whether the person had refused to take them. We discussed this with a senior member of staff, who was involved in the introduction of a new computerised system of record keeping. They showed us the medicine administration module within the system, which provided itemised details of what medicines had been administered. The senior manager said the system was being trialled and it was then planned to 'roll out' the system so that all records for people they provided care to would be on the system.

Most medicines were administered from pre-prepared blister packs provided by the local pharmacy. However some people also required creams and homely remedies which were stored separately from the blister packs. Staff did not record when these other medicines had been opened or when they were due to expire. This meant that people were at risk of taking medicines which were past their use-by date.

Staff had received medicine administration training to ensure they were competent to carry out this task. Staff were confident about supporting people with their medicines and were able to describe how they did this to ensure people's safety.

We observed positive interactions between people and the staff supporting them. One person said "Staff help me to do things I like doing". One person proudly pointed out certificates hung on the wall showing they had attended courses in first aid, food hygiene and health and safety. They commented "I have done lots of courses to help me stay safe". Another person described how they spent evenings alone but felt happy to do so as they knew they could contact someone if they needed help.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition,

pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff records showed new members of staff were not allowed to work on their own with people until the checks had been completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisation's policies and procedures.

The registered manager said staffing matched the support commissioned by the local authority to suit people's needs. Staff worked with the people to ensure that where they required one to one support, this was provided flexibly to support the person's needs and wishes. Some people were able to go into the community on their own. Staff provided phone support to these people to give reassurance when needed. Where a person's care or support needs increased, staffing was adjusted accordingly and was agreed with health and social care professionals and the local authority.

Community professional comments about Kazlum Support included "good, safe service" and "very positive working with people".

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. Staff said they had received training in safeguarding adults and were able to describe what they would do if they identified a concern. There was evidence in staff files that staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. There was also evidence that where there had been a concern about a person, this had been reported appropriately and action had been taken to reduce the risk of a recurrence.

The management team demonstrated an understanding of their safeguarding roles and responsibilities. However we discussed one incident where one person using the service had been verbally abusive towards another, which had not been reported to the Care Quality Commission or to the local authority. A senior care worker said they had not considered this to be a safeguarding issue but would report such concerns in future.

Is the service safe?

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments around life skills such as answering the front door, having a door key, personal care and working in the kitchen had been completed for each person. In addition, a care worker described the risk assessment they were about to complete to support a

person going abroad for a holiday. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible.

We reviewed a risk assessment for one person who sometimes showed challenging behaviour, which could put staff at risk. There was evidence that plans had been put in place and communicated with staff to ensure they and the person were safe if such a situation arose.

Is the service effective?

Our findings

Although staff worked with people to maximise their independence, there was evidence that there were some restrictions placed on people. For example, some people were not able to go out unaccompanied and others required their finances and medicines to be managed and looked after by staff as they did not have the capacity to understand how to do these tasks themselves. This did not meet the requirements of the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Where people who live in their own homes require some restrictions to be in place to keep them safe, a mental capacity assessment should be undertaken and a best interest meeting held to determine what should be done. This may include an application to the Court of Protection being submitted.

Staff had received training on the Mental Capacity Act (2005) however they did not demonstrate an understanding of the Mental Capacity Act (2005) and how it applied to their practice. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected

This was a breach of Regulation 11 of the Health and Social Care Act (2008) Regulations 2014.

We discussed with senior staff the need for formal arrangements to be in place which should include a mental capacity assessment and a best interest assessment of the person's needs which could lead to an application on the person's behalf to the Court of Protection. They agreed they would review each person to determine what needed to be done.

We discussed with the registered manager the briefing paper on the Supreme Court judgment (19 March 2014) in the case of "P v Cheshire West and Chester Council and another" and "P and Q v Surrey County Council" which they said they would review. The briefing paper provides information about how the MCA applies to people in both residential settings and community settings.

Staff supported people to meet specific health and social care needs. For example there was evidence in people's records of doctor, dentist and other healthcare professional appointments.

These records demonstrated how staff recognised people's physical needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training courses and work shadowing. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they were suitable to work with people. Staff files showed new staff were assessed every four weeks during the first six months of working and feedback was given to them on their progress.

Staff undertook training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff received training on subjects including, safeguarding vulnerable adults, first aid, moving and handling and a range of topics specific to people's individual needs. For example, autism awareness and supporting people with epilepsy. This showed care was taken to ensure staff were trained to a level to meet people's current and changing needs.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team. Staff files and staff confirmed that supervision sessions and appraisals took place. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

People were supported to maintain a balanced diet. Staff helped people with menu planning, shopping and preparing snacks and meals. Staff described how people chose what they wanted to eat, but staff would help by making suggestions about healthy eating.

Is the service caring?

Our findings

People were treated with kindness and respect by staff. Throughout the visits to people's homes, people and staff interacted in a very friendly and affectionate manner. For example, one person laughed and joked with staff about music, and asked the staff to guess who the singer was. Another person said "staff are great, they help me a lot." Another person described how they loved to cook. They showed us a bread-maker they had in the kitchen which they used to make different types of bread which they said staff helped them with.

When we arrived at one of the homes, a person answered the front door and asked to see our identification before letting us come in. They then proudly showed us round the home introducing us to people who lived there and staff. Staff said people felt it important to decide who they allowed to come into their home and staff made sure they could do this.

Staff were observed taking time to let people decide what they wanted to do, helping them to make choices about their activities for the day. One member of staff said they provided telephone support to a person who felt insecure at times. They said the person would phone them, including times when they were off-duty, for reassurance which they were happy to give.

Staff knew the people they supported well and recognised times when people felt worried. One member of staff described how, sometimes, the people living together had issues with each other. The staff described how they worked with each of the people to alleviate the difficulties and ensure that both people felt supported. There was evidence in care records of issues between people which had been resolved. Staff described how they worked with the people in a home to ensure that all the people sharing the house were happy to live together. They explained that

sometimes when a new person came to live in the house, the 'mix of people' did not work as well and therefore they worked with the people concerned to see whether alternative arrangements needed to be put in place. Staff explained that sometimes this meant that a person would move to another place to live so that they and the other people were happy. This showed that staff worked to ensure that people were treated as individuals in a caring, compassionate manner.

Staff respected their right to spend time in their room in private and knocked on people's doors, even if they were open, before entering. Staff also asked permission from people when asking if they could show the inspectors, the person's care record. This showed that people's dignity and privacy was respected.

Staff supported people to maintain relationships with family and friends. For example, one person was supported to visit a relative and take them a gift for their birthday. A relative described the service as "very, very, very good!" saying they had recently completed a satisfaction survey with lots of positive comments.

Each person's care record contained detailed information about the person, their family and what was important to them. The care records on the new computerised system also contained a section entitled "Things people like and admire about me". Staff said this section had been completed with the person and helped them understand what was important from the person's perspective. This meant that the person was cared for in a personalised way by staff who had explored what the person wanted and needed from them.

People were encouraged to update other information on the computerised system. For example, one person had a reward system, which they updated when they had done specific tasks. The person decided at the end of each week if they were then able to give themselves "a treat".

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

People's needs were assessed before Kazlum started to support them. During the inspection, we met two community professionals who had just met with the registered manager to discuss whether Kazlum could provide support to a person they were commissioning care for. The community professionals said they had been recommended the service by other community professionals. They described the service as "good at fitting the service to the individual rather than the other way round."

Staff worked with people to develop their care plans to make sure they met what people wanted. One person discussed with a member of staff, changes they wished to make to the arrangements for an activity. Staff responded positively, listening to the person and making suggestions before a decision by the person was made. Another person was observed changing their mind about something that they had planned to do and staff helped the person to rearrange activities to address the changes. The registered manager explained that sometimes a person chose to remain on a night out beyond the end of a staff member's shift, and staff would be flexible to support this. The registered manager also said that they altered the rota every week to ensure that it reflected what activities people planned. They described how sometimes people would change their mind nearer the day and they would then alter the rota to support them. They also said they would try to accommodate people's requests for particular members of staff. We observed one person looking at the rota for the week ahead and asking for a particular member of staff to accompany them on an activity.

There was evidence of people being involved in making decisions about their care and treatment through their discussions with staff. Care files were personalised and reflected that people had helped to draw up the plans to meet their individual care and support needs. For example, people chose to go on different holidays supported by staff. One group of people had chosen to go together to a

holiday camp in the UK while another chose to go abroad. One person described how much they had enjoyed a break in London with staff and how they looked forward to doing a similar break again.

Care files included personal information and identified the relevant people involved in people's care, such as their GP and other health and social care professionals. The paper-based care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. A senior member of staff was involved in producing care records in a computerised system. They described how the system was being developed to ensure that it allowed staff and managers to review information over time which would support staff understanding changes in people's needs and wants.

Risk assessments, needs assessments and care plans, on both the paper based and computerised systems were up-to-date and were clearly laid out. Information was held in separate sections and included details about personal care, activities, food and drink. Care plans were very detailed and included things which matter to the person such as hobbies and activities they enjoyed. Staff said although they knew people well, they did refer to the care plans at times when they needed additional information.

There were regular opportunities for people to raise issues, concerns and compliments. For example, two homes we visited both had weekly meetings where people could discuss issues such as household jobs, menus and shopping for the week ahead as well as issues and concerns they had. Staff and people described situations where a concern had been raised and actions to address the issue had been undertaken. This showed that people's opinion and concerns were listened to and action taken to make changes to address issues which were raised.

People said they knew how to make a complaint. For example, one person said they would phone and speak to the registered manager who they knew personally while others said they would talk to senior staff.

Health and social care professionals said they found the registered manager and staff at Kazlum were very good at communicating with them when needed to support people to have their needs met. One community professional said

Is the service responsive?

the person they commissioned care for did not like engaging with them, but staff at Kazlum support provided

regular updates to them to ensure they were kept up to date with the person's changing needs. They also said the person had very complex and challenging needs which Kazlum supported well.

Is the service well-led?

Our findings

Kazlum Support services objectives described building services around a person's needs and aspirations. They also described ensuring that any activities requiring support would be carried out and shared with others in the local community, supporting people to make new friends outside of the home. The registered manager and senior staff described how they implemented this objective by working closely with people and staff to ensure these expectations were met. People described how they were able to do activities of their choice, supported by staff and managers. They described how they knew the registered manager and other senior staff personally and often saw them during the course of a week.

Staff spoke positively about how the management team worked well with them. Staff comments included: "Anytime I have a problem, I just ring the [registered manager] or [another director] and they will respond" and "they always answer their phone and give me help and advice if I need it."

Although there were audits undertaken on the paper based records, senior staff said they expected the new computerised system would provide a more comprehensive and immediate audit process. The new computerised record system was designed to provide reports which supported the registered manager and senior staff to undertake audits of care records, risk assessments and medicine administration. A senior member of staff described how they checked the medicine administration records on the computer system each week. Where they identified any concerns, these were raised with the staff concerned.

There was evidence that managers took appropriate action where they identified a concern regarding a member of staff, including undertaking a disciplinary meeting, agreeing the actions required to resolve the issue and recording this in staff records.

The views of people, their families, staff, health and social care professionals were taken into account to help improve the service. An annual quality assurance survey had been carried out in 2014 and an action plan to address issues that arose from this had been put in place. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

The service worked with other health and social care professionals in line with people's specific needs. Community professionals and staff said that communication between them was good and enabled people's needs to be met. One community professional said they received regular updates from managers and staff. They also commented that Kazlum were "good advocates" for both the person they supported and their mother. Care files showed evidence of professionals working together with staff to support people.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to people's care plan. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The provider had not acted in accordance with the Mental Capacity Act 2005, to ensure people's human rights were protected.</p>