Kent Association for Spina Bifida and Hydrocephalus

Gingerbread Office

Inspection report

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Date of inspection visit:
01 October 2021
08 October 2021

Date of publication:
28 October 2021

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Gingerbread Office, known to people as Kasbah is a supported living service. The service provides support to people with learning disabilities, autism, sensory needs and physical disabilities. At the time of the inspection five people with autism needs received a regulated activity. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service was provided to people who lived their own homes. People lived in shared houses. People who received the regulated activity, personal care, lived in two shared houses which were based on the same site as the office building. There was a driveway and garden space shared between the houses and a small animal petting farm on site.

People's experience of using this service and what we found
People accessing the service used pictorial communication tools to tell us they were happy with the support they received. Relatives were also positive in their feedback. One relative said, "They help [my relative] with their self-esteem. It's the best thing for [my relative] and the family." Another said, "I feel relieved that [my relative is] in a safe and warm environment."

There were areas we identified concerns. These were addressed during or immediately after the inspection. However, the system of auditing in place had not identified these prior and needed to be improved. The registered manager was not networking with others to learn and share best practice which would be of benefit.

People were supported to be safe. Risks to people were managed with mitigations in place. People received support with their medicines. However, prior to the inspection medicine records needed to be improved and staff competency to support people with their medicines had not been assessed. This was addressed at the time of the inspection. Staff wore appropriate personal protective equipment (PPE) and people were protected from the risk of infection.

Staff recruited directly were recruited safely, although some records were not in place prior to the inspection where staff had been employed via an agency. Staff told us they were well supported and had the skills and training the needed to support people. There were enough staff to support people.

People's needs were assessed, and people received support individualised to their needs. People were encouraged to maintain their health and were supported to access healthcare services where this support was needed. When things went wrong staff responded appropriately and took action to reduce the risk of incidents occurring again.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People made decisions and choices about their lives, what activities they were involved with and how they spent their time.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:
•The model of care and setting maximises people's choice, control and independence. People made choices about their care and support. People were encouraged and supported increase their independence. People were supported to access their communities in participate in activities of their choice such as taking part in sports and going on holidays.

Right care:
• Care was person-centred and promoted people's dignity, privacy and human rights. Staff knew people well and understood their needs, likes and dislikes. People's support was individual to their needs and wishes. People were supported by staff who were kind and caring and listened to them and their relatives.

Right culture:
•The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. There was a positive culture at the service. Staff and the registered manager were passionate about their roles and about providing good support to people. This had a positive impact on the support they provided to people.

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

Rating at last inspection
This service was registered with us on 28/06/2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

Follow up
We will continue to monitor information we receive about the service until we 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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Gingerbread Office

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
This inspection was carried out two inspectors. One of the inspectors used a symbol-based communication tool to gather the views of people using the service.

Service and service type
This service provides care and support to people living in a number of 'supported living' setting[s], 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
We gave a short period notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 01 October 2021 and ended on 08 October 2021. We visited the office location on the first day of the inspection.

What we did before the inspection
We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information

the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do 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 are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. During the inspection we used this communication tool with four people to tell us their experience. We also spoke with another person who used the service, who used their own pictures to express their views, and two relatives. We spoke with six members of staff including the registered manager, office staff and four support staff.

We reviewed a range of records. This included two people's care plans and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification to validate evidence found. We looked at training data, quality assurance records, information in relation to medicines management, mental capacity and the management of risks to people.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had undertaken training in safeguarding adults and children. The staff we spoke with knew how to identify concerns and who to report them to.
- The registered manager knew how to report concerns to the local authority where they needed to do so. Staff told us they were confident the registered manager would act appropriately if concerns arose. Staff knew how to blow the whistle to raise concerns outside of the service if they were concerned poor practice or safeguarding issues were not being addressed.
- People and their relatives told us they felt the service was safe. One relative said, "It's always safe, there is good staff support."

Assessing risk, safety monitoring and management

- Staff supported people to reduce the risks to their health and welfare. The staff we spoke with knew people well and understood how to support them and there was information for staff to refer to in their support plans. One person was at risk from constipation. Staff understood how the person would indicate if they felt unwell and what to do if concerns arose.
- Where people were at risk from becoming anxious staff knew how to support people to remain calm or to calm down if they had become anxious. For example, some people used time reminders and planners to provide the structure they needed to feel less anxious.
- People were supported with risks from the environment. For example, staff supported people to raise maintenance issues. Health and safety audits were undertaken, and health and safety was discussed at staff meetings. Staff spoke with people about risks from the roads and supported people to learn about road safety where this was needed. One relative said, "They talk to [my relative] about road safety and personal safety."

Staffing and recruitment

- Where staff had been recruited directly by the service, they had been safely recruited. However, we looked at one file where the staff member had been first employed via an agency and then became a permanent member of staff. The service had not directly checked the person's full employment history but trusted that the agency had done so. We raised this with the registered manager who addressed the issue immediately. The registered manager also updated the system of audits to ensure the concern did not arise again.
- Other checks were completed to make sure new staff were suitable to work with people. For example, Disclosure and Barring Service (DBS) criminal record checks were obtained. DBS checks help providers make safer recruitment decisions.
- There were enough staff to support people. People had regular staff and knew them well.

Using medicines safely

● Not everyone accessing support from the service needed staff support with their medicines. Where people needed support, this was with prompting to ensure they remembered to take their medicines. Staff were prompting people as needed. One relative said, "They are definitely reminding [my relative], it's routine and they do support [them]."

● Medicine administration records (MARs) did not contain the information staff needed to support people effectively such as the dose people took and how they took their medicines. However, this information was available to staff elsewhere in their support plan. We raised this with the registered manager during the inspection who took action to address the concern immediately after we visited. We spoke to staff who confirmed new MARs were in place.

● Staff had undertaken training in medicines administration. However, their competency to provide support to people had not been assessed. We raised this with the registered manager who undertook competency assessments with staff immediately after the inspection. A system was also put in place to ensure competency checks were undertaken annually going forward.

● People stored their medicine in their own home. Staff supported people to ensure they had enough medicines in place. When people needed to dispose of medicines staff provided them with the support they needed to do so.

Preventing and controlling infection

● We were assured that the provider was preventing people's visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff as appropriate.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

● There was a system in place to record and report any incidents that occurred.

● Where incidents had occurred, action had been taken to reduce further risks. For example, one person became anxious whilst out. The registered manager had reviewed and reflected on the incident and the events leading up to it. Changes had been made to the persons positive support plan to reduce the risk of the incident re-occurring.

● Accidents and incidents were reviewed by the manager to identify any trends. Staff were aware of the findings. For example, staff were aware that one person may become more anxious at certain times of the year, this meant staff were able to plan how to support the person effectively during those periods. Analysis showed a reduction in incidents over time.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The people who accessed the service were supported to transition from living in their family home to living in their own home with support from the service. Initially people accessed day support from the service and gradually spent more time in their own home with support. How long this transition took was based on individual needs. When we visited some people only accessed the service a few days a week.
- People's needs were assessed. This included looking people's physical and mental health needs, as well as areas such as communication and emotional behaviour support. Assessments were used to develop care plans and plan the resources needed to support people
- People needs and wishes relating to protected characteristics under the Equality Act 2010 had been assessed. These assessments included disability, gender, culture and religion. Where people needed support there was information for staff to provide this.

Staff support: induction, training, skills and experience

- Staff had the training they needed to support people safely and effectively. Training included areas such as infection prevention and control, food hygiene and fire safety. Staff also undertook training specific to people's needs such as training to support people who could become anxious and/or use behaviours to communicate.
- Staff received regular supervision and told us they felt well supported in their role. New staff undertook a period of shadowing more experienced staff to enable them to get to know people and practices.
- There were opportunities for staff to develop in their role. Staff were positive about the training and support they received. One staff said, "The training is fantastic, we get put on any training if we ask for it."

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

- People were supported to undertake food shopping for themselves. The support people needed with cooking varied. Staff encouraged people to develop their cooking skills and become more independent in cooking for themselves.
- People made their own decisions about what they ate and drank. Staff told us they encouraged people to eat a varied diet to promote health.
- One person used pictures to show us what they liked to cook and eat. People indicated to us they were happy with the support they received for meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Not everyone needed support from staff to access healthcare. Some people were supported by their

families if they needed access to healthcare or were unwell. Where people needed this support, it was provided. A relative told us, "If [my relative] was feeling unwell, [they have] a good rapport with the staff and would let them know [they are] unwell".

● People had hospital passports in place, which they could take with them when they went to hospital. These provided useful information for healthcare staff, such as, how the person expresses that they are in pain or anxious.

● People were supported with oral care where this was needed. People had oral care plans in place and were supported to access dental care as appropriate.

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. 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.

● No one accessing the service was being deprived of their liberty through the court of protection. People were able to make day to day decisions. However, some people needed support to make more complex decisions or decisions made in their best interests.

● The registered manager and staff had a good understanding of what decisions people could make for themselves. However, they had not recorded capacity assessments for some decisions where these were needed. We raised this with the registered manager at the time of the inspection who put these in place immediately after the inspection.

● Staff had undertaken training in the MCA. Staff understood that people had the right to make day to day choices for themselves. Where people had the capacity to make decisions staff said, "They have got a right to make unwise decisions. I would let them know the dangers and explain it to them."

● Where restraint was used, we did not find evidence that it was used frequently or inappropriately. The restraint used was limited to two-person escort, this involves linking arms with the person and supporting them to walk away from the area. The staff we spoke with understood this. One staff said, "We look for the least restrictive way. We don't use it [restraint] much at all but we know how to do it." Staff had undertaken appropriate training to ensure restraint was practiced safely.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were relaxed and appeared comfortable with the staff who supported them. Staff knew people well. There was a warm atmosphere between people and staff. People indicated to us using pictures that they were happy with the support they received.
- People's equality and diversity needs under the Equality Act 2010 were supported. The Act makes it against the law to discriminate against a person because of a protected characteristic, which includes their age, disability, sexual orientation, or religion. For example, one person had needs relating to their culture. There was information for staff in relation to this and staff discussed meeting people's diversity needs at team meetings.
- Relatives were positive about the support people received. One relative said, "Yes I think [my relative] is happy and we are very happy." Another said, "The staff are very, very caring."

Supporting people to express their views and be involved in making decisions about their care

- Where people needed support to express their views this support was in place. We observed staff encouraging people and praising people when they spoke to us. People used communication tools to express their views which people and staff were familiar with. One relative said, "[My relative's] a lot more able to say what he wants, and they very much encourage [them] to make choices."
- People had keyworkers in place. Keyworkers take the lead in supporting people to express their views and set goals. People met with their keyworkers regularly to discuss what changes they wanted with their care.
- People had access to advocates where this support was needed. Advocates provide independent support to people to express their views.

Respecting and promoting people's privacy, dignity and independence

- There was a clear emphasis on supporting people to develop their independence and do things for themselves. Relatives told us, "I've noticed [my relative] is more independent, doing [their] own washing, they do really encourage them to do as much as they can, which is wonderful." And, "It's given [my relative] a massive amount of independence. I've seen a massive difference. [They are] cooking now which they wouldn't do at home."
- People were encouraged to set goals to increase their independence. For example, some people were learning step by step to cook a favourite meal.
- Staff spoke about people in a respectful way. Staff talked passionately about working in partnership with people to increase people's independence through daily living skills. One staff said, "There's no better job I've ever had. I can do something I really love, and I am passionate about. It's all about independence and giving people choice."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People planned their own time in a way that suited them with support from staff. Where routine was important to people to reduce their anxiety, they planned their own routines using a variety of different tools. For example, some people used wall charts and 'now and next' boards. Staff told us, some people chose to plan their days on a day to day basis and others liked to plan for longer periods.
- Care plans included person-centred information. Staff knew people well and understood their preferences. For example, staff knew how one person liked to greet new people and what they found funny.
- People and their relatives were involved in planning people's support. One relative told us, "I emailed [staff] about all [my relatives] likes, they are positive about me sharing information and encouraged me to keep on sharing."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed; staff had a good understanding of these needs.
- Staff explained information to people and used picture-based communication tools, depending on people's individual needs. For example, staff supported people to produce a social story using a picture of the inspectors to explain the purpose of our visit prior to the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people accessing the service continued to spend part of their time at home with their families. When people were living in their own home, they were supported to maintain contact with the people who were important to them. One relative said, "I can call anytime, I can visit anytime."
- Most people had returned to their family home during the lockdowns of the COVID 19 pandemic. Where people had remained living in their own home staff had supported them to remain in contact with the people who are important to them. For example, through window visits and video calls.
- Staff encouraged people to going out into their community and participate in activities of their choice such as going shopping or participating in sports. One relative said, "Now [my relative] really wants to take part in sport, and [they have] never wanted to do that before." One person's goal was to go on holiday and staff supported them to undertake this.
- During COVID 19 some people had wanted to build a small petting farm on the site. People were

supported to build this themselves. There were animals such as ducks and guinea pigs which people looked after. We saw people were happily engaging with the animals. During the inspection the service was supporting people with negotiations to expand upon the animal farm.

Improving care quality in response to complaints or concerns

● There was a system in place to record complaints. This included formal complaints and lower-level concerns. No complaints had been received.

● Where people or their relatives had raised lower level concerns these had been recorded and action had been taken to address these. For example, one person had raised that a member of staff had not supported them to us a memory aid. Action was taken to address this concern and ensure the concern was not repeated.

● Staff reminded people how to raise complaints at house meetings and checked with people that they felt comfortable doing so. Relatives told us they knew how to complain if they needed to do so. There was a system in place to analyse trends in complaints should these occur.

End of life care and support

● No was currently being supported with end of life care.

● People accessing the service had been offered the opportunity to discuss end of life care. However, people were young adults and had not chosen to do so.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and did not always support the delivery of high-quality care.

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

- There was a system of audits in place. These covered areas such as support plans, staff and people's happiness with the service, medicines, incidents and accidents and staffing levels. However, auditing did not align with some areas of best practice. For example, auditing had not identified that staff competency to support people with the medicines had not been assessed. This was an area for improvement.
- The registered manager had the skills and knowledge they needed to address our concerns. However, they were not involved in attending networking events and other opportunities to share and learn best practice with their peers and expert speakers. We raised this with the registered manager who got in touch with skills for care immediately following the inspection to identify opportunities they could attend.
- The registered manager had informed CQC of significant events that happened within the service, as required by law.

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

- There was a clear vision in place at the service focused on supporting people to increase their independence and have choices. The staff we spoke with understood this vision. This approach stretched across the organisation. For example, support staff job roles were as 'life skills coaches' and people had clear goals towards increased independence.
- There was an open and transparent culture at the service. Staff told us they felt well supported and relatives said that communication was good. One relative said, "It's a close-knit organisation and you get to know who's there – the staff are very open to introduce themselves. They listen to me and if there is any query, they contact us."
- People and their relatives knew the registered manager well. People were comfortable engaging with the manager and relatives said communication was good.

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

- There had been no incidents which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood their responsibilities under duty of candour. When things went wrong

or there were incidents. people and their relatives were informed appropriately.

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

● Surveys of people's, relatives' and professionals' views were undertaken. Feedback was positive. Comments from relatives included, 'Staff understand [my relatives] needs. They know [my relative] and how to assist and help.' And, '[My relative] is showing continual small improvements in their speech and other areas. I feel that I am consulted regularly and taken seriously when I offer my opinion'.

● Staff were also asked to feed back their views on the service. Staff feedback was positive. Where they had raised issues, these were addressed. For example, Staff had identified that they wanted to be more involved in the organisation's decision making. As a result, a staff representative was invited to attend management meetings. The representative was chosen by staff.

Working in partnership with others

● Staff worked in partnership with health and social care professionals as appropriate such as GP's behaviour therapists and the local authority. For example, the service worked with the speech and language team to provide support to some people to improve their communication skills.

● Staff referred people to external healthcare services when this was needed.