

Kitcare Limited

Kitcare Supported Living

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Kitcare Supported Living service provides personal care support to younger adults and people aged 65 and over. People that used the service lived in one of the two supported living houses; where the staff from Kitcare supported them. People had their own bedrooms and ensuite bathrooms. They shared communal areas of the home, such as the kitchen, living room and laundry facilities. There was an office with sleep in facilities for staff in both houses. The manager's office for the service was to the rear of one of the supported living homes, with its own separate entrance. In one house there was seven beds and at the time of the inspection five people were living there. The larger house had 11 beds, two were self-contained apartments to the rear of the house. At the time of the inspection 10 people were living there. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and other domestic homes of a similar size. There were deliberately no identifying signs to indicate it was a supported living home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People's support needs were met as sufficient numbers of trained staff were available to them.

People were supported by staff who understood their role in protecting them from the risk of harm. People were supported to take reasonable risks, so that they could do things they enjoyed and be part of the local community. Environmental risks were assessed and managed to enable people to keep safe.

Where needed people were supported in a safe way to take their prescribed medicine. The staff's suitability to work with people was established before they commenced employment and people were involved in the recruitment process. Staff supported people to keep their home clean and systems were in place to guide staff on the prevention and control of infection.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff knew people well and understood their support needs and preferences. People were treated with

consideration and respect by the staff and were supported to maintain their dignity. People were supported to maintain relationships with those who were important to them.

The registered manager and staff team included people and their representatives in the planning of their care. Processes were in place for people and their representatives to raise any concerns about the service provided. People and their representatives were consulted and involved in the ongoing development of the service.

Staff understood their roles and responsibilities and felt supported by the management team. The provider and registered manager understood their legal responsibilities with us. Systems were in place to monitor the quality of the service, to enable the registered manager and provider to drive improvement.

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

Rating at last inspection (and update)

The last rating for this service was Good (published 17 May 2018). Since this rating was awarded the provider altered its legal entity on 01/03/2019. This is the first inspection under the service's new legal entity.

Why we inspected

This was a planned inspection based on the registration date of the change in legal entity of this service.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Kitcare Supported Living

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

The inspection was carried out by one inspector.

Service and service type

This service is registered as a domiciliary care agency and supported living service. At the time of the inspection it provided care and support to people living in two '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.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection was undertaken over one day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our

inspection.

During the inspection

We spoke with seven people who used the service about their experience of the support provided. We spoke with four members of staff and the registered manager.

We reviewed a range of records. This included two people's support records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and feedback from people were also reviewed.

After the inspection

We continued to seek clarification to validate evidence found. We spoke with one person's relative after the inspection visit and received written feedback from one relative and four professionals who work 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.

This is the first inspection under the provider's new registration. 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 told us they felt safe with the staff. One person told us, "The staff are really nice, I get on well with them and I would tell them if I wasn't happy." Another person said, "The staff are good, they do support me to keep safe."
- The relative we spoke with told us, "I do ask [Name] and they tell me they are very happy with the support they get from the staff."
- Professionals who worked with people at the service, said the staff promoted people's choice and control and felt they were safe with the staff who supported them.
- Staff knew how to recognise and report potential abuse and had received training in this. Staff's autonomy to raise concerns was promoted by the registered manager. One member of staff told us, "I would report any concerns to the manager, but they have told us that we can make a safeguarding referral ourselves to the local authority, if they aren't available. We don't wait for them."
- The registered manager ensured people's safety was promoted. They had developed a handbook for people that used the service and the staff team. This included information on staying safe and protection from abuse. This was provided in a format that could be understood by the people using the service.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing was assessed, managed and regularly reviewed. For example, the registered manager had identified that one person's mobility needs, impacted on their safety when walking to and from their flat and plans were in place to enable them to relocate into the main house.
- Individual risks to people were considered. For example, where people demonstrated behaviours that put themselves or others at risk of harm, a small team of trained staff worked with them to effectively support them to reduce their anxiety.
- There was clear guidance in place for staff to follow. Staff were aware of the actions they needed to take if these behaviours occurred and they told us how these were followed.
- Equipment used in people's homes was serviced and checked regularly to ensure it was safe for use.
- Emergency plans were in place to ensure people were supported in the event of an emergency. This included the support people needed to evacuate their home, such as in the event of a fire.
- The registered manager had also developed a protocol to manage the global outbreak of the Covid 19 virus. This demonstrated that a proactive plan was in place to support people if they became infected and needed to self-isolate. Plans were in place to provide support from staff who had volunteered and were prepared to self-isolate with them.

Staffing and recruitment

- We saw and people told us sufficient staff were available to support them according to their preferences and needs. One person told us, "There is always staff here even at night time and they help me a lot." Another person said, "There is enough staff, different people go out and do different things with staff."
- People required various levels of support from staff. For example, people had different one to one hours, this was dependent on their assessed needs. We saw that the registered manager closely monitored these hours to ensure people received the support they needed.
- All the staff and relatives we spoke with were happy with the staffing levels within the home.
- When staff were recruited the appropriate references and checks were completed in line with current guidance. People that used the service were actively involved in the recruitment process and took part in meeting potential candidates, interviewing them and the selection process. This demonstrated that people were empowered to have control and influence over who would support them.

Using medicines safely

- Medicines were managed safely.
- People confirmed they received support to take their medicine in their preferred way.
- Where people managed their own medicines, this had been risk assessed, to demonstrate they were able to do this safely.
- Staff who administered medicine received training to support their skills and knowledge and their competency was assessed. This ensured they had the competence and confidence to administer medicines safely.
- Medicines were stored securely, and checks undertaken to ensure any errors were identified and acted upon.

Preventing and controlling infection

- People were supported to maintain good housekeeping standards in their own home and prepare their own meals. Staff supported people to maintain good food hygiene standards.
- Staff followed good infection control practices and used personal protective equipment when they provided personal care support, such as disposable gloves and aprons. This helps to prevent the spread of healthcare related infections.

Learning lessons when things go wrong.

- When something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. For example, they discussed the admission of a person into one of the supported living homes, that had not been successful. From this learning opportunity they had amended the admissions procedure to ensure a staged transition took place for any new people being introduced into the service.

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 under the provider's new registration. 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

- People's needs were assessed before they started to use the service. This was to ensure their support needs could be met. These were continually reviewed to ensure any changes in support were identified and met. Staff worked closely with people's families to achieve this.
- Support plans were in place and provided detailed and clear information. Support plans were written in a way that people could understand and gave staff all the relevant information to offer the correct support to people. Well-being checks were undertaken each month between people and their nominated keyworker.
- People were supported to make choices to promote their wellbeing. The registered manager and staff had a good understanding of the importance of communicating with people in a way they understood. One person told us, "I am definitely supported to make my own decisions and decide how I spend my time. Staff know what support I need, and they follow my preferences on how it's provided." A professional involved in person's care told us that the support they received was 'fantastic'. They also said, 'staff were proactive, and person centred.'

Staff support: induction, training, skills and experience

- Staff were trained in essential health and safety topics and training that was specific to people's individual needs. The registered manager promoted and encouraged staff to develop their learning skills and interests.
- Staff explained how new staff were supported through shadowing experienced staff and completing training. New staff completed the care certificate during their induction. The care certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.
- Staff confirmed they had regular training, and support to carry out their duties. One member of staff said, "There is a lot of training and it's ongoing to keep us up to date with everything."
- Staff were provided with supervision meetings on a regular basis and told us they found these useful.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Support plans contained information to support people's health conditions, dietary requirements and mental health support.
- Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.

- Staff were clear on people's health care needs and the support they needed to manage them.
- People's oral hygiene support needs were assessed. Support plans were developed to ensure they were supported to maintain good oral hygiene and access to a dentist for regular check-ups.
- People were supported to plan, shop for and cook their own meals. One person told us, "I get support to do my food shopping and make meals. I have lost a bit of weight since I moved in which is good, I wanted to do that. The staff have helped me to choose healthy meals."

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. 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

- When people did not have the capacity to consent to some decisions, information was in place to demonstrate this and support plans guided staff on how the person's care needs should be met. Support plans demonstrated that people were encouraged and supported to be involved in decisions about their lives and what they wanted to achieve.
- Staff understood how to support people with decisions and the principles of least restrictive practice.
- An application had been made to the Court of Protection via the local authority for one person regarding the support they received. The registered manager confirmed they were awaiting an outcome regarding this. Staff continued to support the person in their best interests whilst awaiting the outcome.
- Staff told us they were provided with training to support their understanding around the MCA and we saw that people were supported to make their own decisions about what they wanted to do throughout the day.

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 under the provider's new registration. 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; Supporting people to express their views and be involved in making decisions about their care

- People told us they liked the staff. One person told us, "The staff are very nice, so friendly and kind. I like all of them." Another person said, "The staff are lovely, we have a laugh and joke together." The relative we spoke with told us, "The staff are fantastic, they like being there, it isn't just a job to them, they are like [Name's] extended family." Another relative commented that their loved one was very happy and supported well by the staff team.
- We saw the relationship between people and the staff team was warm and friendly. Staff knew about people's backgrounds and life histories. This supported them to provide people with personalised support. Staff knew how to support people when they felt anxious or distressed.
- The registered manager placed a strong emphasis on ensuring people were enabled to make choices about the support they received. Information in the handbook for people included people's personal development and opportunities for building life skills.
- This was reflected in practice, as people were supported to follow their interests, look for employment if they wished to and spend their time as they preferred. Staff encouraged people to experience varying opportunities, but respected people's wishes if they didn't wish to.
- All the people that used the service could verbally communicate and express their wishes and needs.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff respected their right to privacy. One person said, "I do like the company of other people, but I also like to have a bit of time on my own, if I want some peace and quiet or just to do my own thing and the staff respect that."
- Staff told us how they supported people to maintain their dignity when supporting them with their personal care needs and this reflected what we read in support plans.
- A professional who worked with a person that used the service told us that the person had developed their skills of daily living, since being supported by the service. They said the person had become confident and their communication skills had greatly improved. Another professional told us, "I have seen the progress of this service and the development of individuals own independent living skills."
- We saw that at the office base, confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed. Records were stored securely and were only accessible to authorised staff.

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 under the provider's new registration. 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 ; 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

- People were supported by staff who knew them well and helped them to plan for things they wanted to do. The support each person received was individualised to meet their support needs, interests and wishes.
- Some people had voluntary jobs and one person was in paid employment. People talked about their jobs which they clearly enjoyed and were very proud of.
- Another person told us about how they liked to spend their leisure time and told us they were going to the gym later that day. We saw that people were supported where needed, to access and actively be part of their local community.
- Staff were passionate about providing individualised support to people and encouraged and supported them to achieve their goals. One person told us how they were currently looking for a job and said, " I have worked in the past and would like a job. The staff are supporting me to find something suitable."
- We saw people maintained relationships with their relatives and staff supported them as needed, to do this. People were supported to involve their families in their support, if they wished to do this. One relative told us, " I am fully involved in [Name's] care and I get monthly updates from their keyworker, but I can contact them or the management team at any time. The communication is really good and there is a secure message service, where I can contact them, or they can send me a message." A professional who worked with people at the service said, " The staff maintain good communication with people's family."

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.

- The provider complied with the Accessible Information Standard. We saw that information was provided in alternative formats such as easy read pictures to support people's understanding.

Improving care quality in response to complaints or concerns

- People were confident that any concerns or complaints they had would be listened to. One person told us, " If I wasn't happy, I would talk to the staff, they are very nice people." The relative we spoke with was also confident that any issues would be addressed. They told us, " I haven't had any, but I know the manager would sort any problems out."
- People were asked as part of their monthly keyworker reviews if they had any concerns and we saw an

easy read complaints procedure was in place to support people's understanding.

- When complaints were received, they had been reviewed in line with the provider's procedure. Audits were also undertaken by the manager to ensure any patterns or trends were identified, so that they could be addressed.

End of life care and support

- At the time of the inspection no one using the service was receiving end of life care.
- People were encouraged to think about their wishes regarding how they would like their family and friends to celebrate their life and the support they would like, if they became unwell and needed end of life care. The registered manager confirmed that one person has confirmed they would like to do this, and discussions were ongoing with them at the time of the inspection.

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 under the provider's new registration. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager promoted a culture that put people at the heart of their support. People's views were sought, and they were empowered to develop their skills and learning.
- We saw that staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff felt valued and this was reflected in the way they worked; supporting people to feel valued and working together as a team to promote a high a quality of care to people.
- A professional who worked with people at the service said, "The communication is very good. The manager is easy to contact and always quick to respond. The staff are helpful and pass on information as requested."
- Audits were in place to monitor the safety and quality of the service. This included infection control audits, health and safety, complaints and audits of people's one to one hours.
- Keyworkers undertook reviews with people of their support and areas of identified risk. This ensured they were up to date and reflective of the support people required.

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; Continuous learning and improving care

- The registered manager was transparent in their approach to managing the service. They strived to continuously improve the service and ensured staff were consulted and involved where lessons could be learnt.
- Incidents had been fully recorded and reported to the appropriate agencies.
- The registered manager and staff team involved and updated people's families on an ongoing basis, including when events happened at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- A professional who worked with people at the service told us how the manager and staff team had responded well to support a person with their wellbeing when they had experienced some anxiety. This had led to positive outcomes for this person and said the service was well led and well organised.
- The service had developed strong relations within the local community. People were supported to engage

in volunteer work through local organisations and accessed the wider community.

- Relatives feedback results for 2020 confirmed they were fully consulted in the care and support of their loved one and that staff had a good understanding of their support needs.
- The registered manager and staff team worked with health professionals to ensure positive relationships and good communication was in place, to support people effectively. One professional told us, "The managers have a good relationship with the social work team and are willing to work with other professionals."
- The registered manager worked with staff to promote good practice and drive improvement.