

Kettonby Care Limited

Kettonby Care Supported Living Group

Inspection report

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Tel: 01536312820

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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

Kettonby Care Supported Living Group is registered to provide personal care to people living in supported living accommodation. People using the service live within one of four single occupancy bungalows and have a shared garden. The bungalows are located on the grounds of a care home; however, they do not share facilities. A majority of staff support people in both settings. The service supports autistic adults and adults with a learning disability. There were 3 people being supported at the time of the inspection.

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

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.

A family member shared their views as to the impact their care and support had on their relative. 'The staff genuinely care and do everything they can to make their lives happy. We can see how happy [relative] is when we visit and the staff that work with them know [relative] really well and are confident to try new things with them. We are very happy with the care that [relative] receives and they are much happier and calmer, [relative] has a life now and is made to feel like they matter.'

Right support:

People's needs had been assessed which included seeking the views of family members and social care providers who had knowledge of their needs. There had been a tailored approach to supporting people's move into supported living accommodation, which had been gradual, to maximise a positive experience and was supported by information in a format to support their understanding.

Staff worked with people to plan for when they experienced periods of distress or anxiety, so they received the support they needed to maximise choice and control. Staff enabled people to access health and support, which included reviews of medicine prescribed. Staff supported people to take part in activities and pursue their interests in a planned way to reduce potential risk to the person, and support in a way to maximise, their participation, enjoyment and independence.

Staff's consistent approach towards support had helped people to better manage their anxiety and distress, by expressing themselves through effective communication. Staff's support had a positive impact on people's independence, enabling them to develop key skills through their enjoyment and participation in everyday activities both within their home and when out about in the local area.

Staff supported people to make decisions following best practice guidance, which included assessing people's capacity to make informed decisions involving family members and health and social care professionals, supported by best interest decisions.

Right care:

People received kind and compassionate care. Potential risks had been assessed and clear guidance was in place for staff to follow to reduce risk. Staff understood how to protect people from poor care and abuse. The staff worked well with other agencies to do so. Staff had training on how to recognise and report abuse. There were enough appropriately skilled staff to meet people's tailored needs and keep them safe. The gender and number of staff was tailored to meet individual need, considering the activity in which people were to take part.

People's records provided comprehensive information about all aspects of people's care and support, which included communication passports, this enabled staff to respond to people in a timely way, promoting their dignity when they became anxious or distressed. Staff understood and responded to people's individual needs, and the support plans reflected their range of needs, which promoted their wellbeing and enjoyment of life.

Right culture:

The registered manager worked hard to evaluate the quality of support provided to people, involving the person, their family members, staff, and other professionals as appropriate. The registered manager and staff had embraced the values and visions of the provider, which enabled people to lead a rewarding lifestyle. Staff recognised and celebrated people's achievements, which were shared with family members. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 10 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection. We undertook this inspection to assess that the service is applying the principles of 'Right support, Right care, Right culture'.

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 well-led.

Details are in our well-led findings below.

Good ●

Kettonby Care Supported Living Group

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 provides care and support to people living in one of four bungalows, set within a separate complex within the grounds of a care home, 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.

Notice of inspection

This inspection was announced. We gave the service 24 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.

Inspection activity started on 14 December 2021 and ended on 22 December 2021. We visited the office location on 14 December 2021.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. 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 spoke with the registered manager and care co-ordinator when we visited the office. We spoke with two family members and received information via e-mail about their experience of the care provided to their relative. We spoke with three members of staff by telephone.

We reviewed a range of records. This included three people's care records and a medication record. We looked at two staff files in relation to recruitment. A variety of records relating to the management of 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 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's safety was monitored and promoted. Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse.
- People when started using the service were provided with information, which included an explanation of safeguarding in an easy read format.
- Systems and processes were in place to support people with money management, and to evidence people's money was being managed safely. Information, including receipts were submitted to people's financial appointees.

Assessing risk, safety monitoring and management

- People's choice and independence was promoted through positive risk taking. This meant potential risks were assessed, and measures put into place to reduce risk. This approach proactively encouraged and supported people's engagement in activities of importance and interest to them, and to encourage the achieving of personal goals.
- People safety was promoted by being part of recognised schemes. People were signed up to the 'Keep Safe Card Scheme' and carried with them a card, which provided key information about them, including contact details and information as to their disability and how to support them in the event of an emergency when they were not at home.

Staffing and recruitment

- Staff underwent a robust recruitment process. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- Staff undertook a period of induction, where they worked alongside experienced staff. Ongoing support was provided through a systematic approach to supervision and appraisal, to ensure staff had the appropriate support, knowledge and competence to promote people's safety and well-being.
- There was a person-centred approach to staffing, which meant the number of staff on duty reflected the day to day needs of people both within their home, and when taking part in activities outside of their home. For example, grocery shopping, swimming, horse-riding and dining out. A core group of staff supported people, a family member commented on staffing, and told us. "It's excellent, the main thing is the consistency of staff, it really has been great."

Using medicines safely

- People were supported with their medicines in a safe and timely way. People's care plans detailed the

prescribed medicine and the reason for its prescription, which included clear guidance as to the use of medicine to be given as and when required. For example, to reduce people's anxiety when they became anxious or to control pain.

- Staff worked with health care practitioners to ensure people's medication was regularly reviewed, and changes made to support people to manage their health and well-being, and to improve people's quality of life, by supporting them during heightened periods of anxiety.

A family member shared with us how the positive approach of staff had meant medication had been reduced. They wrote, '[Relatives] epilepsy medication has been adjusted and medication for anxiety is gradually being reduced as the causes of their anxiety have been greatly minimised.'

- Staff who administered medication undertook medicines training, and had their competency regularly checked.

Preventing and controlling infection

- People's safety was promoted through the prevention and control of infection. The provider ensured personal protective equipment (PPE), such as disposable aprons and gloves, were available and used by staff and people when preparing food.

- The registered manager had implemented government guidance in relation to COVID-19 and had liaised with family members and staff throughout the pandemic.

Learning lessons when things go wrong

- The registered manager completed an analysis of all incidents and determined any emerging patterns. Specific incidents were discussed with all parties involved.

- Lessons learnt and feedback from debriefs following an incident were used to review and update individual risk assessments and support plans.

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

- People's assessments ensured protected characteristics as defined by the Equality Act were fully considered. Assessments considered people's individual needs, which included their age, culture, beliefs, sexual orientation and disability and the impact on them.
- Assessments were reflective of registering the right support, which identifies people's involvement in decisions about where their needs can be met. For example, people were supported to visit the property over several weeks and meet with staff. A 'social story' containing photographs recorded the visits and were used to support with the process of moving home.

Staff support: induction, training, skills and experience

- People's needs were met by staff with the right knowledge, skills, experience and approach. Staff completed a comprehensive induction, this included studying and attaining the Care Certificate, which covers identified standards which health and social care workers are expected to adhere to.
- Staff undertook training in key areas. For example, autism awareness and positive behaviour support. Staff's ability to meet people's needs had a positive impact on people's quality of life, by ensuring people had the opportunity to engage in a wide range of activities which they enjoyed.
- Staff spoke positively about training, and how it enabled them to support people well and achieve the best possible outcomes. For example, positive behaviour support meant staff knew how to recognise and encourage people, reducing anxiety, and enabling people to maximise their potential and take pleasure in leisure activities and everyday activities such as shopping. A family member informed us, '[Relative's] anxiety has reduced significantly due to the understanding and professional knowledge of the staff. This has meant that [relative] is happy to go out into the community.'
- Staff told us they were introduced to people, working alongside experienced staff as part of their induction. This meant new staff had first-hand experience of how to support people well and provided an opportunity to develop a positive relationship.

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

- People's dietary needs were met, and they were supported to plan their weekly menu, which considered their preferences and dietary requirements. People undertook their own grocery shopping and were supported by staff to prepare meals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in a timely and co-ordinated manner to achieve good outcomes for people's health. People had a health care passport which provided key information, including areas of increased health risks,

information as to their disability and how to support and communicate effectively. The health care passport was used to provide essential information in the event a person sought emergency health care support or was admitted to hospital.

- People were part of the 'Yellow Bracelet Scheme', which meant health care professionals could scan a barcode, which was in their home, giving them access to key information about a person's health and social care needs, information about the support and care they received, and how it was provided.

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

- People's health care needs were met. The registered manager and staff had a very clear understanding of the health care needs of people, which meant they were able to provide the support they needed, based on the person's decisions and the outcome of health care appointments.

- A family member informed us. 'General health issues are identified, and advice sought by the GP, dentist etc without delay. Recommendations are followed.'

- A family member informed us. 'It was difficult not being able to see [relative] (due to the COVID pandemic) but communication from the supported living care managers was excellent. We received phone calls, messages and photos frequently and we were kept informed of any problems or concerns that they had regarding [relative's] emotional and physical health.'

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was assessed consistent with the MCA. All assessments were kept under review. Where people were assessed as not being able to make an informed decision, then a best interest decision meeting had been held, involving family members and where appropriate health and social care professionals.

- Applications had been made to the Court of Protection requesting authorisation to deprive people of their liberty.

- People were supported as outlined in Court of Protection orders with regards to their property and affairs, which meant their finances were overseen by a third party to safeguarding people from abuse, and that their money was managed in their best interests.

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 treated with kindness and compassion by staff. A family member informed us. 'The staff genuinely care for the residents and do everything they can to make their lives happy. We can see how happy [relative] is when we visit and the staff that work with [relative] know [relative] really well and are confident to try new things with them. [Relative] trusts them and this has reduced their anxiety levels.'
- People's achievements were celebrated by sharing with those important to them, a quarterly report, which included photographs and information about the activities they had taken part in, updates on life skills and if there were any areas which they had found challenging.
- Staff had a comprehensive understanding of people's references, their personal histories and background, this enabled them to provide tailored support. For example, by understanding how people communicated and expressed themselves, enabled staff to reduce people's anxiety having a positive impact, enabling people to take part and enjoy everyday activities.

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

- People were supported to express their views and be actively involved in making decisions. For example, communication support plans provided clear guidance as to how people communicated through gesture, behaviour or by the use of signs or symbols.
- 'Social stories' were used to support people to better understand information being shared with them, which included information about how to express themselves or to provide an explanation of a specific aspect of their care and support.
- People using the service had complex needs and were supported by family members or through a Court of Protection Order which placed a legal responsibility for making significant decisions relating to their health, welfare and finances, including property.
- Family members were invited to be involved in developing care and support plans. Knowledge of people's likes and dislikes, activities which they enjoyed that gave a sense of well-being and communication styles were comprehensively documented and very personalised. A family member told us, "I have had input, sharing information about the activities [relative] enjoys."

Respecting and promoting people's privacy, dignity and independence

- People's records provided clear and tailored guidance for all aspects of personal care, including shaving and visits to hairdressers and barbers. The person was at the heart of the plan, detailing how the person may respond and the action staff were to take. A member of staff told us how a person if they didn't wish to get up and have a shower, would retreat under the duvet. Staff would respect the person's wishes and ask them later if they were ready to get up.

- People's records provided information as to how they may indicate they were in pain, distress or anxiety through their actions or behaviour, and the role of staff in providing reassurance, which included positive behaviour support to reduce information on anxiety and medication to reduce pain.
- People's independence was encouraged and promoted, and records supported this. Staff spoke passionately about people's progress. For example, a person now participated in everyday activities, which included putting their laundry into the washing machine and helping with the preparation of meals. Whilst for others, their independence had increased as they were better able to manage their anxiety with the support of staff, which meant they were able to access services such as banks and supermarkets, and leisure activities.
- The scheduling of staff considered the Equality Act, for example, by scheduling male or female staff, where the person had expressed a preference or where it had been noted the person responded positively.
- People's records including information as to the expression of sexuality. Staff with people about the expression of sexuality, supported by an easy read guide providing positive information about relationships in an open and inclusive way.

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; End of life care and support

- People's support was extremely personalised and responsive, staff were committed to enabling people to maximise their potential, to gain experiences and achieve the best possible outcomes. This was achieved by staff working in partnership with people, health and social care professionals, family members and commissioners.
- People's records provided comprehensive and very personalised guidance as to people's needs, considering their physical, emotional, mental and social needs. This enabled staff to support people within their homes and when out and about. For example, attending medical appointments, shopping, visiting the hairdresser and taking part social activities and recreation.
- People's needs were kept under review and their records updated to meet their changing needs to achieve the best outcome. For example, a STAR (settings, triggers, actions and results) approach was used to record people's behaviour when challenging to enable the registered manager and staff to identify and learn from incidents by analysing common themes.
- People's support needs linked responsive care and support to understanding people's physical and mental health needs, and their link to their well-being. A family member shared with us the impact on their relative of staff's support. '[Relative] has been short sighted for several years and has needed to wear glasses but previous carers have not persevered with the task of getting [relative] to keep them on. [Relative] happily wears their glasses now, which has made a big difference to their confidence and enjoyment of the world around them.'
- End of life plans were in place, however these as yet contained limited information. The registered manager had opened up a dialogue with family members to encourage them to share their views.

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 individual communication needs were considered as part of the assessment process and a communication passport developed. The passports provided clear information for staff to ensure the best possible outcomes for people. For example, by not asking a person to perform a task, but by asking which of two tasks they wanted to do.
- People's communication passports were linked to other documents outlining people's care needs. For example, positive behaviour support which meant staff were able to respond and understand people's behaviour and how this linked to their communication. For example, when a person sat on the floor whilst

out, meant they were feeling overwhelmed within the environment, and needed time to manage their anxiety. Staff sat down with the person, in such an event until the person became calmer and was able to continue.

- People had access to key information about the service and records about their care in 'easy read' supported by pictures and symbols, which included information about the services provided by Kettonby Care Supported Living, which included a 'Welcome Pack' and key policies for example, safeguarding and how to raise a concern.

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 to maintain relationships. Family members spoke of the good communication between themselves and staff, who supported them in having up to date information about their relative, which included phone calls, quarterly progress reports, and through social media.

- People were supported to follow their interests and take part in activities both at home and whilst out. These were far ranging and were linked to people's individual needs and choices. People had weekly pictorial planners to support them to manage their day and reduce anxiety.

- Staff spoke of the regular contact they had with people's relatives, and how they supported a person to use their mobile phone so they could show their family member the activity they were taking part in as it occurred.

Improving care quality in response to complaints or concerns

- The complaints procedure was provided in easy read format and referenced within The Welcome Pack provided to people when they commenced using the service.

- The registered manager told us they had not received any concerns or complaints.

- Family members told us they had no concerns or complaints.

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 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; 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

- The registered manager had good oversight of the service to ensure the provider's vision and values were embedded into the day to day delivery of care. Staff spoke passionately about their role and were proud of the support they provided to improve people's quality of life. A staff member told us, "It's good to know that I've managed to make a positive difference to someone's day."
- Staff spoke of the positive impact of working as part of a team. They told us, "I'm part of a hard-working team and I am really happy, it's wonderful to be part of such a committed team who want the best outcome for people."
- The provider's approach was one of commitment to the development of staff, through ongoing training and supervision. Staff were encouraged and supported to undertake training, this created a positive work culture, which promoted equality and inclusion and supported staff in the delivery of high quality, person centred care.
- The registered manager understood their role and responsibilities. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff fully embraced and understood their roles, providing a safe and supportive approach. This had enabled people to develop key skills, improve their communication and extend their participation and enjoyment in recreational and leisure activities.
- Staff spoke of the constructive support provided by the registered manager. Staff described supervisions as a valuable tool, which provided an opportunity to evaluate performance in a constructive and supportive manner, to discuss training and development and to share information about people's support. A staff member told us, "Supervision is key, it's an opportunity for management feedback on my performance of my role, to discuss the pressures of work, and provides a mechanism to resolve and improve situations."
- The registered manager monitored the quality of care provided, which included reviewing people's records, and meeting with staff to review their support and care. Meetings were held with staff to discuss key aspects of the service to drive improvement.
- Staff were complimentary about the effective communication and support provided by the registered manager and supported living co-ordinator. A staff member told us, "I must say this is one of the places

which truly has an open-door policy. They are approachable both in person and by phone. Communication is such as a 'family' setting. Support and advice are always there, and they facilitate any issues openly and confidentially."

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

- Systems were in place to seek feedback from family members, staff and professionals. Positive comments had been submitted to the registered manager from a social care professional in acknowledgement of the support provided to support a person when moving from residential care into their supported living accommodation. A family member told us, "Excellent communication, through lockdown through social media, e-mails, telephone calls and the quarterly reports."
- Family members had access to a group WhatsApp, which provided, with consent, photographs and information about people's day to day lives. Quarterly reports were also provided to family members to provide a summary of key events, including achievements.
- People's responses to situations and events were reviewed and used to shape and improve their individual support plans to enable staff to provide tailored care to and improve people's quality of life.

Continuous learning and improving care; Working in partnership with others

- The registered manager had attended providers forums facilitated by the local authority to discuss and better understand the learning disability framework, to enable the provider to improve and support people with a learning disability in line with the local authorities' strategy.
- The registered manager was involved in the Autism Champions Network, which provided an advocacy service for Autistic people.
- The provider had been awarded the 'Rose of Northamptonshire Award'. In recognition of the hard work and determination shown, in response to the COVID pandemic.
- The registered manager worked with key stakeholders, which included the local authority and health partners. This had enabled all to work collaboratively, included during the COVID pandemic, to support the health and welfare of both those living within supported living accommodation and staff, through the implementation of government guidance.