

Kelsam Support Services Limited

# Kelsam Support Services Ltd

## Inspection report

Leominster Community Centre  
School Road  
Leominster  
HR6 8NJ

Date of inspection visit:  
17 August 2021

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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

Kelsam Support Service is a domiciliary care service which provides personal care and support to people who live in their own homes. The service specialises in supporting people with learning disabilities, acquired brain injuries, mental health, autism and physical disabilities. At the time of our inspection nine people were using the service.

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.

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

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 were cared for and supported by a passionate and enthusiastic staff team led by a highly motivated management team.

Staff were trained with the required skills and knowledge to meet people's needs. Staff were recruited safely. The provider had robust recruitment processes in place to ensure only staff suitable to work with vulnerable adults were employed.

There was a strong person-centred culture established within the service. People received person-centred care that was tailored to meet their individual needs by staff that were caring, compassionate and kind. Staff knew people well and had formed positive relationships with them. Staff encouraged people to live as full a life as possible and supported them to achieve the best possible outcomes.

People and their relatives were involved in the care planning to ensure their decisions and choices were reflected. Care plans and risk assessments were detailed and documented people's history, likes/dislikes, routines and goals.

People were treated as individuals and staff respected the choices they made. People's social needs as well as their physical and emotional needs were incorporated into the plan of care and used to promote and maintain people's abilities and independence. People were supported and encouraged to maintain their hobbies and interests and to access employment opportunities.

Where required people were supported to prepare their meals and drinks. Staff understood and met people's nutritional needs.

Medicines were managed in a safe way. Where appropriate people were provided with the support they needed to take their medicines safely by staff who were trained and regularly had their competency assessed. Staff supported people to make and attend health appointments. The team worked closely with external health care professionals to ensure people's health needs were met.

Staff understood their roles and what was expected of them. They told us they were supported and could give feedback and make suggestions to the registered managers and their views would be listened to.

The registered managers were hands on, visible and available for support. They knew people and their relatives well. People and relatives said the registered managers were approachable and felt happy and comfortable talking to them at any time. One person said, "I'm happy to discuss anything with them [registered managers]. You can talk to them [registered managers], they are never too busy to help." People had access to information about how to raise a complaint.

The registered managers completed regular checks to make sure people received person-centred high-quality care.

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. The registered managers and staff team promoted a positive culture, they provided a service where people receive person-centred support that is appropriate and inclusive for them. People's support focused on people's strengths and promoted independence. People were supported to make choices, to maintain important relationships and to access their local community and local health services.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 25 November 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kelsam Support Services Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 ●

# Kelsam Support Services Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

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.

Inspection activity started on 12 August 2021 and ended on 25 August 2021. We visited the office location on 17 August 2021.

#### 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 and also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 two people who used the service about their experience of the care provided. We spoke with one of the registered managers.

We reviewed a range of records. This included two people's care records, medication records and accident and incident records. We looked at three staff files in relation to recruitment. 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 from the provider to validate evidence found. We looked at training data, policies and procedures and quality assurance records. We spoke with two relatives and one professional about their experience of the care provided. We also spoke with four members of staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding and whistleblowing systems in place and provided staff with training on safeguarding.
- Staff were knowledgeable and understood what to do to make sure people were protected from harm or abuse. Staff told us they would not hesitate to raise any concerns and were confident any concerns would be acted on and dealt with swiftly.
- The registered managers understood their responsibilities to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Care plans were in place and tailored to each person. These documents gave detailed information and guidance for staff to protect people from identified risks whilst supporting people's independence.
- Risks assessments supported people to take positive risks. This enabled people to live independently and enjoy their chosen lifestyle.
- Staff knew people well and understood situations which could trigger distress and lead to people displaying distressed behaviours. Detailed plans and guidance were in place for staff to help manage people's behaviour to keep them safe.

Staffing and recruitment

- There were sufficient staff to meet people's needs.
- The registered managers followed safe recruitment processes to employ suitable staff. This included Disclosure and Barring Service (DBS) checks and at least two satisfactory references.

Using medicines safely

- People required different levels of support with their medicines. For example, one person required staff to prompt them to take their medicines whereas other people required full support. Staff were aware of this and supported people according to their needs and wishes.
- Staff were trained to administer medicines and regularly had their competency assessed to make sure they were managing people's medicines in a safe way.

Preventing and controlling infection

- People were protected from the risk of infection by staff who had completed training and used personal protective equipment (PPE) in line with government guidance. Staff confirmed they were provided with enough PPE.

- The provider was accessing COVID-19 testing for people using the service and staff.
- Staff supported people to keep their home clean.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Staff knew how to report any accidents and incidents.
- The registered managers reviewed any accidents and incidents and looked for trends and patterns to ensure lessons could be learnt and improvements to people's experience could be made. For example, the registered managers noted there appeared to be a pattern of incidents in relation to one person using their bathroom. Further analysis identified that a change in the layout of their accommodation would ease their anxiety and therefore lessen the number of incidents. The service worked with other professionals to access grants and support to enable this.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Prior to receiving a service people were involved in a robust pre-assessment. This included all their care and support needs and how the service could meet them.
- People and their relatives were fully involved in the pre-assessment and care planning process. A relative described how they had shared key information about their family member's care which enabled staff to support the person in a more personalised way.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to provide the care and support people needed.
- Relatives described staff as competent and well trained. One relative said, "They [staff] have a good understanding of [family member] and what makes them tick."
- Staff told us they felt supported. They were provided with a comprehensive induction when they first began working at the service. This included training and shadow shifts with the registered managers and more experienced staff to support them in their role.
- Staff told us they received supervision from their managers where they could discuss any learning and development needs.

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

- People's support plans gave detailed information and guidance on their nutritional needs. This included likes/dislikes and support required including any specialist equipment.
- Where people chose to, staff actively encouraged people to be involved in making decisions about their meals. This included drafting shopping lists, purchasing shopping and preparing their own meals and drinks. This enabled people to improve their skills and independence.

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

- The service supports people to arrange and attend their medical appointments. One person told us, "Staff support me to the dentist and doctors, if I have to wait, I'm ok as they [staff] are there."
- Staff supported people and their relatives to access appropriate healthcare services when required. For example, working with occupational therapists. A health professional told us, "Kelsam support staff are very proactive and their care plans are great."

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.
- Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received. People who lacked capacity to make particular decisions, were supported to make decisions in their best interests by family members or representatives. The managers were aware of their legal responsibilities under the Act.
- One person was being supported to challenge the outcome of a recent capacity assessment via the court of protection.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered managers had a strong focus and commitment to providing person-centred care. This culture was underpinned by empowering staff to work with people, their relatives and the management team to find ways to enhance people's lives.
- People experienced positive relationships with staff. One person told us, "They [staff] are very good, 100 out of 100." Another person said, "They [staff team] are absolutely brilliant, every single one of them."
- Relatives described how staff showed an exceptionally kind and compassionate, can-do attitude. For example, a relative told us, "They [staff] really care, they [staff] think about what they are doing, they [staff] never say 'no', they [staff] see what they can do to resolve."
- The inclusive culture meant people felt comfortable and confident to speak openly. One relative described how their family member spoke up to the registered managers and said the person would never have done that in their previous place and how positive and reassuring this was for them.

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

- People told us they were involved in their care planning, support plans reflected this. These records included short- and long-term goals, people's history, including significant events, likes/dislikes, preferences and routines and relationships important to them.

Respecting and promoting people's privacy, dignity and independence

- The management team and staff supported people to maximise their independence. For example, one person described how staff supported them to gain work experience with a view to then progressing on to gaining qualifications in their chosen area of interest.
- Staff respected people's preferences and needs and treated them as individuals. One relative said, "They [staff] treat [family member] as a person not a patient."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were at the centre of their care planning and received a service that was personalised and fully responsive to each person's individual needs and preferences.
- Relatives we spoke with told us the care their family member received reflected their specific support needs. One relative said, "[Family member's] support plan is a true reflection of what they want to do, it's perfect and genuine."
- People were supported to take part in activities and follow their interests including having access to work opportunities.
- The registered managers were dedicated and took pride in providing a service that delivered high quality care and promoted positive outcomes for people. Staff were also passionate about the people they cared for.

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 registered managers followed the principles of the AIS. Information was provided to people in their preferred format. For example, documents in easy read format.
- People were supported by staff to improve their literacy skills. For example, staff enabled one person to manage their correspondence.

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 do the things they wanted to do. This included work opportunities, playing sports and other team activities. One person told us they were taking part in a triathlon with a member of staff. The person said, "They [staff] are very helpful, if I get stuck they are there, I can ask for help, if I get stuck."
- People were supported to keep in touch with family and friends. Relatives described the difficult time during COVID-19 restrictions when they were unable to see their loved ones but told us communication was positive.
- Relatives spoke fondly of staff. One relative said, "[Family member] looks at them [staff] as friends, when [family member] video calls, staff are present, they all have a laugh and banter, it's lovely."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy. Information on how to complain was given to people and relatives when they began using the service. There was also information in people's homes on who to contact if they had any concerns. At the time of our inspection there were no formal complaints received.

#### End of life care and support

- At the time of inspection, the service was not supporting anyone who required end of life support. However, some people had end of life wishes documented within their support plans. For others this information was in the process of being gained from people and their relatives.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered managers had created a positive culture that was open, inclusive and empowered people to have choice and control.
- People and relatives described the registered managers as being extremely supportive and found the care service to be very well-led. One person told us, "The atmosphere is lovely, it comes from the top, staff want to do a good job and they [staff] are supported to do it." A relative said, "Everyone is really nice, kind, bend over backwards, supported us as a family as well as [family member]. Hand on heart would recommend to anyone, truly would."

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 management team understood their responsibility to inform people and relevant others in the event something goes wrong with people's care.
- The registered managers understood their responsibilities for reporting events and incidents that were legally required to the CQC.
- The provider was displaying their last inspection rating on their website and in the office.

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

- The registered managers were passionate, committed and highly motivated about providing high quality care to people.
- Staff spoke passionately about the service and the people they provided care and support to. Staff described the registered managers as lovely, approachable and supportive. One staff member said, "I'm loving the level of care, I'm blown away with the level of support for people and staff, proud to work for them."
- The management team monitored performance of staff through observations, spot checks and supervisions.

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

- People were supported to overcome barriers to employment and were actively encouraged and enabled to pursue their hobbies, interests and participate in activities of their choice.

- Staff told us they felt valued and supported. They were able to share suggestions and ideas and always felt listened to and supported by the registered managers.

#### Continuous learning and improving care

- The registered managers had quality assurance systems in place. This enabled the management team to monitor the service and drive improvements. Where improvements were identified actions were put in place to address any issues and make changes where necessary.

#### Working in partnership with others

- The registered managers were committed to improving care for people. They told us they had had good relationships and worked in partnership with health care professionals such as the GP, Occupational Therapist and Herefordshire Acquired Brain Injury Team (HABIT) to ensure the best possible outcomes for people. A health professional said, "They take on board our instructions especially helping people with their daily living skills."