

K T M Care Ltd

K.T.M. Care Limited

Inspection report

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13 May 2019

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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: K.T.M Care Limited is an autism specialist service registered to provide personal care to children, young people and adults with autism in their own homes as well as people with a mental health need. At the time of our inspection there were 19 people using the service.

People's experience of using this service:

People received a reliable, flexible service, with care delivered by compassionate, kind and well-trained staff.

People were supported to have maximum choice and control of their lives in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager had clear aims and objectives for the service. Staff had a good understanding of people's needs and provided personalised care which put people at the heart of the service.

Systems were in place to seek people's views and monitor the quality and safety of the service, with planning for continuous improvement of the service.

People received care and support in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. People with learning disabilities and autism using the service were supported to live as ordinary a life as any other citizen.

There were enough staff at the time of our inspection to meet people's needs and provide personalised care in a timely manner.

Staff understood people well and their preferred methods of communication, where they lacked verbal skills. Staff had respectful caring relationships with people they supported. They upheld people's dignity and privacy and promoted their independence.

Staff roles and responsibilities were clear. People were supported by skilled staff with the right knowledge and training. Positive, enabling relationships had developed between people and the staff who supported them.

People received their medicines as prescribed. Systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, trends analysed, and actions were taken to prevent recurrence.

Care plans were detailed with clear explanations of control measures for staff to follow to keep people safe. Support was planned and delivered in a structured way to ensure people's safety and wellbeing.

The service continued to be well led. The registered manager and deputy manager worked well to lead the

staff team in their roles and ensure people continued to receive a good service. Staff and the registered manager demonstrated a genuine interest and passion to deliver personalised care.

Staff worked in partnership with professionals to deliver care and support and maintained links with the local community. The service was provided flexibly to enable people to access a varied range of work, social and leisure opportunities, according to individual needs and choice.

Rating at last inspection: Good (report published on 22 November 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Safe findings below.

Good ●

Is the service caring?

The service remained caring..

Details are in our Safe findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Safe findings below.

Good ●

Is the service well-led?

The service remained well led.

Details are in our Safe findings below.

Good ●

K.T.M. Care Limited

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

K.T.M Care Limited is an autism specialist service registered to provide personal care to children, young people and adults with autism in their own homes.

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

Notice of inspection:

The inspection was announced and we gave the provider 24 hours' notice. We carried out a visit to the agency office on the 9 May 2019 and visited one person using the service in their home. On the 13 May 2019 we spoke to three relatives and two people who used the service on the telephone.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. Before the inspection, the provider completed a Provider Information Return (PIR). This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke with six members of staff including the registered manager, deputy manager, seniors, administrator and support workers.

We reviewed a range of records about people's care and how the service was managed. This included review of four people's care records, medicines administration records, policies, staff recruitment and training. We also reviewed the system for recording accidents, incidents and quality assurance audits the management team had completed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with all the staff who supported them.
- Staff had received training and understood what steps they should take to identify and protect people from the risk of abuse.
- Staff were confident the management team would address any concerns and make the required referrals to the local safeguarding authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- Information was available for people in appropriate formats to enable them to raise concerns.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety had been considered and staff provided with guidance to mitigate the risk of harm.
- Staff were provided with training in risk management.
- Risk assessments were personalised to each individual and covered areas such as, access to the community, medicines management, and steps for staff to take in the event of distressed, anxious behaviours which presented a risk to the individual or others.
- Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Staffing and recruitment

- People and their relatives told us they were supported by consistent staff who arrived on time. People confirmed they received a weekly schedule which described the name of staff who would support them and the timing of the support. For some people, where appropriate, schedules contained a picture of the member of staff.
- People received one to one support according to their assessed needs. At the time of our inspection, there were sufficient numbers of suitable staff available to keep people safe, and meet their individual needs. One relative told us, "They make sure there is consistent staff made available. They know how important this as [person's relative] can become distressed if there are changes in the staff, they manage this pretty well."
- Robust recruitment procedures were in place which ensured that only suitable staff were employed to work at the service.

Using medicines safely

- People's medicines were stored, and managed safely. Medicines administration records indicated people received their medicines as prescribed.
- People told us they received their medicines as prescribed.
- Staff completed training to administer medicines safely and their competency was checked.

- The management team completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.
- Medication error forms were used to identify concerns and actions taken to ensure people were safe and prevent a reoccurrence.

Preventing and controlling infection

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices.
- Staff had access to personal protective equipment.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- There were systems in place for monitoring and investigating incidents and accidents.
- Body mapping was used to indicate where injuries had occurred. Body maps are diagrams designed for the recording of any injuries that may appear on the body.
- The registered manager used staff meetings and supervision sessions to discuss issues of concern and communicate with staff learning from incidents.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
The 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's capacity to make decisions had been assessed.
- Care plans detailed people's lifestyle choices, religion, relationships, culture and diet. People's goals and aspirations had been considered and care plans gave staff guidance in supporting people to achieve greater independence.
- There was no one subject to any authorised Deprivation of Liberty Safeguard, (DoLS).
- Staff had completed training to enable them to understand their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). Staff were observed seeking consent from people before supporting them and respected people's decisions.
- People had access to advocacy support if this was needed.

Staff support: induction, training, skills and experience

- Staff received an induction and training that ensured they had the skills and knowledge they needed. was encouraged and accessed when needed.
- Regular spot checks were carried out to ensure staff competency.
- Staff had access to regular supervision meetings to discuss their training and development needs as well as annual appraisals. All staff we spoke with said they were supported well by the management team.
- Staff had received training in line with recommended best practice guidance, to ensure they had the skills and experience to support people diagnosed with autism and epilepsy.
- Staff were trained in methods to reduce distressed behaviour and provided with guidance to recognise triggers which may present a risk to the individual and others.

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

- Where people needed assistance from staff, they were supported to eat and drink enough with care plans in place to support a healthy diet.
- Care plans described people's nutritional needs, likes and dislikes.
- People told us they were involved in the planning of weekly menus and described how staff encouraged healthy eating.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care;

- People were supported to access to health and social care agencies when needed.
- Where it was assessed as part of their support package, people accessed health screening, dentists, optician's, mental health professionals and sexual health services.
- People had hospital passports to ensure vital information was available for health professionals about the person should they need emergency treatment.
- Where people required health or social care services, staff made referrals and liaised with professionals in a timely manner to attend appointments and assessments.

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

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

- There was a strong, visible person-centred culture. People and their relatives had positive, caring, enabling relationships with the staff who supported them.
- One person told us, "KTM have saved my life. They really care about me and have helped me to get back on my feet." Another told us, "They [staff] respect me, listen to what I have to say and help me to be independent."
- Staff clearly knew people very well and were able to tell us about individuals, their choices and aspirations.
- Relatives told us, "They [staff] are very good, reliable, respectful and consistent." And, "They [staff] understand [person's relative] needs very well. [Person's relative] is treated with respect, as an individual with specific needs which require some flexibility. We plan and discuss things between us for the benefit of [person's relative]."

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

- People's likes, dislikes and preferences were considered, respected, and clearly identified in their care plans. 'All about me' books identified people's likes, dislikes and identified key information that was important to the person.
- Staff involved people and supported them to choose how their care and support was delivered. People had choice as to what staff would support them. One person told us, "I did not like one member of staff, we just didn't gel. I spoke to the manager and I was never sent that member of staff again. They really listen to you."
- Staff had a good understanding of people's non-verbal communication needs and responded to them appropriately.
- Staff used a variety of methods to enable people with non-verbal skills to communicate their needs such as using objects of reference, pictorial aids and Makaton.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected and promoted.
- People's independence was promoted and respected by staff.
- Staff were enabling, providing a flexible, bespoke service to meet people's needs and wishes, and wanted to make a positive difference to people's lives.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive responsive care, which was personalised according to their assessed needs, and preferences.
- People and their relatives had been involved in the planning and regular review of their care. One person told us, "We have reviews, we meet and talk about my care. I feel involved."
- People's needs were assessed prior to receiving care and support. Staff were introduced and care taken to match the right member of staff with the person receiving care.
- Relatives told us they had been consulted and were kept up to date with any changes where appropriate.
- Care plans contained personalised information about each person, including their physical, psychological, social and emotional needs. These had been reviewed and updated regularly to reflect people's changing needs.
- Care plans identified people's communication needs. People had access to the information they needed in a format they could understand. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- Care plans identified people's anxieties, how they presented, and the support needed to manage and reduce behaviours that may present a risk to the person and others.
- Monitoring systems were in place to record and analyse incidents of distressed behaviour, review strategies providing guidance to staff where needed.
- Support was provided to enable people, where able, to take part in and follow their interests and hobbies. One person told us, "They [staff] help me to pursue my hobby. We work out together the travel arrangements and if I have enough money. They understand this is important to me."
- People were supported to access the local community with personalised, age relevant activities, suited to the needs of the individual. People were supported to access education, activities, work, weekly social events as well as short break respite care.
- People's life goals and aspirations were explored, planned and reviewed regularly to support people in achieving them.

Improving care quality in response to complaints or concerns

- The provider's complaints and feedback procedure was visible and available to people who used the service and others.
- Staff were aware of the complaints procedure and what action to take if they received a complaint.
- Records showed that complaints had been managed appropriately and action was taken to learn and drive improvement.
- Annual satisfaction surveys had been sent to people who used the service and relatives in appropriate

formats. Responses received were positive and complimentary about the service.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service. The registered manager told us care plans would be put in place for people that had wanted them.
- Many people using the service were children and young adults.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager and staff continued to put people at the centre of the service. They were passionate about ensuring people's choices, goals, aspirations and feelings were considered and incorporated into care.
- There was an evident honest and open culture. When things had gone wrong the registered manager had responded appropriately in their response to people and their relatives. There was evident learning from incidents to drive improvement.
- The registered manager had clear aims and objectives for the service. Staff and the management team described ongoing work to embed the values of providing personalised care with creative ways of promoting people's independence, choice, rights and empowerment.
- The registered manager had systems in place to monitor the quality and safety of the service. Regular audits were carried out to check the quality and safety of care provided. Spot checks on staff performance were completed alongside checks on staff understanding of policies and procedures.
- Relatives were complimentary regarding the management team and the flexibility of the service. They told us the management team were approachable, easy to access, enthusiastic and passionate about providing personalised care.

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

- People and their relatives told us their views about the service were sought through appropriate communication methods. This included the use of satisfaction surveys in pictorial format, reviews and meetings.
- Staff told us they were fully informed of changes, and encouraged to share ideas to improve team working and people's experience of the care and support provided.

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

- People who used the service, relatives and staff were all complimentary as to how well the service was managed. One person told us, "I know I can ring them [management team] any time, and they are there for you. They are the best. My mental health has improved since they have been helping me."
- Staff told us they were supported by regular supervision, staff meetings and reviews of their competency. They were knowledgeable about their roles and were able to tell us of the values and vision for the service. One member of staff told us, "This is a good place to work, they [management] really care. I personally have

received a lot of support and feel valued." Another told us, "This is the best place I have worked. We are like a family. You can always contact someone when you need them out of hours. We are very well supported."

- Relatives told us, "The manager and her team are lovely. They communicate very well, keep us updated and between us we work things out. They really understand people with autism, and we are more than happy."

Continuous learning and improving care; Working in partnership with others

- We found an open and transparent culture. The registered manager and staff were enthusiastic and committed to further improving the service for the benefit of people using it.
- Staff were able to contribute to the development of the service through supervisions and meetings.
- Staff and the management team worked well as a team alongside other professionals to access specialist advice in support of the health, welfare and safety of people who used the service.
- The management team positively encouraged feedback and acted on it to continuously improve the service. People's views were sought using appropriate communication methods, including surveys of relatives and staff.
- The provider's PIR showed us they had identified areas for continuous improvement of the service. The registered manager also told us, "We are planning to launch a social and well-being group to support the higher functioning people to access the community, learn independence skills and how to socialise. This will hopefully reduce the mental health issues some are facing and give them direction and a reason to get up in the morning."