

K T M Care Ltd

# K.T.M. Care Limited

## 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

K.TM Care Limited provides personal care and support for people with learning difficulties and autistic spectrum disorder. At the time of our inspection, 32 people were being supported.

This inspection took place on 9 and 16 August. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were procedures and processes in place to ensure the safety of the people who used the service. Staff were provided with training and guidance in how to keep people safe and what they should do if they were concerned that a person was at risk or was being abused. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

There were sufficient numbers of staff who were trained and supported to meet the needs of the people who used the service and recruitment checks were completed on new staff to ensure that they were of a suitable character.

People told us that they had good relationships with the staff that supported them. People and their relatives, where appropriate, were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs and people's consent was sought before they were provided with care and support. The service was up to date with the Mental Capacity Act 2005.

Processes were in place that encouraged feedback from people who used the service and their relatives. There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

The management team were approachable and the service had an open and empowering culture. There was good leadership in the service. The service took action to address identified shortfalls and as a result the quality of the service continued to improve.

## 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.

Staff knew how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough skilled and competent staff to meet people's needs.

Where people needed support to take their medicines this was done safely.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) 2005 was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives, where appropriate, were involved in making decisions about their care and these were respected.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed, regularly reviewed and met people's assessed individual needs.

The service had a sound philosophy of encouraging

independence and people were included in how the service was run.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff feel supported and were proud to work for KTM Care Limited.

People, relatives and staff were asked for their views about the service and their comments were listened to and acted upon.

The service's quality assurance systems ensured that the quality of the service was continually improving. This helped to ensure that people received a good quality service.

# 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 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 9 and 16 August 2016 and the provider was given 48 hrs notice. The inspection was carried out by one inspector and an expert by experience who had experience of learning difficulty services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held on the service. We checked to see if any information concerning the care and welfare of people being supported had been received. We received feedback from the local authority and we sent out questionnaires to people using the service, their relatives and the staff team. We received completed questionnaires from five people who used the service. We also received 16 completed questionnaires from staff and one questionnaire from a relative.

A Provider Information Return (PIR) was submitted by the registered manager. This is a form that asks the provider to give some key information about the service: what the service does well and improvements they plan to make.

During our inspection, we visited the offices of K.T.M Care Limited where we looked at the care records of five people, training and recruitment records of four staff members and records relating to the management of the service. We visited one person in their own home accompanied by a member of the K.T.M Care Limited management team. We spoke to six people using the service and six relatives. We also spoke with the registered manager, members of the senior management team and six staff members.

# Is the service safe?

## Our findings

People told us that they felt safe using the service. One person said, when we asked if they felt safe, "Yes, and I would say if I didn't." Another person said, "Yes, very." All of the questionnaires received from people reported that they felt safe from abuse or harm.

Staff had received up to date training in safeguarding adults from abuse and were aware of the provider's safeguarding and whistleblowing procedures. They could recognise abuse and understood their responsibilities to ensure that people were protected from abuse. One staff member said, "Depending who it is about, I would take it a step higher to the manager. If it is about them, I would take it higher still or outside the service." Another staff member said, "I would let the person know that I couldn't keep the information confidential and would make notes, pass it on to my line manager and they would make a safeguarding referral." This showed us that staff knew how to report abuse.

We looked at the recruitment records of four staff members. These demonstrated that people were protected by the service's recruitment procedures which checked that staff members were of good character and were suitable to care for the people who used the service. Staff were subject to criminal records checks made through the disclosure and barring service (DBS). These checks assist employers in making safer recruitment decisions by checking the criminal history of those who wish to work at the service.

There were a range of risk assessments in place which included actions to take to reduce any potential risks to allow the person to take part in activities such as shopping. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff felt that risk assessments provided them with the information they required to keep people safe and staff felt confident supporting people as there were clear instructions on dealing with risk. One staff member said, "We risk assess before we support the [person] out, make sure they are not at risk of any harm and plan how to keep [person] safe." Another staff member said, "Risk assessments are there for us to read and take on board what is being said about what is needed to keep the person safe." Risk assessments were regularly reviewed and updated and also reviewed if people's needs changed. This meant that staff were provided with the most up to date information on how to keep people safe.

Occasionally people became upset, anxious or emotional. Individual detailed plans were in place for people to provide guidance to the staff on how to support that person which included the things that may cause someone to become upset and the strategies to use. For example, when one person became upset it helped to keep the conversation flowing and stay cheerful. Relatives spoke positively of the support that people received and told us it enhanced their wellbeing and kept them safe.

People told us that there was enough staff available to meet their needs, that they were suitable and that they had the same staff for consistency. When we asked one person if it was better having the same staff, they said, "Yes, because you can get to know each other." One relative said, "They [service] were short for a while, they had some staff who weren't suitable but they [staff] all have to do shadowing to see if they are okay. Now they have got some new staff and they are fine." Another relative said, "We have not had any

issues with staff. When [person] needed a replacement for one of the regular staff they found someone [person] knew to do it." When asked if there were enough staff, one staff member said, "Usually, but some staff have left. They are recruiting at the moment so it should get back to normal."

The Care Support Manager told us that recruitment was in progress and the service was currently under recruited by 60 hours. These hours were being covered by the current staff team, the management team and 'step up' staff who worked as and when required. Staff told us that there were no missed support sessions. One staff member said, "Everyone really pulls out all the stops and are very flexible." This ensured that support sessions were covered and not missed as a result of staff shortages.

People and relatives told us that they were satisfied with the support arrangements for medicines. One person said, "I get them [medicines] out and put them in a pot. I show [staff] and they record what I take." One relative said, "I am confident the service has very good procedures for giving and recording medications and [person] knows what [person] needs to take anyway." Another relative said, "Yes [person] is on quite a lot of medication but we have no concerns at all. They [service] may have popped out an extra tablet by mistake on occasion but they are very thorough. They [service] dispose of it properly and they have a whole recording process including the pharmacy and they call us immediately."

Staff members were provided with medicines training and competency observations to ensure that they were able to support people with their medicines safely. There were policies and procedures in place and people's records provided guidance to staff members on the level of support each person required with their medicines. Records showed that, where people required support, they were provided with their medicines as and when they needed them. This showed that the service's medicines procedures and processes were safe and effective. We saw that the management of the service took prompt action when issues were highlighted. For example, we saw minutes of a meeting log regarding a medicines error. This had been fully investigated by the manager and actions put in place to reduce the risk of the error occurring again which had included additional training for the staff member. This showed that the service took action when shortfalls were identified to reduce the risks to people.

# Is the service effective?

## Our findings

People and their relatives spoke positively about the staff and were satisfied with the care and support they received. One person said, "Absolutely everything is the best about K.T.M. I couldn't choose a better service." One relative said, "It is excellent. The change in [person] is good. [Person] is so happy; they have done really great with [person]." Another relative said, "Sometimes there is a bit of a breakdown in communication but I base it on [person] and overall [person] is happy."

People and their relatives told us that staff were usually on time for their support, stayed for the agreed length of time and completed the agreed support tasks. One person said, "There was only one time [staff member] was caught in a jam but [staff member] rang me to let me know that [staff member] would be an hour late." This meant that people received support that was appropriate and met their assessed needs.

Staff told us they received regular supervision and 15 of the completed questionnaires received said that the staff felt that this enhanced their skills and learning. Annual appraisals were in the process of being completed. Team meetings were held and the staff team praised the support that they received from the management team. One staff member said, "If I need anything I can ring them up. K.T.M are very supportive. They [service] try to have regular staff meetings where they get everyone together and talk about updates, training, what is needed but it is difficult to get everyone together." This meant there was an effective system to support and monitor staff so that they were delivering effective care for people.

The service was up to date with current best practice guidelines in relation to training in health and social care and were aware of the Care Certificate; however, new staff were not currently completing this. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work. The manager told us this was in the process of being implemented. Records demonstrated that staff had received an induction and training when they started work to help ensure that they followed safe working practices. One staff member said, "I had a formal induction before I started including shadowing. I worked in a team for the first month and then I did shadowing with each new client."

Staff had received training which was relevant and gave them the necessary knowledge for their roles such as diabetes and epilepsy. One staff member said, "Most of the training is classroom based. Some of it is taught with a visiting instructor, some with an on-line test, I find the training helpful." Staff members told us that they received sufficient training to allow them to provide care and support to people effectively. One relative said, "All the staff receive not only the standard training around health and safety, but also training in meeting the specific needs of people with autism, which is a key part of the service K.T.M provide." Another relative said, "They [service] have put a lot of investment in training. They [service] use a picture communication system as well, which is really good for [person]."

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. For people living in the community applications must be made to the Court of Protection. 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 were being met.

Staff members were provided with training and guidance in the Mental Capacity Act 2005 (MCA). 15 out of the 16 questionnaires received from staff members confirmed this and staff understood the MCA. One staff member said, "It was covered but it was brief. I know you always presume capacity unless you are told otherwise." Records showed that people's consent was sought before any care and treatment was provided and that staff members acted on their wishes. Care records identified people's capacity to make decisions and where people did not have capacity, appropriate representatives had been involved and decisions made in people's best interests.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One staff member said, "We promote healthy eating across the board." We saw that one person was encouraged to think about healthy choices when planning their own meals.

People were supported to maintain good health and had access to healthcare services. Where it was required as part of the support package, people accessed GP's, dentists and mental health professionals. When one person was asked what would happen if they were ill, we were told, "They [staff] would usually notice and help arrange doctor's appointments." People had hospital passports to ensure that vital information about how to support them was shared in an emergency. When treatment or feedback had been received this was reflected in people's care records to ensure that any guidance and advice was followed to meet people's needs in a consistent manner.

# Is the service caring?

## Our findings

People had positive and caring relationships with the staff members who supported them. All of the questionnaires received from people said that staff members were caring and kind and treated them with dignity and respect. One person said, "I like them. They are funny and they do nice things for me." Another person said, "Staff are always helpful." People's relatives also told us that they felt that the staff members were caring. One said, "They [staff] are very caring and non-judgemental. [Person] seems very happy with them. Another relative said, "[Person] has one or two favourites! They totally get him."

People's independence was promoted and respected and staff understood the importance of respecting privacy, giving examples of how they did this. One person told us, "They [staff members] support me when I need support and if I can do it, they [staff] let me do it." Six questionnaires from people agreed that they were supported to be as independent as they could be and this was confirmed by 15 of the questionnaires received from staff members. One staff member said they promoted independence by proactive listening and said, "Whatever they [person] needs support with, I will try to give it to them in a way which gets them to do it on their own."

Staff were enthusiastic about their role. One comment on a questionnaire that we received said, "K.T.M care is an amazing place to work. Everyone supports and helps each other, it's a rare breed and more care companies should take a leaf out of K.T.M's book." Another staff member said, "I love it, it is difficult to fit it in but if I didn't have other commitments, I would gladly work for them [service] full time."

People had a choice of who could support them and were introduced to any new staff member before that staff member supported the person. One person, in their questionnaire told us that where they were not happy with a staff member, they were not sent this staff member again. Another person said, "I had one [staff member] that I didn't like particularly. I let them [service] know and they [service] said "that's fine" and didn't send [staff member] back. There was nothing wrong with [staff member]; just I didn't get on with [staff member]." This showed that the service took action when people were unhappy to improve the service that they received.

Care plans reflected people's wishes and needs. Staff told us that care plans contained sufficient information to enable them to support the person in the way they wanted. People had 'All about me' books which identified their preferences including their likes and dislikes and highlighted any key information that was important to the person. One person's care plan said, "I need my staff members to be considerate and ensure that we stick to planned times." Another said, "Encourage me to live as independently as possible and have regular meetings with me." We saw that regular meetings had been held with this person. Staff we spoke with were able to explain how they involved people in the day to day decisions of daily living such as where to go shopping and ensured that the person felt that their opinion mattered.

People were supported to express their views and were involved in the care and support they were provided with. One staff member said, "The care plan is designed around [person]. Staff and the family are involved with that as well. We are not looking at the illness or disability but at the person." Another staff member

said," People are always given choices about where they go, what they want to eat, that sort of thing. We discuss things with the family and we can go to meetings with [person] to support them to have their say."

Records showed that people and, where appropriate, their relatives had been involved in care planning. Planned reviews of care plans were completed and where people's needs or preferences had changed these were reflected in their records. One person said, "I did a new care plan with [staff member] a few months ago, in February. I think I have a copy." A relative said, "[Person's] views are listened to. [Person] didn't have a choice of which company supported [person] but [person] is involved in the care planning. [Person] was able to say [person] preferred the younger carers."

## Is the service responsive?

### Our findings

The service provided personalised care based on each individual's needs and preferences. People's care needs had been assessed before receiving the service, which helped to ensure the service was able to meet their needs. One person said, "I like swimming and K.T.M help with that too." One relative said, "K.T.M are always open to doing everything and anything with [person], swimming, bowling, park, eating out, the zoo." Where possible, people were supported by staff who shared similar interests. For example, one person said, "I play guitar and so does [staff member] so we do that together sometimes."

People's 'All about me' books contained care plans covering key areas such as eating and drinking, communication and epilepsy. Care plans were individual to the person and promoted independence covering what a person could do for themselves and what they needed support with. One person's care plan said, "Encourage me to live as independently as possible." One person said, "K.T.M support me when I need support and if I can do it, they let me do it." Where people's needs changed, the service adapted the support to ensure that people's needs were still met. One relative said, "K.T.M have exposed [person] to more activities and when they need to change things to make it better for [person] they do."

Staff told us that care plans provided them with detailed information and guidance to provide good support to people and that they always read the care plans before providing support. One staff member said, "Yes, the care plan is good for that. If I ring and say about something they [manager] are always very helpful and they [manager] add it to the care plan if necessary." Another staff member said, "You get information from the file. There are staff who have worked with [person] before who can tell you about any trigger points and what to do. They [K.T.M] are very good, the training is good and there is always someone to ask."

Staff recognised the importance of respecting people's individuality and providing support to meet their individual needs. One staff member said, "I work mainly with two people but they are totally opposite from each other. I help each of them the way they want. It wouldn't be the same for both of them." Another staff member said, "It is about putting that person at the heart of all decisions and making sure that I am not influencing them personally." Staff were very flexible in the support provided. One staff member said, "We do whatever [person] wants. The individual decides. It is often ad hoc. Take last night, when I arrived [person] had already mapped out the evening."

People were supported to achieve goals and people's relatives spoke of the progress that people were making due to the support that they received. One relative said, "They really try to get [person] to socialise and that is something that is difficult for [person]." Another relative said, "K.T.M staff communicate using a picture system as [person] can't talk. Before, a lot of [person] behaviour was down to frustration but [staff] spend time preparing [person]. If [person] has to go to hospital they take [person] and show [person] where they will be going and show [person] pictures so [person] knows what to expect." Progress towards goals was also logged in care records. For example, one person was learning how to become more independent in finding places in the community and the care record said, "[Person] confidently directed me to the correct place."

The service had a sound philosophy which was to work 'with' the person not 'to do for' and we saw evidence of this during the inspection. The service was very inclusive and people were involved in the support they received and how the service was run. One person was using a traffic light system and had written a plan about their feelings to help the staff team understand how to support them in the best way. This meant that the staff could use the correct strategies to support the person at the correct time. Two people were volunteering at the office and one person spoke enthusiastically about their role explaining that they were producing a guide to activities and days out that were available in the local area. A monthly newsletter was sent to staff, relatives and people using the service about events that were coming up, For example, a fun day that was being held. People had contributed to the service website and spoke of the difference that being supported by K.T.M Care had made to their lives. One person had said, "I have been able to achieve things that I didn't think I could." People were involved in the interviewing of prospective new staff to the service. This meant that they could help decide if new staff would be suitable to work at the service and provide support to them.

Five questionnaires reported that people knew how to make a complaint if they needed to and that the service responded well to any concerns raised. Relatives told us the management and staff were very accessible and approachable. They said they could raise any concerns informally with any member of staff or the management team and received appropriate responses. The service had received two complaints in the last 12 months. Records showed that complaints and concerns were documented, investigated and addressed. These were used to improve the service and to prevent similar issues happening, for example discussion with staff members and providing further training, where required.

The service had a policy and procedure for managing complaints. This included timescales for responding to people's concerns. Details of how to make a complaint were included in the provider's guide to services which was given to people and their relatives.

# Is the service well-led?

## Our findings

People told us that the service was well-led. One person said, "The managers are really approachable." Another person said, "Yes, it seems well organised. It is a very good service." A relative said, "I think the owners of the company are passionate about autism and respecting the rights and dignity of people with autism." Another relative said, "Yes. It is very well led, K.T.M really are tuned in to autism."

Staff were also complimentary of how well the service was managed. When asked if the service was well led, one staff member said, "I do really. I think [manager] is passionate about the job and it comes across in everything." Another staff member said, "Yes I do. I have worked for other companies and this is the first one where I don't mind ringing the office. I enjoy coming to work. It is like a big family. You know you are going to be listened to." 15 questionnaires completed by staff reported that they felt their views were taken into account and that they were given important information about the service when they needed it.

The management team recognised the work that the staff team did. Letters and emails were sent to staff to thank them when they did a good piece of work. For example, when supporting a person to a festival. This showed us that the staff team were valued and their input was acknowledged. Where staff required additional support, measures were put in place. For example, shadowing other staff to develop confidence. This ensured that the staff team and the service continued to improve.

People told us that they knew who to contact if they needed to, including the management team and that their comments were valued and listened to. The service asked for people's views through informal contact with people and their relatives, through regular relative meetings and an annual satisfaction survey. Comments from the surveys included, "Whenever there is anything I want to discuss, I always receive a prompt reply." And, "A breath of fresh air in comparison to previous agencies used." The Registered Manager had met with some relatives to discuss the feedback that they provided in the surveys. This showed us that the service valued the feedback they received and took action to improve the support provided to people where needed.

The management team worked within the services providing support as a role model to the staff team and to ensure that standards were maintained. Senior management meetings were held monthly and actions were taken as a result of these meetings to ensure that the service continued to improve. For example, meeting with staff to discuss shift patterns.

The service's PIR showed that they had identified areas for improvement within the service and discussions with the registered manager during our visit showed that they had a clear vision for continuous improvement to provide good quality care. The manager had completed audits of the service to identify any concerns in practice, in areas such as medicines. Spot checks were completed monthly within services and covered staff interaction, organisation of the shift and checking medicines had been administered correctly. Following one spot check, updated policies had been put into place.

The manager kept up to date with best practice through attending conferences and networking with other

professional bodies in the industry. This ensured that the service did not become isolated.