Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

K.T.M. Care Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	K.T.M Care Limited
Registered Manager	Mrs Kerry Austin
Overview of 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 and in the community.
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 September 2014, talked with carers and / or family members and talked with staff.

What people told us and what we found

K.T.M Care Limited provided a domiciliary care service for 22 disabled children, young people and disabled adults who were on the autism spectrum. It also provided respite care for their families.

As part of this scheduled inspection, we looked at the arrangements in place for consenting to care and support, looked at the care plans for five people, the recruitment and training of staff, the quality of the service and complaints.

We spoke to the registered manager, the office manager and four care staff. We spoke on the telephone with three family members who used the service.

We considered our inspection findings to answer questions we always ask; Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led?

This is a summary of what we found;

Is the service safe?

Staff had the relevant experience, skills and training in order to care and support children and young people safely.

Care and risk assessments were in place to ensure that children, young people and adults had the opportunity to engage in activities of their choice and continue to live full lives protected from harm.

Is the service effective?

Young people and their families were involved in their care arrangements. The service tailored the support to each individual. The service was effective as it was person centred and they had control over the way it was managed and delivered.

Systems for the training and supervision of staff were in place. This ensured that the service was more effective as staff had the necessary skills and support to carry out their role.

Is the service caring?

All of the support and administrative staff we spoke with had a caring attitude. They were knowledgeable and understanding about autism and its effect on the lives of individuals and their families.

K.T.M Care Limited offered a personalised and individual service and spoke about the people who used the service in a kind, caring and professional way. Family members said, "The best service we have ever had." And, "They so understand our family situation."

Is the service responsive?

The service was responsive to the needs of people who used the service. The staff worked flexibly to enable the children, young people and adults to maintain their independence and to give family carers a break from caring.

A range of health and social care professionals from the community were involved in people's care. This showed that people received their care in a joined up way.

Is the service well-led?

Systems were in place for the effective monitoring of the service. This included care planning and risk assessments, staff support and dealing with, and learning from incidents and events. This ensured that individuals and families were getting a quality service from staff who were skilled at managing it.

One family member told us, "I am very happy with the care and support my child gets from K.T.M, they are so knowledgeable about autism, more than any other agency we have used."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

The service had suitable arrangements in place in relation to consent. The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) in relation to the service they provided to young people over 16. The service worked with other professionals to ensure people's best interests were taken into account in all aspects of their care and wellbeing.

We saw from the care files we looked at that children and adults who used the service and/or their family members had been fully involved in planning and developing a plan of care and support. Consent to undertake a range of leisure and social activities, meeting personal care needs and managing a person's complex behaviour had been obtained from people who used the service or family members of children and young people.

We saw that systems were in place to safeguard people who could not make day to day or significant decisions for themselves. Where a person was unable to make decisions for themselves and needed support or supervision in everyday life, we saw that Mental Capacity Act 2005 assessments had been completed correctly. This ensured that systems were in place to ensure that people had a voice and also to protect their human rights where their ability to make those choices were limited.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the care files for five people including children, young people and adults. We saw that their health and personal care had been assessed and a plan of support put in place to provide them with an individualised service.

The agreement to the plan of care and support had been signed by the family or young person or adults if they were able. Times and dates of support, tasks to be undertaken and when and how they would be completed were all documented. All care plans had been reviewed and were updated. Staff had signed to say they had read the care plan after each review. One family member said, "We are always involved in reviews and updates and our views are listened to and respected."

We saw that information was requested relating to young people's cultural, ethnic and religious background and customs. This included the need for a same sex support worker and the removal of shoes when entering a person's home. This ensured that the person's diversity, and that of their family, was recorded and the service adhered to the traditions of their culture.

The care files contained a 'This is Me' book which gave an understanding of who the person was and their everyday life. We saw books that were written by them. This provided information for staff to follow to ensure that the young people and their families were treated with dignity and respect when entering their homes. We saw in one person's book when describing their wishes, "Please remember, when I say go away, go away." This showed that young people's views and opinions were taken into account in the way that they wanted to be supported.

Information about young people's emotional, psychological and physical health was detailed and gave an understanding of their needs and individual personalities and behaviour. The young people's ways of communicating, their social interaction, education, medication and disability and their lifestyle were documented so that staff got to know who they were and how they lived their life. One family member said, "They always try to match the right worker with [my child] and if [my child] doesn't like them, then they are changed without any fuss or bother."

Risk assessments were thorough and included behavioural management strategies tailored to the needs of the individual. These showed clearly the risks attached and ways to mitigate them when undertaking activities with the child or young person in their home and in the community. There was a balance between ensuring young people were given opportunities for fun, stimulation and supporting their independence whilst keeping them safe.

A communication book and support logs were kept at the person's or family home and completed by the staff after their shift. This ensured that information and changes to any planned activities or circumstances were recorded and staff had up to date information in order to support people correctly. We saw that daily log notes were written in a respectful and sensitive way.

One family member told us, "All of the carers we have had, had read the care plan about my child. This ensured they knew about them before they met them and we didn't have to start from scratch every time."

Children, young people and their families could be assured that they received care and support that met their needs and respected their rights.

Procedures were in place for dealing with emergencies which, if they arose, may have affected the provision of the service. For example, when staff were unable to turn up to work due to sickness or unforeseen situations. We saw that a 24 hour call system was in place which assured people and their families that a support system was available outside of office hours should they need it.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Policies and procedures for the safeguarding of vulnerable children and adults from abuse were in place and the registered manager knew how to make safeguarding referrals and notifications to the local authority and CQC.

The provider had in place a range of mandatory training for staff which included safeguarding. All staff had undertaken safeguarding training and newly recruited staff were undertaking this training as part of their induction programme.

Staff we spoke with were able to tell us what they would do if they suspected, had seen or heard any abuse taking place. This would ensure that children, young people and adults who used the service were protected from abuse and kept safe.

The service responded to concerns about the safety of people who used the service. They worked with local healthcare professionals and safeguarding teams to ensure that any concerns were investigated and action taken as required to safeguard people from harm.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The four staff personnel files we looked at contained the relevant information in relation to the recruitment of staff.

All four staff files had an application form which contained their employment history, with any gaps in their employment recorded. We saw that there was proof of identity and three out of four files had a photograph of the staff member. The manager told us that one staff member was new and they were due to bring this into the office. The manager had taken up Disclosure and Barring Service (DBS) checks and references. This showed that the service had effective procedures in place for recruiting staff with the right qualifications and skills and abilities for the role they were employed to do.

Staff we spoke with said the recruitment process had been thorough. Induction had been planned and included shadowing staff, reading care plans and training in the mandatory courses that made up the induction process. They said that they had been introduced to people they would be working with, both staff, people who used the service and families and this had not been a rushed process. One staff we spoke with said, "I felt ready to do the shifts on my own because I had been given the time to develop confidence and this helped support the people I was working with."

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

There was a supervision and appraisal system in place to support staff. We saw from the staff files that we looked at that all staff had received supervision sessions. These were recorded. Staff had also had an appraisal in the last year. This ensured that staff were given the learning and support they required to carry out their role effectively. Training needs were also addressed during the supervision process. One member of staff told us, "There is a good range of training; we also get refresher training which is useful as you can forget some of the basics over time."

We saw that the training programme was being monitored and managed effectively. Training during 2014 had been organised with a combination of training methods including an external trainer, an 'in-house' trainer and individual home learning. Training included child protection and the safeguarding of vulnerable adults from abuse, fire prevention, moving and handling, infection control, health and safety, food hygiene, first aid, medication, epilepsy and autism. Specialist training in restraint and breakaway techniques was also included for all staff to ensure they could deal with and manage a person's behaviour appropriately and safely.

We saw that a lone workers policy and procedure was in place and risk assessments had been completed for working with individuals. This assured the staff that systems were in place to protect them because they had the information, training and support in order to support them to carry out their role.

Staff told us that they felt very supported by the manager and other staff. They enjoyed their role and felt equipped to support people who used the service well. One staff member we spoke with said, "When I meet people, I always tell them that our company is one of the best." Another said, "It's a lovely, lovely job."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

A system for assessing and monitoring the quality of the service was in place.

Care plans and risk assessments were reviewed and updated following meetings with everyone concerned in that person's care and support. Families we spoke with told us that there was very good communication with them about their child. One family member said, "It feels like the service is on my side." Another said, "If it wasn't for KTM pushing for us, we would not have the number of hours of support that we have now."

Regular meetings and communication were in place between the service, health professionals and the financing authority. This ensured that the service was joined up. The arrangements worked well to enable respite for families, support and activities for children and young people and independent living for adults living alone.

An annual survey was carried out to gather the views of people who used the service. We saw that people were satisfied with the service provided.

Staff training and support systems were monitored through spot checks, completion of refresher training, discussion and learning from events and incidents and how to do things differently. Staff had the support, skills and knowledge to undertake their role confidently and professionally.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw that there was a complaints policy and procedure in place. People who used the service and families had all been issued with a copy of the complaints process. This was provided in accessible formats such as in symbols and pictures for those people who needed it. This meant that people knew how to make a complaint and how it would be dealt with.

We saw that the service dealt with complaints satisfactorily and learnt from the events that had taken place. The manager ensured that personal letters were sent to people in picture form with photos of staff where, for example, a staff member had been unable to turn up for a planned activity. This showed us that the service took their complaints process very seriously and were respectful to the people they supported, by providing communication in a way that people could understand.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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