Mrs Amardeep Sura

PICAS

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

We undertook an announced inspection of Pathways Independent Care and Autism Services (PICAS) on 2 May 2017 and 10 May 2017. The provider was given 48 hours' notice because the location provides supported living and domiciliary care services and we needed to be sure that someone would be available to assist us with the inspection.

At our last inspection on 3 March 2016, we found four breaches of legal requirements. People who used the service were not sufficiently protected from the risk of abuse and their human rights were not always protected. We also found shortfalls with ensuring people received care that was responsive to their needs and notifying the Care Quality Commission of incidents that occurred within the service.

We undertook this inspection to comprehensively look at the whole service again and to check that they were now meeting legal requirements.

PICAS provides a supported living service to people living in their own homes in the London Boroughs of Redbridge, Newham and Hackney. Some people received personal care. At the time of the inspection, there were ten people were using the service. People either lived on their own or shared their accommodation with another person who used the service. The accommodation was maintained and owned by private landlords, who provided people with a long term tenancy agreement. People were visited and supported by staff from PICAS or had staff stay with them in their homes.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

We found that the provider had taken action to improve the service and we were assured that fundamental standards of quality and safety were being met. We advised that people's records should be unique and individualised so they are not confused with another person.

People were supported to maintain healthy diets and ensure their nutritional requirements were met. They had access to treatment from health professionals and staff contacted them in emergencies.

There were recruitment procedures in place and staff were recruited safely. However, we have made a further recommendation about the provider's recruitment processes. People were prompted to take their medicines as prescribed.

Staff respected people's privacy and choice. They told us they had support, training and supervision. They had knowledge of safeguarding and whistle blowing procedures and were able to describe the steps they should take to protect people from abuse and how to report incidents of abuse. We also recommended that

there is more effective communication with local authorities when sharing information.

Records showed staff regularly attended staff meetings with the management team.

Where able, people made their own decisions regarding various day-to-day tasks including choices of food, activities and daily routines. There were systems in place to implement the requirements of the Mental Capacity Act 2005 (MCA) to ensure people's human rights were protected.

Each person had a care and support plan which stated their support needs. The plans were regularly reviewed to reflect any changing needs.

People and relatives told us they knew how to make a complaint. They said staff listened to them and they were happy with the way the registered manager responded to complaints.

The registered manager had systems in place for auditing and monitoring the service to ensure quality was being maintained. People's finance and medicine records were regularly checked. A survey questionnaire was distributed to people, their relatives and social care professionals to ask them for their opinion about their experience using the service. The registered manager analysed and responded to any feedback to help improve the service.

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. People and relatives told us they felt safe and staff were friendly.

Staff understood how to identify potential abuse. Staffing levels were sufficient to ensure people received support to meet their needs.

The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff.
Medicine records were up to date and people received their medicines safely when required.
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Is the service effective?

Good

The service was effective. The registered manager provided staff with support, training and supervision to monitor their performance and development needs.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was assessed.

People had access to health professionals to ensure their health needs were monitored. People had their nutritional requirements met.

Is the service caring?

Good

The service was caring. People were happy with the support they received and said staff treated them with respect and kindness.

Staff supported people to remain independent as much as possible. They supported people in various aspects of their life.

Staff were familiar with people's care and support needs. They had developed caring relationships with the people they supported.

Is the service responsive?

Good

The service was responsive. Support plans were detailed and personalised to reflect the preferences and needs of people who used the service. The plans were reviewed on a regular basis.

The provider had a complaints policy and people knew who to make a complaint if they had a concern. The service responded to people's suggestions and feedback.

Is the service well-led?

Good

The service was well-led. Quality assurance procedures were in place to ensure the service was running effectively.

Views regarding the quality of the service were sought from people, relatives and professionals.

Staff were supported by the management team and had regular meetings to discuss any issues or concerns regarding the people who used the service.

PICAS

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.

We gave the provider two days' notice of this inspection because the location provided a domiciliary care service. The inspection was carried out over two days. On 2 May 2017, we visited the provider's head office and two properties for supported living accommodation in Seven Kings, where we spoke with people who used the service and staff. We visited two more properties, also in Seven Kings, on 10 May 2017 and spoke to more people and staff. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at all the information we hold about the service. These included the notifications that we had received from the provider and communications with people's relatives and the local authority.

During the inspection we met with five people who used the service, although we were not able to speak with some people about their experiences due to their disabilities. We also spoke with the deputy manager, six members of staff and the registered manager. We looked at five care files, five staff files and documents such as the providers' recruitment policy, safeguarding policy, quality assurance audits and staff training records. After the inspection we spoke with two relatives by telephone for their feedback about the service.

Good

Is the service safe?

Our findings

People and relatives told us that the service was safe. One person said, "Yes I am safe." A relative told us, "My [family member] is well looked after and safe. They feel settled and secure with the staff."

At our previous inspection, we found that people were placed at risk of abuse because the provider had not reported safeguarding incidents to appropriate social care professionals, the local safeguarding team or the Care Quality Commission. This meant appropriate action was not taken by the provider to identify the possibility of abuse and prevent it from happening.

During this inspection, records confirmed that the provider had notified the relevant authorities of any concerns. Staff were trained in safeguarding people from abuse. They told us they had read the safeguarding policy and understood the different types of abuse. They knew how to report concerns to the local authority and to the police, should they need to. The provider had a whistleblowing procedure in place, which provided staff with reassurance of their rights and responsibilities to report any concerns. Staff were able to describe the process they would follow.

However, feedback we received from a local authority showed there were still some concerns about the provider not cooperating with investigations by not providing information. We viewed the provider's policy on safeguarding adults, which said that all staff are required to cooperate fully with the local authority. The registered manager told us that either they or the deputy manager attended safeguarding meetings when required. We enquired about a particular case that the local authority had raised concerns about regarding a person who previously used the service. We saw evidence through looking at correspondence, that the matter was now closed and there were no further concerns. However, we recommend that the provider reviews their procedures to ensure that there is more effective and timely communication with health and social care professionals during the safeguarding process.

The provider had effective recruitment procedures in place. New staff completed application forms outlining their previous experience, provided references, proof of their identity and evidence that they were legally entitled to work in the United Kingdom. Staff attended an interview as part of their recruitment process. We saw that a Disclosure and Barring Service (DBS) check had been undertaken. The DBS is a check to find out if the person had any criminal convictions or were on any list that barred them from working with people who use care services.

We noted that two members of staff's information were incomplete or missing. One member of staff's work permit had expired but there was no evidence in their file to confirm they were eligible to continue to work. Another member of staff, who was recently recruited, did not have a copy of their current passport in their file. We addressed this with the management team and they took immediate action to retrieve the missing documents. They carried out an Employer Checking Service query and received confirmation from the Home Office that the staff member had a right to work for a further six months subject to any restrictions, such as working a maximum number of hours per week. We also received a copy of the other staff member's valid passport and work permit soon after the inspection.

We recommend that all staff recruitment files are checked and updated to ensure copies of important documents are filed appropriately.

Some people required 24 hour care and required either one or two staff to be with them at all times. This meant staff also provided sleep in cover in people's homes. During our inspection, we saw this in practice when we visited people. There were enough staff employed to meet the needs of people. If there were staff absences, arrangements were made for other staff to provide cover care and support. Staff rotas showed that staff stayed in each supported living accommodation during the night in a separate room to ensure that people remained safe. The registered manager and the deputy manager were available on call in cases of emergency. The deputy manager said, "All our workers are permanent. We have no bank staff or agency staff."

Each person had a risk assessment which outlined potential risks and guidance for staff on how to manage them. For example, where people were at risk of presenting behaviour that put themselves or others at risk, guidance was in place for staff to follow such as removing harmful objects to avoid any injury or using 'breakaway' techniques if a person became angry or upset. Body maps indicated any marks seen on a person's skin and if they were checked by a GP. Records showed the provider reviewed risk assessments annually. Staff told us they knew each person's identified risks and how to manage them. They said they had read the assessments and were clear about the actions they would take in case of any incidents involving people.

Staff entered and exited people's homes safely by ensuring that they announced themselves when arriving. Visitors were required to sign in and out of people's properties to identify who they were and the purpose of their visit. Staff used Personal Protective Equipment (PPE) such as gloves to prevent any risks of infection when providing personal care. Systems were in place in people's homes, to keep them as safe as possible in the event of an emergency. For example, there were evacuation procedures and fire risk assessments. Staff were trained to use equipment such as hoists, to help move people safely. Records of any accidents and incidents were readily available. We saw appropriate action was taken to ensure people and staff remained safe.

The management team and relatives supported people with their finances, where they were given permission. People had cash record books to check what they were spending their monies on. The staff held money on behalf of all the people securely. Records and receipts were kept when staff spent monies on behalf of people which meant there was an audit trail of how much was being spent.

Staff administered medicines to people and this was stipulated in people's care plans. Staff confirmed that they had attended training in medicine management and administration. Medicines were stored securely in people's homes in a movable container, so they could be kept at suitable temperatures during the year. They included blister packs delivered by the pharmacist. Blister packs are plastic packages containing individual pills and tablets that can be removed one tablet at a time.

We looked at daily record notes and saw staff administered medicines on time and recorded the dosages taken in medicine administration record sheets (MARS) to evidence that the medicine was taken. People and relatives told us they were confident in the staff's ability to manage their medicines. Staff were also observed prompting and administering medicines by senior staff during spot checks, where applicable. Spot checks are observations of staff to ensure that they were following safe and correct procedures when delivering care. Records showed that staff were assessed as competent. Medicine records were accurate and up to date, although we noted that the local authority had recently investigated a concern involving a person's medicine. The registered manager told us that they were complying with actions recommended by

the local authority to ensure medicines were managed safely.

Good

Is the service effective?

Our findings

People and relatives said they thought the staff were well-trained and provided a service that met their needs. One person told us, "I am happy here. They [the staff] are good." A relative said, "Staff are respectful and provide good support."

At our previous inspection we found that systems were not in place to ensure that people's legal rights were protected in respect of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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. The application procedures for this in care homes and hospitals are called DoLS. At our inspection in March 2016, any restrictions placed on people were not supported by the appropriate application procedures and people's tenancy agreements were not signed by them or a legal representative.

During this inspection, we saw that people had been asked for their consent in line with legislation and guidance. We noted that tenancy agreements and care plans were signed by the person or a representative to confirm that they understood them. We saw that applications for DoLS and mental capacity assessments had been made for six people, although the outcomes were still to be confirmed by the relevant local authorities for five of the six people. Records confirmed that staff had received training in the MCA. They demonstrated a good knowledge of the MCA and were able to explain when it should be applied. The registered manager told us that the local authority had undertaken assessments of people, where necessary. They said that the people they supported either had the capacity to make decisions or had family members who were authorised to represent them and act in their best interests.

Staff told us they received the training and support they needed to do their job well. They had received training in a range of areas which included safeguarding adults, food and hygiene, medicine administration, the MCA and DoLS, moving and handling, first aid and fire safety. There was also training provided around the awareness of disabilities such as mental health, epilepsy and learning disabilities. Some staff were in the process of completing or had completed Diplomas in health and social care. The deputy manager and registered manager explained that some people presented behaviour that put themselves and others at risk of harm. Records showed staff received appropriate training on positive approaches to challenging behaviour, which meant they were equipped with the right skills to manage certain situations.

Staff told us they were satisfied with the training they had undertaken. One staff member told us, "I received a lot of good support and guidance from the managers as well. I shadowed experienced staff and had an induction when I started." Staff training records confirmed the dates that they took training and confirmation of dates for refresher training in the future was currently in progress.

Staff told us the registered manager supported them in their roles. We saw up to date records of supervision meetings and annual appraisals. Supervision sessions are one to one meetings with line managers where

staff are able to review their performance. They took place every six to eight weeks, in which staff had the opportunity to discuss the support they needed, guidance about their work and any training needs. One member of staff told us, "We get supervision regularly. It is very helpful."

Where they were able, people made their own decisions regarding how to spend their time, money and what to eat and drink. Some people who had capacity or did not require one to one support were able to go out when they wished and had their own front door keys which they used to go out freely. We noted that staff provided support for people to buy food shopping and cooking. People were able to devise their own shopping list and prepare meals of their choice. Support plans contained information about people's nutrition and hydration needs. Some people were being supported to control their weight. People were weighed on a regular basis, which was evidenced in their files and any concerns were reported to a GP or dietician. People were provided with healthy food choices using the person's chosen menu. This helped people make informed decisions about their food preferences.

Each person was registered with a GP who they saw when needed. Records confirmed that people had access to healthcare professionals and attended appointments. We noted that staff supported people to attend hospital appointments. Hospital Passports were in place for people which provided information to other health professionals about any health conditions and illnesses they had. This showed people received healthcare services when they were needed.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring and treated them with respect and kindness. One person said, "The staff are really nice. I am well looked after." One relative told us, "My [family member] is with very caring staff who look after them and treat them respectfully. [Family member] has a good quality of life." One person said, "I have lived in my flat with PICAS for eight years and really like it here. The staff know me very well. Next week, I am going on holiday with them." Another person told us, "The staff very nice to me."

Staff understood the importance of respecting people's privacy and dignity. They knew about people's individual needs and preferences and spoke about people respectfully. We found that staff worked well together and had supported the same people for at least one year. This meant that staff and people knew each other well and developed positive relationships. People told us they felt comfortable with the staff who stayed with them and enjoyed their company. We noted an understanding and familiarity between them.

Staff told us they were clear about the importance of understanding people's preferences and routines so that they had full knowledge of people's needs and how to support them. This was particularly important for people with speech and language disabilities. One member of staff told us, "When providing [the person] with personal care, either they [person] or myself close the door. I am able to understand them through gestures they make. I understand their habits and times that they like to do or eat certain things. I will know when they are happy, unhappy, angry, hungry and thirsty."

We noted that people were supported by staff who discussed their support and care needs in planned meetings. People were able to spend time in their homes and had their privacy respected. Although some people required 2:1 support, staff told us they ensured people made their own decisions and lived as independently as possible. For example, we saw that staff respected one person's wish to go for a drive in their car, accompanied by staff. Another person's care plan also stated, "I try to independently get dressed and put on my shoes but need support when it is not working for me. With encouragement and motivation, I go for short walks and move around without my wheelchair, where possible."

Where people's ability to make decisions about their care and about any changes to the service was limited due to their disabilities, staff used pictures, objects, symbols and their knowledge of people to involve them as far as possible. This helped assist people to express their wishes and preferences. Staff observed people's reactions to gauge if they wanted to do something or not. People were able to access an advocate and were supported to do so by the registered manager. An advocate helps people to express their views and wishes, and makes sure their voice is heard

Staff were aware of confidentiality and adhered to the provider's data protection policies. Staff also received training in equality and diversity, which meant they treated people equally, no matter their age, race, gender or disability. People were supported to practice and follow their religious beliefs, such as attending places of worship. One staff member said, "I have a good relationship with [person] and I enjoy it. We are like family."

Good

Is the service responsive?

Our findings

People and relatives told us the service responded to their individual needs and preferences and staff listened to them. They said staff completed tasks appropriately and told us they were satisfied with the care and support they received. During our inspection, we observed staff asking people about their individual choices and were responsive to that choice. People and their relatives told us individual choices were respected. A relative told us, "The staff are really friendly and polite. They listen and respond to requests and keep me updated about my [family member]."

At our previous inspection, we found that people's care plans were inconsistent and varied. Some had more detail than others but they were not always clear or easy to follow. Files were not organised and it was not clear which information was current and which guidance staff were following. Positive behaviour plans did not contain sufficient information to enable staff to safely or appropriately respond to people's behaviours. We also noted that some activities for people were limited and that there was a lack of stimulation.

During this inspection, we saw that these issues had been addressed and that care plans were now detailed, clearer and easier to follow. There was a suitable risk management strategy in place for staff when responding to behaviour that challenged them.

People were referred to the service by local authorities if they required support to live independently in the community or required personal care. Discussions were held with other health or social care professionals for further information. Each person's care and support plan stated their support needs and a copy of their plan was in their home. The plan reflected their personal choices and preferences regarding how they wished to be cared for. Care plans were reviewed and updated to reflect people's changing needs. The support plans were personalised and included details such as how a person wanted their care to be delivered, their interests, likes and dislikes, details of significant relationships, and details about their personal histories. For example, we noted that people were able to highlight what they enjoyed doing and how they wished to be supported. One person's support plan said, "I am in my second year of a flower arranging course. I am enjoying this a lot." This information was important because it enabled people to express themselves and what they wanted to achieve.

Care plans confirmed that staff met with people and kept records of changes in people's support needs. They were reviewed every year and updated throughout the year when required. Staff told us they read the care files and had up to date knowledge about people's needs. They said the care plans provided helpful and vital information about people's needs and the way they wished to be supported. We saw that people's care and support plans contained information and objectives for the person's health and wellbeing, community and leisure, education and finances. They contained assessments that detailed how the person was now and what had changed or progressed since their last review. A key working system was also in place. A key worker is a member of staff who takes responsibility in reviewing a person's care plan and ensuring that their needs are met. The information from the assessments was used as part of key work reviews to monitor how well they were doing and how they were feeling. We noted that key work meetings took place monthly and staff recorded their discussions with people on any health appointments, leisure

activities and domestic tasks they took part in.

Staff completed notes each day to record that they had seen and provide care and support to people. We looked at daily notes written by staff and found that they were hand written and contained details about the care and support that had been provided to each person and highlighted any issues. This helped to monitor people's wellbeing and respond to any concerns.

People were supported to engage in activities in the community so that they remained active, such as day centres and social clubs. We saw that each person had a timetable for every day of the week and had opportunities to be involved in hobbies and interests of their choice. People were also supported to access employment and education to help broaden their skills and stimulate them. For example, one person was attending college to improve their reading, writing and communication skills and told us they were enjoying learning.

People and relatives told us they knew how to make a complaint. One person said, "Yes I know how to complain and who to contact." A relative told us they had no reason to make a complaint but were aware of the procedure. The provider's complaints policy gave instructions on what people needed to do if they wanted to raise a concern and when they would receive a response. The provider had not received any formal complaints since the last inspection. We noted informal complaints were recorded and addressed by the deputy manager.

People were able to request meetings with staff if they had concerns or wanted changes to their support. We noted that the registered manager attended a meeting with staff in a person's home and listened to the person's feedback and requests for additional support with their meals on certain days. Action was taken by the registered manager and staff to ensure that an agreement was made and the person was satisfied with an alternative arrangement for their meals both in their home and when attending college. This showed that the provider took people's complaints, suggestions and negative feedback seriously.

Good

Is the service well-led?

Our findings

People and relatives told us they were satisfied with the service provided and the service was managed well. One person said, "I am happy with PICAS. The managers are very nice and helpful. I get on well with everyone, including my flat mate." A relative told us, "The staff are very professional and very nice. The managers are very helpful and keep in touch with me."

At our previous inspection, we identified a breach of the regulation for providers to notify the Care Quality Commission of important events, incidents or safeguarding concerns within the service. Since then, the provider had taken action to improve and ensured that notifications were sent to us without delay. For example, they notified us of a change of location and that the head office had moved to a new address.

The registered manager was also the director of the provider. This meant they had overall responsibility and ownership of the organisation. The registered manager was assisted by the deputy manager and a quality assurance officer. They visited each person living in the community and spoke with staff twice a month to carry out spot checks, observations and quality assurance checks. Daily and weekly checks were carried out by senior staff or keyworkers who supported people in their homes. This enabled the registered manager to monitor how people were getting on in their day to day lives and ensure staff were carrying out their duties safely. The management team demonstrated good knowledge of the people who used the service. They also had experience in providing care to people.

Staff told us that the provider and senior staff were supportive and helped them to work effectively. One member of staff told us, "The registered manager and deputy are approachable and available if we want to discuss any issues. We all work very well together. They are excellent." The registered manager commented, "All of my team are knowledgeable of the people we support. We have been doing well. All our schemes are treated like a mini care home, so people's personal records, equipment, medicines and procedures are kept in their homes."

Staff meetings took place every three months and enabled staff to discuss any areas of practice or concern as a group. Items covered during team meetings included safeguarding, medicines, people's health, complaints and feedback from relatives and a more general discussion.

We also saw records of annual support plan reviews which were attended by staff and managers to discuss each person's progress over the year, such as their current health and daily living skills. We noted that a small section of the review describing one person's financial arrangements was almost identical to another person's. We discussed this with the registered manager who told us both people's situations were the same. However, we advised that when recording this in files, it was more appropriate for people's notes to be individualised or written out in an alternative format, so as not to appear as if they were copied from another source. They told us they would amend the reports to protect people's confidentiality and to avoid any confusion or mistakes being made.

The management team undertook audits and assessments, including announced and unannounced spot

checks in people's homes to ensure staff and people were safe. This included checks on people's financial records, medicine records, activities and daily logs. The registered manager had sent out annual satisfaction questionnaires to people, relatives and health and social care professionals. Feedback received was positive and included comments such as "my [family member] couldn't be in a better place." An advocate for a person using the service had written, "[Registered manager] is always respectful and positive about [person]. They make my work smoother and easier."

We viewed a quality monitoring report from one local authority and noted that the review was positive. It also stated that people were involved in activities of their choice. Any recommendations from the local authority were being followed up by the provider.