

Active Prospects

The Pines (Active Prospects)

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

About the service

The Pines is a residential care home providing accommodation and personal care to up to six people living with profound learning disabilities and complex physical health needs. The home is a purpose-built bungalow. At the time of the inspection six people lived in the home.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received person-centred support that was appropriate and inclusive for them.

People were provided with safe care and support in a well maintained homely environment. There was enough appropriately recruited and trained staff. Staff were aware of individual people's needs and risks, and encouraged people to be as independent as possible.

Medicine recording practices were safe, and staff administered people's medicines in a person centred manner. People were supported to eat healthily. Staff referred people to and worked collaboratively with health care professionals where required to ensure people received appropriate care.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were caring, kind and respectful to people and their families. People were treated with dignity. Staff knew how to recognise individual signs of happiness and distress and how to reassure people when needed. Care plans detailed the best ways to meet people's communication needs including what aids they used.

People were supported and encouraged to participate in social activities in the home and in the wider community. Staff asked people for their choices and involved them in their care. People had access to adaptive technology and were supported to do what they liked.

Visitors to the service told us The Pines was "a welcoming and caring home where both residents and staff appear cheerful and relaxed." Staff confirmed they felt well supported by their manager. The registered

manager used effective systems of quality assurance and governance and was supported by the provider to drive changes which improved people's experience of care.

People were offered the opportunity to provide feedback and felt listened to.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection

The last rating for this service was Good (published 28 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Pines (Active Prospects)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Pines is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We also reviewed information we had received about the service since the last inspection. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager and four staff members.

We reviewed a range of records. This included three people's care files and medication records for two people. We looked at three staff files in relation to staff recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We contacted three relatives for their comments on the service. We also received feedback from three professionals who regularly visit the service. We continued to seek clarification from the provider to validate evidence found. We looked at training records, staffing schedules and further documents related to people's care.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and risk of abuse. Staff were knowledgeable in identifying different types of abuse and knew how to report any concerns. One member of staff explained, "I would go to my manager if I had any concerns. If they were involved then I would talk to regional manager."
- Relatives told us people were safe at the home. One relative said, "They ensure the environment around the house is safe." One visiting professional told us, "I have never observed any safety or safeguarding concerns."
- Staff had regular training in safeguarding and records confirmed that. There were established policies and procedures in relation to safeguarding including information in an easy read format available to people living in the home.

Assessing risk, safety monitoring and management

- Risks to people were appropriately recorded and managed. People had individual risk assessments which reflected their current needs including choking risks, use of bed rails or living with epilepsy. These provided staff with clear and robust guidance on how to support people safely and how to monitor their wellbeing. For example, one person at risk of choking was supported to eat soft and bite size foods in line with speech and language therapist recommendations. Staff had access to required care equipment to support people in a safe way.
- Staff enabled people to take positive risks and empowered them to reach their goals. People were encouraged to keep mobile at home and to take part in community-based activities. One relative told us, "[my relative] is able to wander about the home as she wishes".
- People had personal emergency evacuation plans (PEEPs). These documented how each individual would need to be supported in the event of evacuating the building. The service had a business contingency plan. This provided guidance on managing adverse conditions and emergencies, such as a loss of utilities within the building.

Staffing and recruitment

- There were enough staff to meet people's needs. One relative told us, "There appears to be enough staff." Another relative commented, "Recently it has been a little better for continuity as far as I am aware. I think (the person) is better looked after than two years ago." Staff feedback and our observations on the day confirmed this.
- Staffing levels were flexible depending on people's changing needs and activities planned for the day. Staff knew what to do in case of emergencies and had on call manager support when required
- The registered manager followed safe recruitment practices. This helped ensure only suitable staff were employed. The provider obtained proof of identity, references and a Disclosure and Barring Service (DBS)

check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- Medicine recording practices were safe. Care plans included guidance on how people liked to take their medicines and how to support them safely. There were appropriate arrangements for the ordering, storage and disposal of medicines. People had their own lockable medicine cabinets in their rooms.
- Medication administration records (MAR) were fully completed by staff. Protocols for as and when medicines (PRN) were in place which informed staff the maximum dose that could safely be given to a person within 24 hours.
- Staff were trained and competency assessed to support people with their medicines. Regular medicine audits were completed to identify any issues with storage, recording or administration, and action taken where necessary.

Preventing and controlling infection

- Staff ensured people were safe from the risk of infection. One professional visiting the home told us, "The home is always tidy and well presented." People's rooms and the home environment were clean and staff had easy access to personal protective equipment (PPE).
- Staff knew how to handle clinical waste safely and appropriate bins were provided in the bathrooms. People's laundry was done by staff trained in infection control and the laundry room was well organised and clean.

Learning lessons when things go wrong

- Staff were aware on the importance of reporting incidents. One member of staff told us, "When an incident happens, I straight away inform the manager. This is important to protect people. I could not live with myself if something happened to people we support because we have not acted."
- Accidents and incidents were reviewed to identify any learning to help prevent reoccurrence. For example, the registered manager had reviewed medicines errors and took action which led to a significant reduction of errors. One staff member told us, "You can see the impact of management in terms of medication. We now do daily stock checks and that made us more aware and mindful. We can also easily spot any difference and action it so it is safer for people". The registered manager logged and monitored incidents and accidents and identified lessons learned which were then shared with staff during meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were met in line with national guidance and best practice, including Registering the Right Support. One relative told us, "Staff know and understand [my relative] and take care to support her." Relatives, an advocate and relevant healthcare professionals were involved in assessments of people's needs. People's life story, preferences and interests as well as individual goals and behavioural support needs were included in their care plans.
- The provider had robust set of policies around supporting people with learning disabilities. The policies promoted positive behaviour support principles and proactive management of behaviours that may challenge. This was in line with national best practice guidelines and ensured that people were supported in the least restrictive way.
- The registered manager had completed a review of antipsychotic medicines use for people living with learning disabilities and had taken appropriate action based on national best practice guidance (STOMP).

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training and had the skills and experience to meet their needs. Relatives felt staff were well trained in their roles. One relative told us, "It seems that the staff are quite knowledgeable." Staff we spoke to confirmed they felt the training they received was relevant to their role and helpful for them to know how to support people effectively.
- New staff members completed a two-week induction programme which staff told us was helpful. Records detailed staff had regular refresher training in health and safety, infection control, manual handling, fire safety, mental capacity and safeguarding. Staff explained to us they attended specialist courses on supporting people with learning difficulties, epilepsy and person centred care.
- The registered manager supported staff to develop their skills and knowledge. One member of staff told us, "You are always encouraged to do more training and you can ask for it when you feel a bit rusty and need a refresher." Staff had regular supervisions and appraisals.
- Some staff members became 'best practice leads' in different areas such as health and safety or communication. Their roles were to pass knowledge and information to other staff members to promote best practice throughout the service.

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

- Staff supported people to enjoy nutritional meals and have access to drinks and snacks. One relative told us, "The food is home cooked and looks nice." Staff followed guidance around people's specific nutritional and hydration needs. We observed staff preparing pureed meals and supporting people to eat safely and as independently as they could. People made happy vocalisations and were smiling after lunch.

- Staff helped people maintain healthy, nutritional diet. One relative told us, "[My relative] does look better now, more fuller in the face. Staff do say to me that they are eating well". We saw this person was referred to a dietician, whose advice was included in their care plan. As a result the person's weight had been more stable in recent months. This person's daily food and fluid intake as well as weight changes were closely monitored and recorded by staff.
- People's nutritional preferences were recorded in their care plans. This included information around foods they liked and did not like.

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

- People had access to healthcare services when they needed them. Records detailed people were supported to regularly see their GP, dentist or optician. Staff ensured that they knew the signs of people becoming unwell and acted when their needs were changing.
- Referrals were made to healthcare professionals to assess and meet their changing needs. One relative told us, "Staff appear to be very willing to organise getting help in from outside. For example in helping to ensure that the residents' diet is good they have a dietician to call on and for their physical well-being they can talk with a physiotherapist."
- A member of staff told us, "We use process of elimination and all possible avenues to monitor people's health so we know what we can do to help the person." Care records for one person detailed they were supported to visit a range of professionals to investigate changes in their mobility.
- People's care records detailed the wide range of healthcare professionals' advice was implemented by staff. A visiting professional confirmed this, "Staff are very responsive to the needs and well-being of the residents and respond immediately if we draw their attention to something." This ensured people's changing needs were consistently met.

Adapting service, design, decoration to meet people's needs

- The building people lived in was personalised, homely and adapted to their individual needs. The home was decorated with people's photos. People had personal belongings in their bedrooms which reflected their likes and interests. A professional visiting the service told us, "Residents bedrooms are bright and cheerful and reflect their personality."
- People could access mobility equipment, assisted bathroom facilities, a communal garden and a suitable vehicle to go out. The home was adapted for the needs of people using wheelchairs.
- The registered manager implemented further adaptations to encourage people's independence. People could use devices which enabled them to be involved in food and drink preparation. For example, there was a kettle on a cradle stand allowing them to pour hot water without lifting it and cereal containers with easy to operate dispensing mechanism. There was an adjustable height washing line in the garden and people had access to inclusive technology such as colourful switch buttons to help with house tasks.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager ensured mental capacity assessments were in place for specific decisions where people lacked capacity to decide for themselves. Applications to the local authority have been made when people were deprived of their liberty to receive care and support. However, best interest decisions did not always record who was involved in the decision making process, such as next of kins and social workers. We addressed this with the registered manager who immediately updated the records.
- Staff regularly reviewed people's care and support to ensure that least restrictive methods were being used. The registered manager explored ways of supporting people who may become distressed in a non-restrictive way. As a result, staff consulted people's GP and were supported without the use of medicines with a sedative effect.
- Staff showed they understood the legal requirements around people's mental capacity. One staff member told us, "We involve them in everything they do, even in choices they may not be able to make. It depends on the person what support they need to communicate and how to encourage their choices".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people in kind and respectful manner. One relative told us, "The love and care and kindness that the staff at The Pines give to my relative is outstanding and admirable." Staff spent time with people and spoke to them although they were not always able to respond verbally.
- Another relative said, "Staff at the Pines are wonderful with my relative, giving their full attention. They give [my relative] gentle hugs and strokes and make sure they feel loved and cared for." We observed staff reassuring people by gently holding their hand and addressing them using their names. This helped ensure people felt included and treated as individuals.

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

- Staff were knowledgeable on how to recognise when people agree or disagree by what sound they made and their body language. A member of staff told us, "We ask people we support every time there is a choice to make. I show them options of clothes, food or use pictures to ask what they choose." This was also recorded in people's care plans.
- Relatives who advocated on behalf of people felt involved and consulted. One relative said, "They not only listen, but proactively ask." Records detailed people and their relatives were involved in making decisions about their care and their suggestions acted upon.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be as independent as possible. People were supported to answer the front door and greet visitors. Staff praised and encouraged one person when they tried to walk independently. One relative told us, "[My relative's] independence is helped as far as the staff are able."
- Staff treated people with dignity and respected their privacy. One professional visitor to the service told us, "Staff appear very caring and treat all the residents with an apparent fondness and the upmost dignity and respect." We observed staff gently and privately addressing one person's continence care needs. Staff spoke to people in a dignified way, addressing them directly and using their names and eye contact throughout the conversation.
- People's care records were stored securely in a locked office. Staff did not discuss people's confidential information in the communal areas of the home. Staff understood the importance of confidentiality, and respected this when handing over information about people.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same add rating. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were able to explain how they provided person centred care. One member of staff told us, "Person centred care would be the care that belongs to that person only, it is specific to them as an individual". People had personalised care plans which included detailed guidance on how to support their emotional and physical wellbeing. This included people's specific health needs around conditions such as epilepsy or help people needed to maintain good oral hygiene.
- Each person had identified goals and aspirations and staff supported them to monitor progress in achieving those. One person developed more independence in communicating as a result of support provided by staff to use technology and social stories. The person also achieved their goal of going out for day trips and to social events more often.
- Staff knew people well. A staff member told us, "I always check as all I need to know will be written in the person's folder and notes. I read the care plan every other month and check every day for changes as they would be also written."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff knew how to communicate effectively with people who were non-verbal. One member of staff told us, "I know when they are angry or happy," and gave us individual examples of how they would recognise people's emotions.
- Care plans included detailed information on how people communicate and what their individual behaviours meant. This enabled people to be understood by staff and involved in their care.
- We saw a range of communication aids was available to people, including pictures, social stories, easy read documents, interactive albums and voice recordings of 'happy' and 'not happy' sounds. Staff used those aids to provide information and support people's choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff enabled people to participate in a range of activities which supported their physical and emotional wellbeing. Two people went out to a wildlife centre on the day of our visit. One relative told us, "There are good activities and wide variety of things to interest [my relative]." We observed people's activity plans included days out, social clubs, learning independent living skills and activities promoting healthy eating,

sensory activities and physical exercise.

- People had support to maintain and develop relationships. One member of staff told us, "We created a friendship group in partnership with other services to enable people to meet weekly and feel included, do things together. It works really well as people have similar abilities which promotes interaction. They are able to relax and enjoy each other's company." This had a positive impact on people. Staff told us one person enjoyed these social outings and became more confident in social interactions as a result. They now could initiate communication by vocalising or touching staff.

Improving care quality in response to complaints or concerns

- Relatives told us they felt listened to and were confident that their complaints would be dealt with. One relative told us, "I addressed the matter and at the time I was kept informed by weekly updates". The person commented they were satisfied when staff arranged a review and took appropriate action to improve their relative's care. Another relative said, "My suggestions would definitely be heard".
- The provider had a 'Feedback matters' policy which was available in an easy read leaflet format. The registered manager showed us records confirming complaints were addressed, reviewed and followed up in line with this policy.

End of life care and support

- People had end of life care plans which included information about their religious, social and emotional needs. Care plans also described their preferences and choices around what type of care they would like to receive when they become very unwell. Staff consulted with people's representatives. This ensured people could access the care they wanted and their views were heard.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same add rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the home was positive, empowering and respectful. One relative told us, "There appears to be a good management team in place. The staff seem to be happy". A visiting professional commented, "The team work together and seem organised and proactive, they refer to themselves as a family." Staff whom we spoke to confirmed this.
- Staff talked highly about the registered manager and the support they received to provide good care. One staff member told us, "One of the reasons why I really do respect [the registered manager] is that she cares about people and staff. She would not put issues under the carpet, she will action things straight away". Staff we spoke to were clear on their responsibilities and support they can request.
- Staff felt appreciated by their manager and the provider. There was an award programme in place for staff who went 'the extra mile'. One staff member said, "We are lucky in this service. We have a spectacular team and phenomenal manager. We are relaxed with each other, hence people we support are relaxed as well. They would pick up on any tension."
- The registered manager recognised individual staff's strengths and supported the staff member to use them in their day to day work. This way of managing the staff team brought positive outcomes to people around their diet, mobility, communication and ability to enjoy activities in the community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Where potential safeguarding concerns and other incidents had occurred, the registered manager had been open and transparent with the relevant authority and family members. However, we found that the registered manager had not always reported incidents to CQC in line with legal requirements. We identified three incidents which should have been reported to us and spoke with the registered manager who immediately addressed the matter and submitted the notifications.

We recommend the registered provider ensures that all incidents are reported to CQC where required in line with CQC guidance on notifications.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager promoted a culture of continuous learning and improvement. They were involved in people's care and support and worked alongside staff which enabled them to be a positive role model . A

visiting professional told us, "The new manager has improved things significantly". Staff confirmed this, with one of them telling us, "I can see the changes and how it is now, it is like real home". Another staff member said, "There is no more old fashioned type of care. Now the team works differently".

- The registered manager used effective systems of quality assurance and governance. Audits led to clear improvement actions being identified. Records detailed completion of these actions. For example, maintenance issues were addressed in a more timely manner following health and safety audits. We observed good practice continued as issues were addressed promptly on the day of our visit. Staff were also supported to improve how they stored foods and monitored food opening dates following one of the registered manager's night time checks.

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

- People were involved in day to day life of the home and regularly asked for feedback. We saw records of meetings where staff asked people questions and recorded people's body language and sounds they made to later action their feedback.
- Relatives felt involved and able to provide feedback. One relative told us, "I have meetings with the staff and they appear very caring about my relative's welfare." The registered manager organised 'meet the manager' monthly sessions and staff involved relatives in care reviews.
- Staff felt involved by the registered manager. One member of staff told us, "We get credit for our ideas when they are good. We feel involved." Staff told us they had regular staff meetings which enabled them to share feedback. One staff member told us, "We can make suggestions and raise any concerns; it is a good service for open communication."

Working in partnership with others

- Staff worked in effective partnership with health and social care professionals and specialist services for people with learning disabilities. A visiting professional said, "Any comments or questions I make regarding the residents are always actioned." Another visiting professional said, "Staff always inform us of anything we need to know on arrival." Staff made links and supported people to benefit from the access to charities for people with learning disabilities, sensory therapy and local social clubs.