Promoting Active Support Limited

Our House

Inspection report

South Petherwin
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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

Overall summary

This inspection took place on 9 and 13 September 2015 and was unannounced.

Our House provides accommodation, support and personal care for up to six younger adults with learning disabilities, moderate to severe autism, communication difficulties and mental health. Some people receive continuous one to one support from staff and needed to be supervised whenever they went out. Our House was registered with the Care Quality Commission in February 2015. At the time of our inspection two people were living at the care home.

The home was on one level. Bedrooms have en-suite facilities and patio doors which open out onto a garden area. There is a shared toilet. Communal areas include a kitchen, dining room, two lounges, garden and outside seating area. Work was in process to develop an art room, and a games and computer room.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People told us and we observed staff were kind and caring. People were treated with dignity, respect and their independence was promoted. There was enough staff to meet people's needs and people who required a specific number of staff to support them, received this. People received care from staff who had previous experience and a qualification relating to their role. Staff received training and ongoing support. Staff were encouraged to follow their interests and empowered to develop their knowledge base.

People were encouraged to be independent with meal preparations. People ate and drank enough and maintained a balanced diet. People, who required assistance, were supported with dignity and their involvement valued. People's care plans provided details to staff about how to meet people's individual nutritional needs.

People felt safe living at Our House. The registered manager and staff understood their safeguarding responsibilities. People were protected by safe recruitment procedures as all employees were subject to necessary checks which determined they were suitable to work with vulnerable people.

People were protected from risks associated with their care because staff had guidance and direction about how to meet people's individual care needs. Staff, had policy and procedures in place to respond to emergencies relating to people's care and were confident about the action they would take. The environment was regularly assessed and monitored to ensure it was safe at all times.

People's mental capacity was assessed, which meant care being provided by staff was in line with people's wishes. The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which protected people to ensure their freedom was supported and respected.

People were encouraged to maintain and develop relationships with friends and families. People were also supported to be part of the community, participate in social activities and to develop their skills and knowledge. People had care plans in place to address their individual health and social care needs. People were involved in the creation and review of their care plan. People's medicines were managed safely.

People's confidential and personal information was stored securely and the registered manager and staff were mindful of the importance of confidentiality when speaking about people's care and support needs. People had a lock on their bedroom door to protect their privacy and the security of their belongings.

The environment was designed to empower people living with learning or physical disabilities. People's bedrooms were personalised. People were protected by effective infection control procedures.

People knew who to speak with if they had any concerns or complaints. People felt confident their concerns would be addressed. Staff felt the registered manager was supportive. Staff felt confident about whistleblowing and told us the registered manager would take action to address any concerns. The registered manager took an active role in the running of the service. In the absence of the registered manager, there was a deputy manager who took responsibility. People and staff were aware of the management structure and who to speak with.

The registered manager had systems and processes in place to ensure people received a high quality of care and people's needs were being met. There were opportunities for people to provide their feedback about the service, to help ensure the service was meeting their needs as well as assisting with continuous improvement. External professionals were complimentary of the recently registered service, the registered manager and of staff. Words such as "enthusiastic", "positive" and a "refreshing approach" were used to describe the provider and the management of the service.

Summary of findings

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.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were kept safe as they were supported by a sufficient number of suitably qualified staff.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

Good

Is the service effective?
The service was effective.

People were supported by staff who received appropriate training.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

People were supported to have their dietary needs met.

Signs and adaptations to the home were used to support people's needs and promote their independence.

Good

Is the service caring?
The service was caring.

People were supported by staff who improved their lives by promoting their independence and well-being.

People were treated with respect by staff who were kind and caring.

People were supported to maintain and develop important friendships and relationships.

Good

Is the service responsive?
The service was responsive.

People received personalised care and support, which was responsive to their needs.

People were supported to lead a full and active lifestyle.

People's care plans were individualised, and provided guidance and direction to staff about how to meet people's care needs.

People felt confident to raise concerns or complaints and knew who to speak with.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was a positive culture within the service. The registered manager took an active role in the running of the service, provided strong leadership and led by example.

The registered manager had clear visions and values about how they wished the service to be run.

People and staff were supported and encouraged to make decisions about the running of the service.

Quality assurance systems were in place to help drive improvements and raise standards of care.

Our House

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 visited the home unannounced on 9 and 13 September 2015. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed information we held about the home. We reviewed any notifications of incidents that the provider may have sent us. A notification is information about important events, which the service is required to send us by law. We also contacted the local authority commissioning team.

During our inspection we met and spoke with two people living at the home, two residential care officers [care staff], the housekeeper, the deputy manager, the registered manager and registered providers.

We carried out a Short Observational Framework Inspection (SOFI). SOFI is a way of observing

care to help us understand the experience of people who could not talk with us. We observed how people living with autism were supported and watched how staff engaged and communicated. We pathway tracked one person to establish whether their individual care plan was reflective of the care and support they were receiving.

We observed care and support in communal areas, and watched how people were supported during lunch. We spoke with people in private and looked at two care plans and associated care documentation. We also looked at records that related to people's medicines, as well as documentation relating to the management of the service. These included policies and procedures, audits, staffing rotas, three staff recruitment files, training records and quality assurance and monitoring paperwork. We assessed and reviewed the safety and cleanliness of the environment.

After our inspection we requested feedback from four social workers from the local authority learning disability team and the health authority, to obtain their views.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse through appropriate processes, including staff training, policies and procedures. All of the staff we spoke with knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concern. One member of staff told us they had been refreshing their knowledge of the policy "the other day".

People were confident, relaxed and happy in the company of the other people and the staff. Staff were caring towards people and were able to easily observe people's behaviour in this small home. The registered manager was very visible and was part of the care team; this helped to ensure people received safe and appropriate care. One person told us "staff make sure I'm okay", and explained about the alarm system in place should they require any assistance.

People were protected by safe recruitment procedures, all staff were subject to necessary checks to determine that they were suitable to work with vulnerable people. People's needs were met by adequate numbers of staff. Some people required one to one supervision at all times, and this was in place.

There was a whistle blowing policy in place to protect staff should they have to report poor practice or professional conduct. Staff told us they were confident the registered manager would take action to address concerns raised.

Safety procedures were in place to protect people if they were to go missing. Staff were confident about the response they would take, for example, completing incident forms and contacting the relevant people, such as the provider and the police. People had care plans in place to provide guidance to staff about what to do in emergency situations, for example protocols were in place to manage epileptic seizures.

People were encouraged to take risks, but within a supportive environment. For example, following feedback, the provider had responded promptly and had used their initiative to make a person's radiator safer. This ensured the person was still able to enjoy sitting next to it, but without putting the person at unnecessary risk.

People had risk assessments in place covering the potential harms people could experience, for example, whilst traveling on public transport, or relating to their behaviour. The risk assessments detailed the risk, how the risk could present itself and the action staff were to take to reduce the likelihood of people coming to harm. People's risk assessments were regularly reviewed and were linked to their care plans.

People were protected by effective infection control procedures. Staff had received training and were provided with personal protective equipment (PPE), such as gloves and aprons. Bathrooms had paper towels and soap available for people and staff. The registered manager had arrangements in place for the removal of clinical waste.

The provider had systems in place to monitor the safety of the premises, some of which included checks of fire, health and safety, and the emergency call bell system.

People's medicines were managed so they received them safely, and the provider had a policy in place for staff to follow. People's whose medicine was covertly administered, had documentation in place to demonstrate the decision had been made in the person's best interests. People were encouraged to remain independent with their medicines when they were able to, for example, one person's care plan detailed rather than staff reminding the person, the person could ask staff for their medicines.

Good

Is the service effective?

Our findings

People had communication plans which detailed people's individual communication styles. Staff used a variety of communication techniques appropriate to each person's needs. This included Makaton, pictures and symbols to assist with understanding and enable people to communicate more effectively. Pictures and symbols were used to help people to express their emotional mood and feelings as well as their physical needs and preferences. A member of staff also told us of the importance of observing people's behaviour and by "being aware" this helped to establish how a person may be feeling. Staff took time to get to know people and to understand through their behaviour and emotions the best way to communicate. For example, it had been recognised a person's emotion and behaviour had changed, staff adjusted their approach, and the person was seen to become less anxious.

People were cared for by staff who had experience in supporting people with learning diabetes and autism. The providers' policy was to recruit staff with two years' experience and had a related qualification. This was to ensure people were supported by competent staff with a good knowledge base. Staff received supervision and an annual appraisal to discuss their role and ongoing development. Staff were complimentary of the opportunities available and felt empowered and encouraged by the provider to gain further knowledge in areas relevant to their role. There was an induction programme for new staff which incorporated the care certificate. The care certificate is a national induction tool which providers are required to implement, to help ensure staff new to care reach the desired standards expected within the health and social care sector.

People were supported to access healthcare services, to maintain good health and have an annual health check. Care plans contained records of GP, dentist and optician appointments. One person was complimentary of how the staff had supported them with a specific heath care need, and at their request, told us staff had attended appointments with them.

People were supported to have a sufficient and well-balanced diet. One person had been supported to eat healthier and they were pleased with their achievements.

People were encouraged to assist with meal preparation and were able to make choices in relation to the menu. One person told us they enjoyed "baking". Staff explained how people were involved and told us people went to the shops with staff to purchase the shopping.

People, who required assistance, were supported with maintaining their dignity and their involvement respected. For example it was important for one person to touch staff's hand whilst staff placed food onto their fork and raised it to their mouth. People had care plans in place which provided guidance and direction to staff about how to meet people's individual needs. Staff were able to explain what responsive action they would take if they were concerned a person was not eating enough and losing weight.

People's human rights were protected and respected. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant.

People were supported by their environment. Signs and adaptations to the home were used to support people's needs and promote their independence. There were signs around the home providing pictorial prompts about people's daily activities and useful reminders such as to wash their hands after using the bathroom. Each person had their own highly distinctive bedroom. All rooms were furnished and decorated to a high standard and to people's individual preferences. Automatic lighting had been used in bathrooms to assist people, with not having to switch the lights on. The environment was suitable for people who used mobility aids, such as wheelchairs.

There was a lounge/sensory room with lights and music equipment. There was a separate art room, as well as a games and computer area being developed. Both of these areas were outside of the main house, making it an area people could visit and spend time.

Good

Is the service caring?

Our findings

People spoke positively of the care they received and were seen to respond positively to staff interactions. One person told us, "I like all the staff" and "we have a laugh, the staff are lovely". Another person was seen to smile when staff took time to shake a particular toy and change the music and lighting.

The atmosphere in the home was welcoming. The interactions between people and staff were positive. We heard and saw people laughing and smiling. People looked comfortable and relaxed in their home.

Staff spoke positively about people and ensured their interactions with people promoted their well-being and self-esteem. For example we observed staff sensitively supporting one person with their emotional thoughts. The provider told us people were encouraged to look at the positive aspects of their day and life at Our House. Even if there had been an incident, the person would be supported to look at the positives, such as what they had learnt from the incident, and how they had moved on from it.

People's families and friends were welcomed and could visit at any time. People's families were encouraged to be part of their loved ones care, for example, a family contacted the service to ask how their loved one was and to share further information they thought would be useful for staff. However, it was also respected when people had chosen not to maintain past relationships with friends and family. People were supported to make new friends and to have social plans, attending local community events was encouraged and supported.

People were encouraged to be as independent as possible, one person told us they were encouraged to clean and tidy their own room, but staff were around for guidance and support if required. People were involved in decisions about their care and the running of the service. People were going to be asked for their views on how the art, games room and garden could be used for hobbies and activities.

People were able to make choices about how they wanted to spend their time; on the day of our inspection, one person enjoyed watching TV whilst another person enjoyed interacting with staff. The provider was keen for people to get out and participate in opportunities outside of the home environment, for example walking, and trips out. One member of staff told us, the provider did not like people to be "cooped up".

People's privacy and dignity was respected, people had locks on their bedroom doors and staff knocked prior to entering. Staff had recognised a person's continence could be better managed to promote the persons dignity further, so immediate action had been taken to address this. People were always supported by staff of the same gender; the provider told us she felt this was important and showed respect for people's preferences.

People's confidentiality was respected; conversations about people's care were held privately and care records were stored securely.

As new people moved into Our House, staff spent time discussing how people felt about new admissions, to assist people with the transition of having others living with them.

Good

Is the service responsive?

Our findings

The registered manager had a pre-assessment process which helped to determine if they could meet people's needs prior to them moving to Our House. The provider liaised with external professionals prior to someone moving into Our House, such as the local authority learning disability team. This was particularly important when someone was moving into the service from out of county, this enabled a joined up and consistent approach to the person's move.

People were supported by staff who knew them well and understood their personal wishes and goals. One person told us, "they know my background". This was particularly important to this person, as they felt it enabled staff to support them better.

People had person centred care plans in place which reflected their current needs. Care plans addressed health and social care needs and gave staff clear guidance and direction about how to meet a person's individual needs. People's religious beliefs were detailed, and we were told, "we are here to support them with their cultural needs". Throughout our inspection we observed staff supported people in accordance with their care plans.

People's care plans were reviewed as necessary with the person and or their family. Care plan reviews showed when the person had said something "in their own words" and this had been recorded verbatim. The provider explained care plans were frequently amended, "as we get to know […] their care plan will alter". We read an example of how a person's care and support had changed as a response to staff getting to know a person better.

People had pictorial care plans in place for when they went into hospital. The care plan gave important information in a simplified way so hospital staff were aware of how to effectively support the person.

People's changing care needs were discussed at daily handovers and between staff to help ensure the care being provided was responsive to people's needs. The provider was prompt to take action when they were not meeting a person's needs, for example it was apparent the bedroom furniture for one person was not suitable, so new furniture had been ordered quickly.

People attended work placements and were encouraged to engage socially. People were supported to attend social events, such as clubs and community events. One person wanted to improve their education and had been helped to access a course locally.

People were encouraged to share their aspirations and goals for the future so staff could help people to achieve them. For example one person had wanted to visit a place, and had recently been supported to go.

People felt confident to raise concerns and knew who to speak with, one person told us "when I am upset I am able to share my feelings". The complaints policy set out the provider's formal procedure to investigate and respond to people's complaints. An easy read complaints procedure was displayed for people who may not understand the written word.

Good

Is the service well-led?

Our findings

The registered manager was also the owner [provider] of Our House. She was available through-out the inspection and told us she was passionate about knowing the people and their individual needs. In the absence of the registered manager, there was a deputy manager who took responsibility for the day to day management of the home. People and staff were aware of the management structure and who to speak with. Staff felt supported, and told us they enjoyed coming to work. They added, "I think it's very good here".

The provider had a statement of values which was to show people "dignity and respect, right to choice, to be present and involved in the community, to participate and develop personal relationships, helped to make choices and decisions, opportunities to develop skills and equal opportunities for everyone". An easy read copy of the values was displayed for people who may not understand the written word. The provider also told us, the ethos was about promoting independence. During the inspection we found many examples of how people had been supported in line with the values of the service, and taught daily living skills to promote their independence and social engagement.

Staff were complimentary of the values of the registered manager by telling us, "very good, can't fault her, she has always loved doing it [and not for money], there should be more people like it" and "hands on registered manager". Staff expressed Our House was run in people's "best interests" and felt this was the reflected value base of the provider.

Feedback from other agencies about the running of the service was positive. All of the feedback included positive comments about the recently registered service, the registered manager and staff. Words such as "enthusiastic", "positive" and a "refreshing approach" were used to describe the provider and the management of the service.

The provider had an open and transparent approach with people, families, staff and external professionals in relation to the running of the service. This reflected the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The provider had created an action plan to help ensure continued improvement. The action plan was clearly linked to legislation and regulatory compliance. One of the provider's future goals was to be accredited with the National Autistic Society. To be accredited a service has to demonstrate they deliver effective care and support, based on best practice. For example, staff using specialist assessment tools and techniques to enable people to achieve their maximum potential in both educational and life skills development. Staff were supportive and excited by the prospect of this in the furfure, and about the work which would be required to achieve it.

There were systems in place to help monitor the ongoing delivery of the service; these included a variety of audits. The registered manager and deputy manager also worked alongside staff to help ensure the service was run in the best interests of people.

The provider continued to make environmental improvements for people, for example work was being carried to improve the garden area for people.

The service was underpinned by a number of policies and procedures made available to staff. There was a whistle blowing policy in place which protected staff should they make a disclosure about poor practice.