Aldanat Care Limited

Peterhouse

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

Overall summary

The inspection took place on 18 December 2014 and was unannounced.

Peterhouse is a care service for up to 11 people who have a learning disability or autistic spectrum disorder. People who use the service may also be living with mental health needs, a physical disability or dementia. At the time of our inspection there were 10 people who lived at the service.

At the time of our inspection there was registered manager was in post. 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. The registered manager was supported in the day-to-day running of the service by an operations manager.

Summary of findings

People were safe because staff understood their roles and responsibilities in managing risk and identifying abuse. People's care needs were identified and they received safe care that met their assessed needs.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in ways they needed and preferred.

The provider understood their responsibilities to provide a safe environment that met people's individual needs.

People's health needs were well managed by staff with guidance from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well. When people were unable to make their views known verbally, staff understood their individual ways of communicating what they needed or how they felt.

People were encouraged to take part in activities that they enjoyed and were supported to maintain relationships with friends and family so that they could enjoy social activities outside the service.

There was an open culture and the management team demonstrated good leadership skills. Staff morale was high, they were enthusiastic about their roles and they felt valued.

The management team had systems in place to check and audit the quality of the service. The views of people, their relatives and health or social care professionals were sought and feedback was used to make improvements and develop 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.

There were enough staff with the correct skills who knew how to minimise risks and provide people with safe care.

Systems and procedures for supporting people with their medicines were followed, so people could be assured they would receive their medicines as prescribed.

Good

Is the service effective?
The service was effective.

Staff received the support and training they required to give them the knowledge to carry out their roles and responsibilities.

People's health and nutritional needs were met by staff who understood how people preferred to receive support.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Good

Is the service caring?
The service was caring.

Staff treated people well and were kind and compassionate in the way that they provided care and support.

People were treated with respect and their privacy and dignity were maintained.

People were supported to maintain important relationships and relatives were involved and consulted about their family member's care and support.

Good

Is the service responsive?
The service was responsive.

Staff had a good understanding of how people communicated and used this knowledge to take their views and preferences into account when providing care and support.

Staff understood people's interests and supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Good

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

Good

Summary of findings

The service was run by a capable management team that promoted an open culture and demonstrated a determination to provide a service that put people at the centre of what they do.

Staff were provided with the support and guidance to provide a high standard of care and support. Staff morale was high.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

Peterhouse

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 December 2014 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, for example the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with one person who used the service. Other people were unable speak with us directly because they had limited verbal communication and we used informal observations to evaluate people's experiences and help us assess how their needs were being met; we also observed how staff interacted with people. We spoke with three care staff, the registered manager and the operations manager.

We looked at three people's care records and looked at information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Following the inspection visit we spoke with three health and social care professionals.

Good

Is the service safe?

Our findings

People were not able to tell us if they felt safe because they had limited verbal commincation, but we observed how staff interacted with people and listened to them.

Staff told us that they had received safeguarding adults training and knew how to recognise abuse and how to keep people safe. They knew how to recognise signs of harm and what their responsibilities were if they saw or suspected abuse or poor practice. Staff said they had every confidence that any issues they raised would be taken seriously and acted upon.

Staff had access to guidance about whistle blowing policies. The management team was aware of their responsibilities around reporting abuse to the local authority.

The provider had systems in place for assessing and managing risk. Where risks were identified these were assessed and action taken to minimise the risk. Staff were able to tell us specific areas of risk for individuals, including things that could cause them distress. Risk assessments clearly guided staff on how to support people to benefit from activities that could present a risk, whilst minimising the risk to the individual and others. For example, when people were supported to go to an event or on an activity that was unfamiliar, additional staffing was put in place so that there would be enough staff to deal with any unplanned events that might occur. People's care records confirmed that there were a range of risk assessments in place which covered social activities, health issues, potential risks because of individual behaviours and environmental risks.

The provider employed an external health and safety organisation to carry out a biennial health and safety inspection of the service. The consultants had supported the management team to develop health and safety risk assessments, including fire risk assessments. They had delivered staff training sessions which were in addition to annual health and safety training provided by the local authority. The provider told us they were continuing to make improvements to the environment and had recently installed a new fire detection system.

The manager was able to demonstrate how they assessed staffing levels so that there were sufficient members of staff to provide good care at all times. When people needed support it was provided promptly and staff were not rushed. People were given as much time as they needed, whether it was receiving practical support with care needs, being given reassurance or spending some social time with an individual. A member of staff told us they felt there were enough staff and they had the time to do things with people like sitting reading a book or watching a film.

There was a clear recruitment process in place that kept people safe because relevant checks were carried out as to the suitability of applicants. These checks included taking up references and checking that the applicant was not prohibited from working with people who required care and support.

The provider had suitable arrangements in place for supporting people with their prescribed medicines safely. Staff followed good practices when administering people's medicines, saying what they were giving them and ensuring they had a drink. Medicines were stored securely and we saw that medicines administration record sheets were in order.

Good

Is the service effective?

Our findings

Staff had the skills, training and support to care for people effectively. Staff told us that the training was good and they had regular yearly updates in areas such as manual handling. One member of staff said, "The management are approachable and they most definitely give us support." Staff were complimentary about the support they received such as regular supervisions to enable them to talk about any concerns.

A member of staff told us that they had previously worked in another social care setting and when they came to work at Peterhouse it was "all new" to them. They explained that they were provided with all the information they needed to understand their role and they worked through an induction booklet with the operations manager. They spent the first week shadowing other staff and then were given plenty of time to familiarise themselves with people's care plans and get to know their likes, dislikes and how best to communicate with them.

Staff had good communication skills and they were able to understand and communicate effectively with people. Staff also told us that communication was good between members of the staff team. Staff recognised the importance of good communication so that people benefitted from consistent care and support and so that any changes to a person's needs were picked up promptly and their support reviewed. Staff communicated well with each other and handed over relevant information to the next team coming on duty to ensure people received effective support. When someone was supported to go out in the community, on their return staff provided colleagues with feedback about the trip.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. The management team understood the process for making DoLS referrals where required and members of staff were able to explain about people's capacity to make decisions and demonstrate that they understood about DoLS.

People's health needs were monitored and they received input from relevant health professionals to meet their individual needs. Staff understood how to support people with specific health conditions and gave us examples of how care plans were developed with support from health professionals so that people received care and support based on best practice.

A health professional told us that staff were very good at contacting the community health team if they had any concerns about a person. Any recommendations they made were taken on board by staff and they followed their advice. Health professionals were confident that staff understood how to support people with specific health needs so that those needs were met appropriately.

Health Action Plans were in place which recorded what the individual needed to do to stay healthy. These health needs were clearly set out together with what help and support the person needed to maintain good health. Staff had the skills and knowledge to support people to manage health conditions such as epilepsy.

Staff had their meals with people and lunch was a sociable occasion. The food was well presented and people ate with enthusiasm. People had breakfast "as and when" they wanted and if they chose to have a lie in, breakfast was prepared individually when they got up. An example of this was one person who always liked to get up late and have breakfast in their room because they did not like to be hurried, but they preferred to eat in the dining room for later meals. One person always enjoyed a glass of beer with lunch and we saw they smiled when staff told them that their beer was in the fridge ready for lunch.

Where people had particular nutritional needs they were referred to specialists such as Speech and language Therapists. Staff understood and followed the advice of health professionals so that people received nutritious food in a form that met their assessed needs. Where specific equipment was required such as specialist aids these were available and staff were aware of the correct way to use the equipment to support the person appropriately.

Good

Is the service caring?

Our findings

A social care professional was complimentary about staff attitude and described them as a care team who promoted the true meaning and understanding of person-centred care. We also received positive feedback from an advocate who confirmed that staff were very supportive of people in an individual and person-centred manner.

The provider sent surveys to relatives to gain feedback about the care people received. One relative commented, “There is a cheerful atmosphere and overall positive feeling from staff.” They were also complimentary about, “The efforts to address [my family member’s] needs and aspirations.”

During our inspection we saw many instances of staff listening to people, reassuring them, laughing with them and sitting having a chat. Members of staff knew people well and talked with them about families and other interests. We saw that people were treated with respect and staff were polite.

Staff were able to tell us about how they supported individuals when they became anxious, they understood that different approaches were needed according to what worked best for each person. Although there were no such incidents during our inspection, we saw that staff were alert to changes in people’s behaviour and knew what to do to prevent a person becoming distressed.

The provider stated that privacy, dignity and respect was “engrained in our culture” and the “care and wellbeing of the people we support is the driver for everything we do.” People were treated with respect by staff. The management team and members of staff spoke with enthusiasm about the service they provided. We observed that people smiled and laughed with staff and there was a lot of good natured chat.

People at Peterhouse did not fully understand their plans of care, but the management team tried to involve people on whatever level the person was able to engage in so that they felt included in the process. Each person’s care plan was individual and based on their assessed needs and they were encouraged to express their views about how their care was delivered. Communication was tailored to meet the ability or preferences of people so they could understand their care plan process.

In the past year the staff team cared for a person at the end of their life. The person had lived at the service for a considerable number of years and they did not want to go to hospital or a hospice. The service provided additional staffing over a period of months so that the person could receive individual support and remain at Peterhouse as they wished.

Good

Is the service responsive?

Our findings

Care was individualised and person-centred. Staff told us the operations manager was in the process of updating all the care plans. They explained that they discussed changes at the last team meeting and team leaders were consulting staff individually for their input, particularly keyworkers who knew people well. We looked at three care plans and saw that they contained clear information about people's needs, including their preferred way of communicating..

Staff were able to tell us in detail about how people communicated as well as their preferences and things they found difficult to tolerate. They gave us specific examples of situations that a person disliked and how they would support them to cope in those circumstances. They were also able to explain some of the things that people liked, for example staff knew people's preferences about how they received personal care.

Staff told us each person had a keyworker who made sure the individual got what they needed and did what they wanted to do. For example, one member of staff who was a person's keyworker told us they discussed shopping for a special occasion and would make sure other staff were aware of the person's wishes. We listened to a member of staff discussing with someone the new covers that had been ordered for their chair. The person was excited and talked to staff about it for a long time. The member of staff was happy to talk about it with the person because they knew that it was important to them.

A social care professional told us about the progress made by one person following their move to Peterhouse. They said there had been a significant improvement in the person's wellbeing and they put that down to the level of support that staff had provided that specifically met their individual needs.

People were able to take part in the type of activities that they enjoyed both at the service and in the wider community. The service had two vehicles available so that people could go out; one was a five-seater vehicle with wheelchair access and the other a small car. Staff said that there were always sufficient staff who could drive to take people out to planned activities or on the spur of the moment.

The provider had a process in place to deal with concerns and complaints. People who lived at the service were not able to make formal or structured complaints but we saw that staff listened to people. Where people did not have family members who were actively involved in their care they were supported by advocacy services or social care professionals who monitored the care and support provided. Family members did not have any concerns or complaints.

Staff were aware of people's individual preferences about what they liked to do and where they liked to go. Where people were unable to communicate sometimes it could be "trial and error" to establish whether they wanted to take part in something new. For example one person's body language indicated that they did not enjoy swimming. Staff had assessed that the person may nothave wanted to do it that day. So they tried on other occasions and noted that the person had reacted in a similar manner. Staff concluded by this that they did not want to take part in this type of activity.

One person living at the service had formed a close friendship with someone who lived at another service. Staff supported the friends to meet regularly and to go on outings together. The person was happy about their friendship and staff told us that the couple were always contented in each other's company which pleased staff as well.

People's individual rooms reflected their tastes, hobbies and interests. We saw that people had pictures on their doors of things that they liked such as cars and sixties music. With the support of staff one person told us they were, "Going to do cooking later."

People were supported to maintain friendships and family links. One person, with the support of a member of staff, told us about their family coming to visit and about a new baby in the family, which made them happy. Staff told us that family visited regularly and this person was happy when staff chatted about family matters. People were supported and encouraged to maintain contact with family and friends, for example one person went out for lunch with their family on a regular basis and others went on visits or had holidays at their family homes.

The provider had a process in place to deal with concerns and complaints. People who lived at the service were not able to make formal or structured complaints but we saw that staff listened to people. Family members did not have any concerns or complaints.

Good

Is the service well-led?

Our findings

The provider sought feedback from people and their relatives to improve the quality of the service. The management team explained how they collated feedback from surveys completed by relatives, staff and professionals and then used this information to identify areas to develop or improve. Recently completed surveys recorded positive feedback about how the service was managed. A relative wrote, "I love the way [the operations manager] focuses on enjoyment, activities and promoting person centred values and the [the registered manager's] expert experience."

Staff also were complimentary about the management team and said they felt well supported and managers listened to them. One member of staff told us, "Management are approachable and good communicators." Staff explained that they had raised the issue that the staff sleep-in room was very small. The provider modified a meeting room to create a new office so that the previous office could be converted to a larger room for staff. Staff surveys described the management team as "open and honest", "dynamic", "exciting", "organised and decisive but not dogmatic."

Through ongoing monitoring of the quality of the service, the provider identified areas for development. One area they acknowledged that needed to improve was the support and supervision of staff. The provider introduced the post of operations manager to work as an integrated member of the staff team engaging in all aspects of the day-to-day running of the service.

Team meetings and supervisions were more structured and the provider recorded, "There has been a significant improvement in staff contributing to service development as a result of improved management support."

Staff told us that the ethos of the home was not "task led" but was based on people's individual needs and that it was more important to focus on doing things with people rather than simply getting things done. There had been discussions at the previous staff meeting about continuing to find ways for people to have greater involvement in the day-to-day running of the service.

Staff said that for each shift they were clear on what their responsibilities were. Each member of staff took responsibility for certain people and were able to focus on giving them individual attention according to what they were doing that day.

The provider encouraged links with local community initiatives. For example they sponsored the trophies and medals for a local football team for people who used services.

There was a system in place for carrying out checks and audits. These included a range of health and safety checks, audits of care records and checks to identify whether correct procedures were being followed around the storage, administration and au of people's medicines