

Mr Savvas Michael

Person Centred Care Homes

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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Person Centred Care Homes is a residential care home based in Enfield, North London. The home provides personal care for up to 6 people with a learning disability and/or autistic spectrum disorder. At the time of the inspection there were 6 people living at the home. Each person had their own room with a communal living area.

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

Right Support

The service supported people to have the maximum possible choice, control and independence over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People's care, treatment and support plans reflected their range of needs, and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them.

Right Culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to

them to worked with staff to develop the service.

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 the service was good, published on 26 July 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Person Centred Care Homes

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Person Centred Care Homes is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Person Centred Care Homes is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 October 2023 and ended on 9 November 2023. We visited the services location on 9 October 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager and 1 of the business owners. We spoke with 2 people living at the home and used observations to understand people's experience of their care. We spoke with 5 relatives and 3 care staff. We looked at 2 people's care records and risk assessments, 6 people's medicine records, 2 staff files including supervision and recruitment records. We looked at other paperwork related to the management of the service including staff training, quality assurance and rota systems.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Relatives felt their loved ones were safe living at the home. Relatives said, "Oh definitely [safe], because [person's] been there over 10 years, they know [person's] mood swings and how to work with [person] well. [Person] is a happy Chappy anyway! Im happy, I can't fault them. They look after [person], I know [person] is in good hands." Another relative said, "We can pop in at any time and do unannounced visits. So, if there was any problem we would find out!"
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member said, "Safeguarding vulnerable adults from abuse. If I thought there was abuse, I would report to my manger. If they did not do anything I would go to the local authority or CQC."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff assessed people's sensory needs and did their best to meet them.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom. All staff had been trained in restraint. However, this was not used as staff knew people well and understood how to use various de-escalation techniques such as talking and distraction. A staff member commented, "We don't use it [restraint] but we do have the training."
- Staff understood how to report any accidents and there were procedures in place to do so. There had been no accidents since the last inspection.

Staffing and recruitment

- The service had enough staff, including for one-to-one / two-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account

people's individual needs, wishes and goals.

- Every person's record contained a clear one-page profile with essential information and dos and don'ts to ensure staff had a good overview of people's care and support needs.
- Staff turnover was low which meant people had the same care staff supporting them. This meant people were able to build rapport with staff. A relative said, "They really do their best to keep that continuity and keep those members of staff that know [person]."

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People could take their medicines in private when appropriate and safe.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely

Preventing and controlling infection

- The service had good arrangements for keep premises clean and hygienic. During the inspection we observed people's personal space and communal areas were clean and smelled fresh.
- Staff were encouraged to be vaccinated against COVID-19 and seasonal flu.
- The service's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting and relatives were welcome any time. A relative said, "We go there and [person] is happy to come home. Anytime we need to go and see [person] they are really understanding, and we can go anytime."
- Staff understood how important it was for people to maintain contact with loved ones and have visitors.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned.
- The registered manager told us, "If something happens, we discuss in staff meetings, we debrief following incident." Lessons learned were also documented in daily handovers between staff.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- There had been no new referrals since the last inspection. However, there was a procedure in place for any future referrals.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and restrictive interventions.
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. Staff could describe how their training and personal development related to the people they supported.
- Updated training and refresher courses helped staff continuously apply best practice. A staff member said, "We have a lot of training on-line. Its on-going so when it expires, we need to do it again. [Registered manager] knows when it needs to be renewed. Some we do face to face, such as epilepsy and restraint training."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People were consulted each day about what they wanted to eat. Meals were shopped for and prepared fresh each day.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed. People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People were supported to attend annual health checks, screening and primary care services.
- Staff knew people well and were able to recognise if there were any changes in their physical or mental health. Staff knew how to support people to access healthcare. A relative said, "The staff are good when [person] needs to go to the doctors."

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The design, layout and furnishings in the home supported people's individual needs.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Staff had received training on the MCA and were able to tell us how this was reflected in the way they supported people. A staff member said, "You cannot presume people's capacity. Not all people are able to make decisions, but this needs to be assessed by social workers. If they don't have mental capacity some decisions need to be made on their behalf. There would need to be best interest and some people may have someone who has legal power of attorney."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A relative commented, "They look after him and treat him like a brother."
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities. Staff were patient and used appropriate styles of interaction with people.
- Staff members showed warmth and respect when interacting with people. We observed people interacting with staff. One person hugged a staff member and when asked if they liked the staff they said, "Yea, good. Yea!" with a big smile.

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

- People were given time to listen, process information and respond to staff and other professionals.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff knew when people needed their space and privacy and respected this.
- Staff were able to explain how they supported people to maintain their dignity and independence. A staff member told us, "I respect [people's] privacy and dignity. I help them chose their clothes, when someone does not understand the weather and may chose inappropriate clothes, I make suggestions and explain what the weather is like. I show them pictures of food so they can see, and they will point."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.
- Staff offered choices tailored to individual people using a communication method appropriate to that person
- Relatives told us they felt people were supported and encouraged to take part in activities they enjoyed. Comments included, "They cater for [person's] needs, and they understand [person]. [Person] goes out and about quite a bit that he likes and he's not on his room all the time" and "I do (think they provide enough to do). Yes, because they understand [person], and they know what [person] likes."
- The service met the needs people using the service, including those with needs related to protected characteristics.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff ensured people had access to information in formats they could understand.
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. We observed people interacting with staff in certain ways to communicate their needs. For example, 1 person would gently touch their head to a staff member in greeting. Another person raised their hand in a certain way to indicate they wanted a snack.
- There was a large communication board in the communal area with pictures and basic words which people could use to support them communicating their needs. This included for activities, food and emotions.
- People's activity timetables were pictorial. This helped people understand what activities were planned

clearly.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis.
- Staff helped people to have freedom of choice and control over what they did.
- Where people were unable to communicate verbally, staff took cues from behaviours and things people did. For example, 1 person started doing a specific task around the home. Staff saw this and created a specific activity for the person which they now looked forward to.
- People were encouraged to take part in activities they enjoyed such as regularly going to the cinema, disco classes and drives out to the countryside. The registered manager told us, "As we have been with [people] for a long time we know what they like and what they can't do. For [person's name] we have pictures which we use to communicate with [them]. So [person] can choose. We know [person] likes afro beats and asks for it and [person] jumps and dances. [Another person] likes strawberry picking! People go out every day, Monday to Sunday if they want to."
- The provider also owned a day service which was located near the care home. We saw people accessing this service with 1 person who lived at the home enjoying the hydrotherapy pool.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- There had been 3 complaints since the last inspection. There was information on the issue, what had been done and the outcome.
- Relatives told us they felt comfortable telling the service about any concerns they had and felt they would be listened to. A relative said, "I would go to [registered manager] and talk to him straight about it."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 provider/ registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Relatives were positive about the care provided at the home. They said, "It's a real concern when your child has to go away from home and you want them to be a place where they are cared for and their behaviour is understood, and that what he has" and "They [staff] understand [family member] and [family member] is happy. [Family member] is happy when they come home and looks well cared for."
- Management was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- Managers worked directly with people and led by example. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Management and staff put people's needs and wishes at the heart of everything they did.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role. There was a clear understanding of people's needs and a good oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff delivered good quality support consistently.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- There were recent surveys where people, relatives and stakeholders were invited to comment in the care the home provided. We saw results were positive. However, survey results were not collated, and outcomes

shared with people and relatives. We discussed this with the registered manager who told us this would be reviewed going forward.

- Relatives told us they felt communication between them, and the home was good and felt they were kept aware of what was going on with their relative. Comments included, "[Registered manager] is really good as well, I'm always informed about [person's] care" and "Oh gosh, yea, its brilliant [communication]. [Registered manager] is really good I can contact them, and they call me so the communication is brilliant."

Working in partnership with others; Continuous learning and improving care; 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

- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their well being.
- The provider kept up-to-date with national policy to inform improvements to the service.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- At the time of the inspection, there had been no incidents where duty of candour applied. However, the registered manager was aware of the principles of the duty of candour and the importance of being open and transparent should anything go wrong.