Person Centred Care & Support LLP

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This announced inspection took place on 20 March 2018.

Person Centred Care and Support LLP provides care and support to people living in residential houses, split into flats. At present the service has five 'supported living' settings, so that people can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support. People were supported with their personal care needs at one site operated by Person Centred Care and Support LLP, Compton Crescent.

The service was last inspected on 11 November 2016 and the service was rated Good.

At this inspection on 20 March 2018, we made a recommendation about the management of medicines. We also found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report

The service did not have a registered manager. At the time of the inspection the manager had undergone an interview with the Commission to become registered. 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.

Information identified on Companies House and the failure to pay the rent on the registered office, means the financial viability of Person Centred Care and Support LLP is uncertain. Companies House registers company information and makes it available to the public.

People's tenancy agreements were not undertaken in line with good practice. People's consent to care and treatment was not sought in line with the Mental Capacity Act 2005.

The provider had failed to demonstrate good governance of the service, as regular audits were not carried out. The provider had recently employed a compliance manager who had carried out one audit of all locations.

People did not receive care and support from staff that had the sufficient skills and knowledge to deliver effective care. Relatives and staff told us training was insufficient and records confirmed in-depth training was not provided.

Care plans were not as personalised as they could be. Pre-admission assessments could not be located and historical information contained in people's care plans was minimal. Care plans were up to date, however there was no documentation to suggest people were encouraged to develop their care plans.

People did not always receive activities that were stimulating. Although activities were available to people both in-house and in the community, these did not always take place frequently.

People were protected against the risk of identifiable harm as the provider had developed risk management plans, which gave staff clear guidance on how to mitigate identified risks. Accidents and incidents were monitored and long term actions devised from lessons learned.

People were protected against the risk of harm and abuse as staff had sufficient knowledge on how to identify, report and escalate suspected abuse. Safeguarding policies were available to staff.

People received care and support from suitable numbers of staff to keep them safe. Records confirmed satisfactory background and criminal checks were undertaken prior to the commencement of employment. Staff received supervisions and appraisals from senior staff, which enabled them to reflect on their working practices. Although staff confirmed they received an induction upon commencing the role, only one record of completed induction was available to review.

People were supported to eat food and drink that met their dietary preferences and requirements. People were encouraged to embrace their culture and where possible staff provided foods that reflected their culture and ethnicity.

People received support from staff that were compassionate and demonstrated kindness to others. Staff were respectful of people's decisions and treated them with dignity.

The manager actively encouraged partnership working, however records indicated advice and guidance given was not always actioned in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not as safe as it could be. People's medicines were not always managed safely. Administered medicines were not always clearly recorded.

People were supported by staff that had sufficient understanding of identifying, reporting and escalating suspected abuse.

Risk management plans in place gave staff clear guidance on how protect people from known risks. Accidents and incidents had been monitored and action taken to minimise the risk of repeat occurrences.

Infection control measures in place at Crompton Crescent, meant people were protected against the risk of cross contamination.

Is the service effective?

Requires Improvement

The service was not effective. People's consent to tenancy agreements had not been sought in line with legislation. Staff's understanding of the Mental Capacity Act 2005 and their responsibilities in line with the Act were minimal.

Staff did not have the necessary knowledge to effectively meet people's needs.

Inductions carried out by the provider were not recorded.

Staff received on-going supervisions and appraisals to reflect on their working practices.

People were supported to access healthcare professional services as and when the need arose. Records of healthcare visits were documented and guidance and advice implemented.

Is the service caring?

Good

The service was caring. People received care and support from staff that treated them with respect and demonstrated kindness and compassion.

People were encouraged to remain independent where possible and had their cultural needs observed.

People were encouraged to make decisions about their care and support and had their decisions respected.

People's confidentiality was respected and encouraged.

Is the service responsive?

Requires Improvement

The service wasn't as responsive as it could be. People were encouraged to participate in activates, however these did not always offer stimulation.

Care plans were in place, however these did not contain pre-admission assessments. Care plans did not contain detailed information about people's history.

People's end of life care plans were not detailed and contained minimal information.

People were supported to raise concerns and complaints. On the whole, complaints were managed swiftly and positive outcomes were sought.

Is the service well-led?

Inadequate

The service was not well-led. There were systematic and widespread failings in the oversight and monitoring of the service.

The financial viability of the service was unclear.

The provider did not have systems and processes in place to gather feedback on the service provision.

Records management was not in line with good practice. Records were not easily accessible or in place.

The manager encouraged partnership working with other healthcare professionals. However, guidance given was not always implemented in a timely manner.

Person Centred Care and Support LLP

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.

The inspection was prompted in part by information shared with us in relation to the provider's financial viability and general senior management of the service.

We attempted to carry out the inspection on 14 March 2018 at the provider's registered office in Richmond, however were unable to gain access to the offices, due to non-payment of rent.

The inspection then took place on 20 March 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. As part of the inspection, we visited the provider's office and Compton Crescent, where people received support with their personal care needs.

The inspection was carried out by two inspectors, one of whom was on site and a second inspector who made phone calls to people's relatives and healthcare professionals.

Prior to the inspection we gathered information about the service from healthcare professionals, members of the public and statutory notifications. Statutory notifications are information about important events which the service is required to tell us about by law. We used this information to plan our inspection.

During the inspection we spoke with one person, one staff member, the manager, operations manager and compliance manager. We looked at three care plans, four staff files, risk assessments, health action plans, complaints file and other records relating to the management of the service.

After the inspection we spoke with four relatives, two staff members and one healthcare professionals to gather their views of the service.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed in line with good practice. Although staff had sufficient understanding of how to report and escalate medicines errors, records were not always completed appropriately. One Medicine Administration Record (MAR) showed staff had signed to indicate medicines had been administered at 7am, 8am, 1pm, 6pm and 10pm, however the person was only due to receive the medicine at 8am and 6pm. Although no additional medicine had been administered, it made it difficult to ascertain if the person had received the correct dose as prescribed.

We also identified staff did not clearly document when medicines had been administered by the day centre, for one person. This meant that people were at risk of receiving additional medicines as it was unclear if or when the person had received the medicine. We raised our concerns with the manager who told us, "I've spoken with the staff and the [dispensing] pharmacy and we have made changes to the MAR so it is easier for the staff to identify when the medicine needs to be administered. This has reduced the errors." Records confirmed what the manager told us. Since the inspection, the manager has told us the action they will take to address our concerns. We were satisfied with the manager's response.

We recommend that the service consider current guidance on safe medicines management and take action to update their practice accordingly.

One person told us they felt safe living at the service at Compton Crescent. Relative's told us they felt the supported living scheme was a safe place for their family member to reside. One relative said, "Yes, I'm confident the staff keep my [family member] safe", while another remarked, "I feel my [family member] is safe enough there."

Staff were aware of how to identify, report and escalate suspected abuse. Records confirmed that staff received training in safeguarding and were aware of the providers safeguarding policy and how to whistleblow. The manager had notified us of safeguarding alerts in a timely manner.

People were protected from avoidable harm as the provider had developed risk management plans. One staff member told us, "A risk is anything that can put someone in danger, this could be medicines, behaviours etc." A second staff member said, "[Risk assessments] make sure you support people in a way that the service user is not placed in harm. The manager writes the risk assessments and they're reviewed every three months." Risk management plans identified the risk, any proactive and reactive strategies were identified and gave staff clear guidance on how to minimise the risk to people and the action to take when faced with the risk. Risk management plans covered, for example, harm to self or others, violence, physical health, leaving without direct staff support and personal hygiene. Records confirmed risk management plans were reviewed regularly to reflect people's changing needs.

Accidents and incidents were considered and monitored by the manager to minimise the risk of repeat occurrences. Records relating to incidents and accidents identified at Compton Crescent were reviewed and

where appropriate action taken to address the incidents in a timely manner. Long term action plans were then incorporated into the risk management plans and gave staff clear guidance.

People received care and support from suitable numbers of staff to keep them safe. One staff member told us, "There wasn't enough [staff before] but now it's changed and there is enough. So if someone phones in sick there is back up from bank staff." Another staff member said, "We do have enough staff. We have four on shift and that's enough. There's always staff to cover when we are sick or absent." We requested the manager provide us with a copy of the rotas by 13:00 the following day, however the manager failed to provide this information within the given timeframe.

The provider carried out pre-employment checks on staff to assess their suitability for the role. We reviewed the staff files and found each contained references, photographic identification, proof of address, an application form and a recent Disclosure and Barring Service (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.

The provider had infection control systems and processes in place to minimise the risk of cross contamination. One staff member told us, "No I haven't had training in infection control, but have spoken about it in my supervision. The service provides gloves, aprons. There's a cleaning schedule, we clean every morning and at the end of the shift."

Requires Improvement

Is the service effective?

Our findings

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 people 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.

We checked whether the provider was working within the principles of the MCA. Not all staff had adequate knowledge and understanding of their responsibilities in line with the MCA. For example, one staff member told us, "It's about physical and emotional wellbeing in looking after somebody. Yes, I had training in MCA last month." There were staff that had some understanding of their responsibilities. One said, "It means we act in people's best interest. We don't stop people going out [into the community], but we will go out with them and support them."

During the inspection we identified the provider had not carried out mental capacity assessments and best interests decisions in relation to people's tenancy agreements and only one tenancy agreement was signed. Records provided showed the provider had not followed good practice in undertaking the 'Real Tenancy Test'. A Real Tenancy Test asks 11 key questions to determine the authenticity of a person's tenancy and provide guidance on people's tenancy rights. A healthcare professional told us, "All clients have a tenancy agreement in place, as far as I'm aware." The manager informed us in an email that two tenancy agreements had not been signed and would be presented to their advocates in order for the signatures to be backdated. However, people were not presented with an opportunity to understand their tenancy agreements.

These issues are a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations.

We received mixed comments from relatives about staff not always having the right knowledge, skills and experience to effectively meet their family member's needs. Typical feedback included, "The staff are nice. One staff in particular who knows and understands my [family member] really well, is particularly good at their job", "Staff seem relatively well trained, but I don't think all of them know how to support people with autism" and "I like the staff, but not all of them seem that experienced looking after people with autism. In my opinion they [staff] could all do with some autism training."

One staff member spoke positively about the training they received, and told us, "I've done all the training. The last training [I did] was physical intervention, so I can help if people's behaviours escalate and I can keep them safe." However another staff member said, "We need more training to refresh our minds. [For example], physical intervention training, I think I'd like more, that would be perfect." A healthcare professional told us, "Staff do not understand autism. If they [staff members] have had the training, they haven't taken it on board."

We reviewed the training matrix for staff employed at Compton Crescent and found staff received training in, for example, manual handling, autism, positive behavioural support, fire safety, infection control and safeguarding. Training was scheduled to be refreshed annually to ensure staff had the skills and knowledge to carry out their role. However, we identified the service carried out a one day training that covered 12 topic areas. This meant staff did not receive in-depth training to enhance their knowledge and skills, to carry out their roles effectively.

Upon employment new staff members underwent induction training. This covered for example, the company, conditions of employment, health and safety, training, conduct and compliance. One staff member told us, "Yes I did have an induction. It was professional. I shadowed staff before working on my own." Inductions compromised of a list of competencies staff needed to have signed off by a senior staff member, to determine whether were suitable to work without supervision. An induction evaluation form was also completed by the staff member to give feedback on their induction and any additional areas they required support with. During the inspection we reviewed staff files and found only one file contained the induction record. We shared our concerns with the manager who told us they were unsure as to why the induction paperwork was missing and would take action to ensure these were undertaken going forward.

Staff confirmed they received supervisions as a way of reflecting on their working practices. One staff member told us, "I've had a supervision, it was good. We talked about how I could improve and things I'm good at." We reviewed the staff supervision records and topics covered training, people, maintenance and feedback on their role. Although staff supervisions had taken place regularly, records relating to the supervisions were not always easily accessible.

People were supported to access food and drink of their choice that met their dietary needs and requirements. During the inspection we observed one person being supported to have breakfast, and that people were supported to prepare their meals. People were offered choices in the meals they had and menus were available that indicated to people what options were available to them for the week. People's food and drink preferences were documented in their care plans.

People were supported to have their health maintained and monitored through frequent healthcare appointments. Records confirmed people had access to the G.P, mental health nurse, dentist and optician as and when required. People's health was documented and where staff had concerns about a deterioration in someone's health action was taken swiftly to address this. People had a health action plan that detailed their healthcare needs and how staff were to support them in meeting their needs. These were presented in a pictorial format, thus enabling people to understand the information the service held about them.

Good

Is the service caring?

Our findings

Relatives of people living in Crompton Crescent spoke positively about the caring attitude of staff and were generally satisfied with the overall standard of care and support their family members received at the scheme. Typical comments included, "I'm happy with the quality of care provided at the scheme", "My [family member] seems to enjoy living there. They're happy enough I reckon" and "The place is okay, but we had a few teething problems when my [family member] first moved in. It's a bit early to say, but hoping things will get better. Fingers crossed, let's wait and see."

During the inspection we observed staff interacting with people in a kind, caring and compassionate manner. Staff spoke softly to people and afforded them time to digest information before answering. There was a relaxed and calm atmosphere and people appeared at ease with the staff member and engaged in brief conversations.

People had their privacy and dignity respected. During the inspection, we observed staff knocking on people's bedroom doors, asking if they could gain entry and awaiting permission before doing so. Staff were also observed prompting one person to adjust their clothing, to ensure their dignity was preserved.

People were encouraged to maintain and enhance their independence where possible. One staff member told us, "I assist [people] with what they can't do. Cooking, personal care, shopping and appointments." Records showed consideration was given to areas people required support in and areas they could manage independently.

People were supported and encouraged to make decisions about the care and support they received. A healthcare professional told us, "People are offered choices." A staff member said, "I give people choices. I would show them the options so they can pick what they want i.e. clothing." During the inspection observations were made of staff asking people what it was they wanted to do, for example what activity they wished to participate in. Staff spoke to people respectfully and respected their decisions.

People's diversity was recognised and respected. We observed that one person had reference to their culture in the form of photographs of flags. Staff confirmed they provided food that was representative of their heritage and ethnicity should people wish. For example, one staff member told us, "I cook Ghanaian food which [person] likes."

The service were aware of the importance of maintaining and respecting people's confidentiality. One staff member told us, "It's about their privacy and not sharing it with people that don't need to know, like outsiders." During the inspection we observed records of a confidential nature were kept securely in a locked office. Only those with authorisation had access to the office and information was shared with external agencies on a need to know basis.

Requires Improvement

Is the service responsive?

Our findings

Most relatives told us they had been dissatisfied with the lack of meaningful social activities their family members could participate in. Two relatives said they were particularly disappointed with the lack of community based activities. Typical comments we received included, "When my [family member] first moved into the scheme, they did not go out of the house for months. It got so bad, in the end our family decided to make a formal complaint about it", "No activities or stimulation at the home. My [family member] just stopped going to the day centre" and "To say I was not impressed with the lack of structured activities available at the scheme would be an understatement. It's essential people living with autism have the right levels of stimulation and can get out into the local community."

At the time of the inspection two people living at Crompton Crescent were accessing the local community, one to attend an appointment and another person was participating in a planned activity. One person told us "Yes, [I go out to the] park [and the] day centre." One staff member told us, "One person goes to a day centre every day, if they don't want to go we encourage them to go to the park." A healthcare professional said, "They [the service] don't provide any real activities." Activities available included shopping, walks and attending the day centre. Care plans detailed people's preferred activities and staff told us that people were encouraged to engage with in-house activities and those in the local community. We found that although activities were available to people, there was a lack of stimulation and activities offered were not always appropriate to meet people's social and community inclusion needs.
This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Pre-admission assessments are assessments carried out by the service, to ascertain people's level of need and as to whether the service can safely meet those needs. Pre-admission assessments underpin the care and support plans developed and maintained by the service. During the inspection we were unable to review any pre-admission assessments for people living at Crompton Crescent, as they could not be located. We informed the manager and operations manager of our concerns, who told us they had contacted the local authority to provide their assessments and will be undertaking new admission assessments.

Although pre-admission assessments were unable to be located during the inspection, we found care plans could contain further historical detail and be more person centred. Care plans in place contained limited information in relation to people's specific needs including areas such as communication, personal care, daily routines, health needs and support needs. A healthcare professional told us, "The previous placement of [a person] provided Crompton Crescent with an in-depth assessment and information. But this has not transferred into their care plan." A staff member said, "The care plans show me how to assist them [people] in their normal routines. It tells me about the person and how to support them. I would tell the manager if changes need to be made to the care plans." Care plans were scheduled to be reviewed regularly, or when it was identified people's needs changed. However there was no evidence to suggest reviews had been undertaken with people, their relatives or healthcare professional involvement.
The above issues constitute a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives said they knew how to make a complaint and told us they were confident that any concerns they had would be dealt with appropriately. One relative told us, "I did complain about the lack of activities and to be fair to the provider they did listen to what I had to say and have started to address my concerns." Staff were aware of the provider's complaints policy and told us they would try to resolve it and inform the manager immediately. The provider had a complaints policy in place and a pictorial complaints form which was located in each service. This meant people were able to understand how to complain and who to. We reviewed the complaints file and found there had been nine complaints in the last 12 months. Records indicated the nature of the complaint, date received, actions taken and completed. Only one complaint received in the last 12 months was still on-going, this was in relation to bedbugs at the Greyhound Road service.

The service did not have sufficient documentation in reference to people's preference for end of life care. Although information was recorded, this was not person centred and did not give a clear indication as to what type of care people wished to receive at the end of their lives, where they wish to be buried or cremated and who they wanted informed of their death. We shared our concerns with the manager who informed us they would be reviewing this and supporting people to complete their end of life plans in a sensitive manner. We were satisfied with the managers' response and will be reviewing this at our next inspection.

Inadequate

Is the service well-led?

Our findings

Prior to inspection we received concerning information in relation to the overall management of the service and the financial viability. Part of this information was further confirmed when we were unable to gain access to the provider's Richmond office on 14 March 2018 due to non-payment of rent. We shared our concerns with the provider, manager and operations manager who resolved this matter mid-morning on 19 March 2018. However, we will continue to monitor the provider's on-going financial viability.

There were systematic and widespread failings in the oversight and monitoring of the service. Records relating to the management of the service were not kept up to date or accessible. These records included, for example, staff inductions, audits, pre-admission assessments and service needs assessments.

The provider did not have systems and processes in place to assess and monitor the service provision and drive improvements. This meant that issues were not always identified and action taken in a timely manner. During the inspection we identified only one audit of the services was kept on file. We spoke with the compliance manager who informed us they were unaware of any audits that had taken place prior to them commencing the role. The audit carried out by the compliance manager in February 2018 covered, for example, health and safety, care plans, supervisions and appraisals and risk assessments. The audit identified issues and actions taken to address the issues were on-going.

The provider failed to demonstrate good governance in the overall management of the service. The provider had not carried out regular quality assurance questionnaires to gather feedback on the service provision. During the inspection we identified there was no record of any systems or processes in place to gather people's views. We shared our concerns with the compliance manager, operations manager and manager. The compliance manager told us, "Things were not in place properly [prior to taking the role], so we wanted to make sure things are now in place and then roll them out to gauge where we are." The manager said, "We will be doing suggestion boxes which will be anonymous [to gather feedback]." The compliance manager had developed pictorial questionnaires, which they told us would be implemented by 2 April 2018. We will be reviewing this at our next inspection.

The issues above were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider of the service did not have an adequate understanding of the Regulated Activity 'Personal Care'. Following this inspection, we are carrying out an investigation to ascertain if the service provided at Compton Crescent is a care home and may take further action.

Records demonstrated the provider had sought guidance and support from healthcare professionals and encouraged partnership working. However, records also showed guidance and advice provided was not always implemented in a timely manner. A healthcare professional told us, "Initially the provider took advice and incorporated it into the care plan, but this doesn't happen now."

The service notified the Care Quality Commission of safeguarding and statutory notifications in a timely manner.

Staff spoke highly of the manager, with one staff member stating, "He's [manager] a good person. He comes to the house [Compton Crescent] several times a week. I can talk to him and I can contact him on the phone if I need to." Another staff member said, "He's lovely. He's open and takes things I say on-board. He listens to us. I can call him even if he's not working. He comes to Compton three times a week." The manager was an active presence within Compton and staff found him approachable and receptive to their views. During the inspection we identified staff sought feedback and guidance from the manager and appeared at ease in doing so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people received person centred care and support appropriate to their needs.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to ensure people's consent to care and treatment was sought in line with the Mental Capacity Act 2005

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to implement systems and processes to gather feedback of the service and monitor the service provision.