

Mrs Amardeep Sura

PICAS

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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The service met the regulations we inspected at their last inspection which took place on 11 February 2014.

PiCAS provides supported living services to adults with learning disabilities, mental health conditions, physical disabilities and sensory impairments. People using the service had a range of learning disabilities ranging from people on the autism spectrum to those with physical disabilities. The head office is based in the Seven Kings area of the London Borough of Redbridge, and they provide support to people who live in a number of privately owned properties across East London. At the time of our inspection, PiCAS was providing a support service to 13 people. There was a registered manager at

Summary of findings

the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People using the service lived in their own homes and received 24 hour care from staff. Each person was assigned a team of care workers, one of whom was a senior care worker who acted as their key worker.

Some people using the service displayed behaviour that challenged. We found that staff dealt with this in a safe way while respecting people's safety and protecting their rights.

Staff were enthusiastic about their work and proud that people using the service had enhanced their independent living skills as a result of the support they had provided. This was further supported by feedback from relatives and advocates using the service.

Care records were person centred and individual to people using the service. Some specialist care plans, such

as autism care plans had been developed with input from the National Autistic Society which had assisted staff to support people using the service more effectively. Records were reviewed and audited on a regular basis.

People were able to pursue interests of their choice. The provider encouraged people to become more independent by setting achievable goals and supporting people to reach these.

Staff received good training and support. If they required extra skills to enable them to support particular individuals, such as Makaton to communicate with people, then the provider arranged it. Regular staff meetings and individual supervision meetings were held.

The service was well-led by the manager and deputy manager. Robust quality assurance tools were used to ensure the service provided was of a good standard. The provider was working towards accreditation with the National Autistic Society which demonstrated their commitment to providing a quality service for people with autism.

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. Family members told us they had no concerns about the safety of their relatives. Staff had received training in safeguarding and were aware of what steps to take if they suspected abuse.

Staff understood their duty under the Mental Capacity Act 2005 to support people to make decisions for themselves unless they did not have capacity to do so.

Staff dealt with behaviour that challenged the service in a safe way while respecting people's safety and protecting their rights.

There were sufficient numbers of staff to care for the people using the service. Each person had a team of care workers supporting them. Each staff member went through appropriate safe recruitment checks before working with people using the service.

Good



Is the service effective?

The service was effective. Staff had the appropriate skills and knowledge to meet the needs of people using the service. They attended training that was specific to supporting people using the service and received effective support, both from their peers and from managers.

Staff assisted people to maintain a healthy diet. Menus were planned in consultation with people, their relatives and advocates.

Each person had a health action plan which staff used to effectively manage their healthcare needs. People were referred for specialist healthcare support where this need was identified.

Good



Is the service caring?

The service was caring. Staff were knowledgeable about the people they worked with. Many of the staff that we spoke with worked with one person which enabled positive, caring relationships to flourish.

Care plans were person centred, meaning people and what was important to them were the focus rather than tasks. Staff supported people to express their views and take charge of their care needs.

People had their privacy respected and their independence promoted. We saw examples of staff supporting people to become more independent and achieve personal goals that had been agreed with them.

Good



Is the service responsive?

The service was responsive. Thorough assessments were carried out to ensure the service could meet the needs of people using the service when they received referrals for a new placement.

Risk assessments and care plans were reviewed regularly to ensure the most up to date information was available for people using the service. Each person had a key worker who completed monthly progress reports.

People had access to education and activities that were important and relevant to them with the support of staff.

Good



Summary of findings

Is the service well-led?

The service was well-led. There was an open culture within the service where staff felt empowered to raise any concerns. One of the aims of the organisation was to promote people's independence. Staff were aware of this and the activities that were done and the care records that were developed were geared towards people becoming more independent.

Regular quality assurance checks took place on different aspects of the service, from care records to observation supervision of staff. Action plans were developed if any areas of concern were found so that these could be tracked and addressed.

The provider was on the way to achieving accreditation with the National Autistic Society as a specialist service caring for people with an Autism Spectrum Disorder.

Good



PICAS

Detailed findings

Background to this inspection

We inspected PiCAS on 14 August 2014. This was an announced inspection which meant the staff and provider did know we would be visiting with 48 hours' notice. The inspection team comprised an inspector and an expert by experience who carried out interviews with people using the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service and safeguarding alerts raised. The provider also completed a Provider Information Return (PIR) which is a report that providers send to us giving information about the service, how they met people's needs and any improvements they are planning to make.

During our inspection we spoke with the registered manager, deputy manager and six support staff. We reviewed four care records, staff training records, and

records relating to the management of the service such as audits and policies. We spoke with five relatives and an advocate of people who used the service. We contacted healthcare professionals involved in caring for people who used the service, including social workers, speech and language therapists and physiotherapists. We were not able to speak with people using the service as some of them were not able to communicate verbally with us.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People using the service were protected from bullying, avoidable harm and abuse. Relatives of people using the service told us that people were kept safe. Comments included, “[My family member] couldn’t be safer”, “It is such a relief for me, [my relative] is safe”, “We haven’t had to worry about [them] because we know [they are] looked after” and “We know [our relative] is safe, they keep us informed if there’s any problems.”

Safeguarding policies were clear and staff were aware of what to do when safeguarding concerns were raised. Staff were able to identify potential signs of abuse and told us that if they had any concerns they would speak to the manager. All staff completed body maps if people had any marks or bruises and reported incidents at handover if required, which were reviewed by managers.

When people displayed behaviour that challenged the service, staff were able to demonstrate that they dealt with it in ways that promoted safety, whilst respecting people and protecting their rights. We saw evidence of the use of behaviour monitoring charts to record incidents of behaviour that challenged the service. The provider used a ‘STAR’ (Setting, Triggers, Actions, Results) form for behaviour observation and to monitor trends in behaviour. In addition, the provider had developed positive behavioural support plans with the help of a behavioural specialist. These provided guidance for staff and other professionals with plans of action when presented with behaviour that challenged the service. We saw that this approach had a positive impact on people using the service and with the support of staff the frequency of incidents had decreased.

Staff told us they did not use restraint to manage people’s behaviour. One staff member said, “We try and divert [their] attention, by offering [them] tea.” Another said, “We speak to people calmly or try putting on some music.” They did

this in line with guidelines that we saw in people’s care records. Training records confirmed that staff had received training in dealing with behaviour that challenged the service.

Staff understood their duties under the Mental Capacity Act 2005 to support people to make decisions for themselves unless they did not have capacity to do so. Where people did not have the capacity to consent to certain decisions related to their care or treatment, then best interests meetings were held involving social workers, family members and advocates.

The provider had up to date risk assessments for those people who had been identified as being at risk when going out in the community. Staff protected people by following risk management procedures whilst at the same time minimising restrictions on their freedom and choice. Each identified risk was individual to people using the service and had a level assigned and controls to manage the risk. For example, people that were at risk of harming themselves in the kitchen had risk assessments based on operating kitchen appliances safely with staff support.

There were sufficient numbers of suitably skilled staff to keep people safe and meet people’s identified needs at all times. People using the service received 24 hour support from staff. Each person had a team of five or six support workers that were assigned to them to provide cover for the 24 hour period. Staff told us, “We all work well together, there are enough of us assigned to each person”, another staff member said, “We cover each other’s shifts [if someone is away].” All the staff worked with a permanent fixed rota. The manager told us, “This helps with continuity.” If there were absences then cover was arranged using staff already familiar with the project.

We looked at staff files and saw that appropriate recruitment checks to ensure staff were suitable to work with people with learning disabilities were carried out. These included criminal record checks, identity checks and written references. This meant that the provider had taken steps to ensure people were kept safe through robust recruitment arrangements.

Is the service effective?

Our findings

People were supported by staff who had the appropriate skills and knowledge to meet their needs. We found that staff received effective support, supervision, appraisal and training.

Relatives told us they had no concerns about the skills of staff. One relative told us, “They are really well trained and that’s why they get such fantastic results.” Another said, “The support [my family member] gets has had a fantastic effect.”

The management team promoted good practice and developed the knowledge and skills of their staff. The ‘Skills for Care’ DVD was used for the induction of new staff. The induction was completed within three months of staff joining. Ongoing staff training was delivered by a range of methods including external training providers, local authorities, workshops and internal training. We looked at the training records and saw that staff had received training on topics such as, safeguarding adults, Mental Capacity Act 2005, behaviour, medication, intensive interaction, autism and professional boundaries. Staff told us they received training that was appropriate for the duties they were carrying out.

Supervision sessions for staff were carried out every two months. Supervision records showed these sessions were used as an opportunity to discuss different areas of work and included reference to operational support, performance, training, complaints and safeguarding. Staff appraisals were completed yearly. Staff meetings were held every two months. The manager or deputy manager also carried out unannounced observation supervisions at least once a year. The manager told us, “We see if people [staff] are following correct procedure, we observe them and provide feedback at the end.”

People’s dietary needs were assessed and managed appropriately. For example, the service arranged for people to access dietary and nutritional specialists if this was required. Staff prepared meals for people using the service. Records showed people’s menus were planned by their support team with input from them, and their family members or advocates.

Some people that were at risk of choking had further involvement from community speech and language

therapists who gave advice on how best to support people. A number of meetings were held to ensure all members of the support team were aware of the most appropriate way to reduce the risk of choking.

People were supported to maintain good health, to have access to healthcare services and received ongoing healthcare support. We saw that people had regular GP and dentist appointments, as well as more specialist care. Each team of support workers had a senior support worker within it who acted as the keyworker for that particular person. We spoke with staff members who were the main key worker for some of the people using the service, they told us that part of their job involved ensuring people attended regular healthcare appointments and making referrals to relevant health services when people’s needs changed.

People’s day to day health needs were met. Some people who were overweight were supported to manage this, for example, through their diet or by attending slimming clubs. Each person had a health action plan which contained information about their healthcare needs and planned appointments. These were all up to date. Each person also had a hospital passport; this was used to provide hospital staff with important information about individuals and their health in the event of a hospital admission.

People were involved in regular meetings about their health, and any changes that required additional support or intervention were discussed with them or their family members. One relative told us, “They [staff members] are really helpful. We have been waiting for ages to get [them] seen by a health specialist, but now PiCAS are sorting it all out. The care team and I work together and at last we are seeing the results. It’s a tremendous service.”

Some people received visits from a psychiatrist. We saw positive comments about the service in a report from a person’s psychiatrist praising the way the care workers managed the person’s needs.

A person’s advocate told us, “In [their] last review the psychologist and social worker pointed out how positive it was for them to be living independently now with such excellent support from PiCAS. They agreed it is having a good effect.”

Is the service caring?

Our findings

Relatives and advocates praised the staff for their attitude and told us they were highly satisfied with the care and support they received. Some of the comments included, “[my relative] feels really happy with them”, “Really caring people”, “They treat [my relative] really well”, “The carers are just brilliant. They are more like mates”, “We’ve met them (the care workers) all and they are really good” and “The carers are just brilliant; they have a fantastic relationship and have built up friendships.”

Staff knew the people they were supporting, including their preferences and personal histories. People’s care records contained sections entitled ‘about me’ and ‘lifestyle and interest’, ‘what those who know me say about me’, ‘things I do when I am feeling good’ and ‘things I do when I am feeling bad’. These had been developed by involving people using the service and their family and friends. One relative told us, “They all seem to know a lot about [them] and I have seen [staff] with [my relative], they are very kind and very caring.” Care records were person centred which meant that they focussed on the people they were written for rather than being task oriented. These were written in simple, plain English which meant that they could be more easily understood by all.

People were involved in managing their own care as much as they were able; staff supported and involved them in planning and making decisions about their care such as making everyday choices regarding their personal care needs but also what interests they wanted to pursue. The provider recorded the best ways to communicate with people using the service, what was working, not working, action for staff. People using the service, who were not able to speak, had a communication passport. We asked staff how they communicated with them and offered people choices in everyday matters. They told us they used a variety of ways including using visual boards, pictures and also Makaton. Makaton is a language programme using signs and symbols to help people with learning or communication difficulties to communicate.

Some people using the service were supported to have access to independent mental capacity advocates (IMCAs) who were able to speak up on their behalf. We saw evidence of ‘best interests’ meetings that had been held where people did not have the capacity to understand certain decisions related to their care.

People were treated with dignity and respect and were able to have friends and relatives visit them without restriction. People using the service lived in their own home and received 24 hour care from PiCAS. This gave them the privacy they needed, whilst at the same time ensuring they were suitably supported. Staff respected their right to privacy in their own homes. One relative said “[My family member] does so much now and gets involved in things whereas before [they were] really isolated.” Staff told us that they always sought people’s permission before supporting them and offered them choices. They were aware of the importance of respecting people’s privacy in the context of carrying out personal care. The provider respected people’s wishes if they requested care workers of the same gender as themselves. One staff member said, “We always ask permission, even though we bathe [them] every day.”

People were supported to be as independent as possible. One relative told us, “[The] carers are fantastic and [my family member] has 24 hour support but for the first time [they have their] independence.” The manager told us, “The aim is to make people more independent.” We saw evidence to confirm this in care plans, in which there were goals agreed to promote people’s independence. Staff supported people in working towards the goals. Relatives told us, “They get a lot of support. They provide all day support and walk in night support. It works perfectly.” In the care plans that we looked at, we saw that there were goals in relation to personal care, social environment, and daily living skills. People who used the service were able to set their own goals. Staff gave us detailed examples of how they supported people to become more independent and improve their quality of life.

Is the service responsive?

Our findings

The provider assessed people's needs before they started to use the service to ensure they could meet them. Referrals were received from the local authority, which contained mental capacity assessments and other information about people's individual needs. This ensured that the service had relevant, up to date information about the person before they did their own assessment.

In all cases, people were introduced to the service during a transition period after the initial assessment had been completed. This involved visits to the service, and an overnight stay so the provider could be certain that the person's needs could be met and people and their families could make a decision on the suitability of the provider. Six weeks after starting to use the service the person and their relative or advocate were involved in a multi-disciplinary team review meeting. The person's psychiatrist, psychologist, social worker and next of kin were invited to this review. Care plans and risk assessments were completed during this initial six week period so all interested parties could come to an informed decision as to whether the provider could meet the needs of individuals.

People received care, treatment and support when they needed it. Risk assessments and care plans were reviewed when people's needs changed. If people's needs did not change, they were reviewed yearly. Some people using the service had an autism spectrum disorder. These people had a separate autism support plan which is required for accreditation with the National Autistic Society. This meant that the service used service specific recognised support plans to support people in the most appropriate way.

People were encouraged and supported to express what was important to them. Care plans were person centred and had input from people using the service. They were detailed and provided staff with guidance on how best to support people. People had their individual needs regularly assessed and met, for example, through the use of epilepsy monitoring sheets. An advocate told us, "They [the staff] do listen to me so that is really positive." A relative told us, "I know what's in the care plan and so does [my family member]."

Keyworkers completed monthly evaluation sheets to monitor how well people's identified needs were met in relation to communication, maintaining a safe

environment, community, health and wellbeing, daily living, personal care, behaviours, finance and autism. We saw evidence that when these evaluation sheets were completed, keyworkers recorded the identified needs, actions, and evaluation. This meant that the provider was able to respond in the most appropriate way to changes in people's needs. Keyworkers also produced monthly summary reports in which they wrote about the activities that people had attended.

People had access to education and activities that were important and relevant to them with the support of staff. Staff supported some people to find education or employment opportunities that they were interested in. These were supplemented, if required, by additional care plans that were seen on the day of the inspection. Records showed that people were supported to attend activities and courses of their choosing, including IT, floristry, going to the gym, yoga and the cinema.

Relatives told us people had support to pursue any interests and activities they wanted. One relative told us, "[My relative's] up to all sorts now. Goes to the gym, goes to a club. They take [my relative] to college twice a week. It's really fantastic." Another said, "[They are] out and about and has made friends; we have never seen [them] so settled."

People also had individual learning plans which were used to set goals, in areas such as personal care, daily living, communication, leisure, social interaction and behaviour. People were assessed on their ability to carry out a particular task and were then able to set themselves goals. These were evidenced in care plans and monitoring sheets were used to chart progress in achieving these goals. Staff were enthusiastic about supporting people to record and work towards their goals. One staff member told us, "It's a great feeling when people achieve the goals they set for themselves." We saw evidence that people achieved their goals, for example making an omelette and learning how to shave.

People, their relatives and friends were encouraged to provide feedback. An advocate told us, "As far as I'm concerned they do include me." The manager told us, "We have a very good relationship with the families, their input is invaluable." The provider sent out questionnaires to family, professionals and people using the service. These were available in an accessible format to support the understanding of people using the service. We reviewed

Is the service responsive?

feedback from the questionnaires, some of the comments were, “Completely happy”, “Amazed that carers are so good”, “Kind and caring”, “Give good support”, “Well looked after” and “Show kindness and dignity.”

People’s concerns and complaints were encouraged, explored and responded to in good time. There had been two recorded complaints since the last Care Quality Commission inspection; both had been responded to

appropriately. One relative said, “There is nothing at all I could complain about.” People knew how to share their experiences or raise a concern or complaint and felt comfortable doing so. One relative told us, “If I have any concerns at all I tell them but to be honest I haven’t had any complaints at all. I think they are doing a fantastic job.” Another said, “I speak to the deputy manager every week but we really don’t have anything to worry about.”

Is the service well-led?

Our findings

Staff we spoke with were enthusiastic about working at PiCAS and the care and support they gave to people using the service. They were clear about the aims of the service which were to promote people's independence. Staff supported people to become more independent and feedback from relatives and healthcare professionals and records confirmed that these aims were being worked towards. A relative said, "I can't fault the way it's run. It's very professional and they are very experienced." Another said, "I can't speak highly enough about them, they are a brilliant service."

Staff told us that there was an open culture at the service and they would not hesitate to raise any concerns if they were witness to poor practice taking place. Managers met formally with care workers every two months and held discussions about any concerns that they had.

There was a registered manager in post at the time of our inspection. The registered manager was supported by a deputy manager. Relatives told us, "I have a very good rapport with the manager. They keep me in the loop and they're excellent at doing that", "The way it's run is very good. They are excellent at keeping me informed and that's the most important thing for me" and "I can't fault the way its run. It's very professional and they are very experienced. They keep us informed all the time."

Both the deputy and the registered manager were available to staff for guidance, advice and support out of office hours and weekends via the on-call system. Staff told us that the management team at PiCAS was approachable and supportive. They also said they received excellent support from their colleagues. One staff member said, "I enjoy what I do. We [the support team] have a very good bond." Another said, "The managers are amazing, so supportive." During the inspection we spoke with the registered

manager and the deputy manager. Both were able to demonstrate that they understood people's individual needs, knew their relatives and were familiar with the strengths and needs of the staff team.

The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff and reviewed by one of the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service.

The provider had robust quality assurance systems in place which were used to drive improvement. The deputy manager carried out audits on all care records including medication, care plans, health action plans, individual learning plans and health and safety checks. Other spot checks were carried out regularly, these included quick drop in visits to see what activities people were doing, whether they had their personal care needs taken care of, and whether their home was clean. We saw that there were action plans for concerns that were picked up and these were assigned to named staff to be followed up within an agreed timescale. One relative said, "It's very well managed; they have regular assessments for [my family member] and keep us informed about any little thing."

The provider had achieved Quality Assessment Framework level B (QAF) with a local authority. The QAF provides a standardised means for commissioning authorities to assess the quality of services. It gives provider organisations a framework for reviewing the services they operate. QAF level B is awarded when a service is able to evidence good practice and denotes services that are striving for excellence.

At the time of our inspection, PiCAS was going through accreditation with the National Autistic Society and hoped to achieve this before the end of 2014.