

Principle Support Ltd

Principle Support - Cardwell Avenue

Inspection report

16 Cardwell Avenue
Sheffield
South Yorkshire
S13 7XA

Tel: 01142131750

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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 carried out this inspection on 19 April 2017. The inspection was unannounced. This meant no-one at the service knew we were planning to visit.

Cardwell Avenue provides respite care to adults with learning disabilities or autistic spectrum disorders. It is registered to provide accommodation and personal care for up to four people. Cardwell Avenue is located in a residential area of Sheffield with good access to transport links and local facilities. There were two people staying at the service at the time of this inspection.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a good oversight of the service and was experienced in their role.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

There were enough staff available to ensure people's needs were met. The registered provider had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by management.

The care records we looked at included risk assessments, which identified any risks, associated with people's care and had been devised to help minimise and monitor the risks while promoting the person's independence as far as possible.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to make decisions about their meals, and were supported to go shopping and be involved in menu planning.

People were cared for by an enthusiastic and caring staff group. Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively. There was an open and accessible management team.

People received personalised care. Care records reflected people's current needs and preferences.

There was a clear complaints policy and procedure in place. People's comments and complaints were taken seriously, investigated, and responded to.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Staff told us the managers were approachable and responsive to any concerns they had.

There was evidence the registered manager used quality monitoring systems to ensure safe practice and identify any improvements required. However, some aspects of the quality monitoring system had not taken place since January 2017.

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.

We found systems were in place to make sure people received their medicines safely and that they were stored securely.

Risks to people had been identified and plans put in place to keep these risks to a minimum.

There were clear procedures in place to recognise and respond to any allegations of abuse. Staff had received training in this area.

There were sufficient numbers of staff to meet people's needs. Recruitment procedures made sure that staff were of suitable character and background.

Is the service effective?

Good ●

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 and relevant legislative requirements were followed.

People were supported by staff who had the knowledge and skills necessary to carry out their roles in meeting people's needs. Staff were suitably trained and received regular supervisions.

People were supported to eat and drink to maintain a balanced diet. People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Is the service caring?

Good ●

The service was caring.

Staff spoke passionately about the people they supported. They knew people's preferences and were keen to support people to be as independent as possible.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their actions towards people staying at Cardwell Avenue and their colleagues.

Is the service responsive?

Good ●

The service was responsive.

People's care records were up to date and regularly reviewed. They reflected the person's current health and social care needs.

There was a comprehensive complaints policy and procedure. Comments on the service were encouraged and responded to.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were used to keep checks on standards and develop the service. However, these hadn't been completed as frequently as they should.

Staff were clear about their roles and responsibilities. They told us they felt supported by the management team who they said were approachable.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Principle Support - Cardwell Avenue

Detailed findings

Background to this inspection

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

This inspection took place on 19 April 2017 and was unannounced. The inspection team was made up of one adult social care inspector.

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

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

Before our inspection we contacted members of Sheffield City Council contracts and commissioning service. They told us they had no concerns regarding the quality of support provided to people who used the service.

During the inspection we spoke with two people who used the service. We met with the registered manager and home manager. We spoke with an additional three members of staff. We spent time looking at written records, which included three people's care records, four staff files and other records relating to the management of the service, including staff supervision records. We spent time observing the daily life in the service including the care and support being delivered by all staff.

Is the service safe?

Our findings

We checked and found medicines were stored safely and administered correctly.

We saw medicines were stored securely in a locked cabinet in the living room. Some people supported by the service were prescribed medicines referred to as controlled drugs (CDs). CDs are controlled under the Misuse of Drugs legislation. We saw these were stored in a locked cupboard within the locked cabinet. The service is required to meet Home Office regulations and obtain a separate CD medications cabinet. Each person prescribed CDs had their own record within a book and we found they were fully completed, up to date and stock balances were accurate.

We checked whether people were given their prescribed medicines at the right time. We looked at Medication Administration Record (MAR) charts. Care staff should sign the person's MAR chart to confirm they have given the person their medicine or record a reason why not. We saw that medicine's records were being transferred to electronic care records. This meant care staff had to electronically confirm when a person was offered the medicines. If this didn't happen it would create an electronic alert to managers to follow up. There were no signature gaps in any of the charts we looked at.

Some people required PRN medicines, which means these need to be taken as and when required. For example, medicines for pain relief. We saw on people's care records there was clear information for staff on what behaviours a person may exhibit if they needed their PRN medicines and when to refer the person back to their GP. For example, in one care record we saw advice for staff to contact the person's GP if there was 'persistent need for upper level of dosage.'

As Cardwell Avenue predominantly provided short term respite care for people this meant their medicines were managed at home and with their local GP and pharmacy. Medicines for people staying at Cardwell Avenue were checked on arrival and departure to the service. Members of the management team undertook audit checks to make sure medicines were managed safely and according to the policies in place. There was evidence action was taken to address any areas identified as requiring improvement.

This meant there were effective systems in place to ensure people's medicines were stored safely and administered properly while staying at Cardwell Avenue.

People's care records contained detailed risk assessments. These identified the areas in which a person experienced 'limitations/restrictions on [their] independence.' There was clear guidance for staff on how to manage and minimise these risks. We saw people's needs had been assessed and their care given in a way that suited their needs and promoted their independence.

We saw the service had an up to date safeguarding policy and procedure. Staff told us they had received training in safeguarding vulnerable adults from abuse. The training records we looked at confirmed this. We asked care staff if they understood what it meant to protect people from abuse. Staff we spoke with were able to tell us what abuse was and how they would recognise it. Staff told us they

were confident any safeguarding concerns they raised would be taken seriously by management.

The service was not responsible for managing anyone's finances. However, people did bring cash with them when staying at Cardwell Avenue. We saw this money was checked when the person arrived, records were kept of any money spent during their stay with receipts and then checked when the person departed. We saw the records were up to date and regularly audited by the registered manager. This meant people were protected from financial abuse.

Staff we spoke with told us that there was always sufficient staff on duty to make sure people were safe and their needs were met. The registered manager did not use a staffing dependency tool to work out how many staff were needed to support people. People who used the service had already been assessed by health and social services as needing the level of care provided. The registered manager told us they would contact social services if they felt there wasn't enough time allocated to meet the person's care needs safely.

The registered manager told us that everyone staying at Cardwell Avenue had been assessed as needing at least 1:1 support from a member of care staff during the day. We saw there were more than enough staff on the day of our inspection to meet this need. There were two new members of staff who were supernumerary to requirements who were shadowing colleagues and getting to know the people who used the service. The registered manager told us they didn't need to employ agency staff who would be unfamiliar with people who used the service. The registered manager was also responsible for a supported living service and care staff worked across both services.

We looked at three staff recruitment files and associated electronic records. Each contained acceptable references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character. Where staff had declared a previous criminal conviction we saw a risk assessment had taken place to determine their suitability for employment. This confirmed recruitment procedures in the service helped to keep people safe.

We saw the premises were clean and well maintained. There was a kitchen diner with a separate living room and conservatory, giving people different options of where to sit and relax. All were comfortably furnished. The registered manager told us cleaners were not employed and it was expected that care staff would support and encourage people to clean and maintain the home to the best of their abilities. A cleaning rota was also in place for staff. Care staff undertook any outstanding cleaning and laundry tasks throughout their shifts.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met. The care records we looked at demonstrated that people's mental capacity had been considered. Throughout their care records we saw it detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs.

We were told that all staff received training in the principles of the MCA and DoLS. Training records confirmed this. Care staff we spoke with understood the importance of the MCA in protecting people and the importance of involving people in making decisions.

The registered manager understood their responsibilities with regard to the MCA and had applied to the local authority for a DoLS authorisation for a person who regularly used the respite service and received one to one support from care staff at all times.

This shows that the registered manager and care staff understood their responsibilities under the MCA and knew what it meant in practice.

We saw there were not any set menus at Cardwell Avenue. People were supported to go shopping with staff for food and encouraged to make healthy food choices. We saw people's nutritional and hydration needs were monitored every day. If a person was consistently eating unhealthy foods or not drinking enough fluids we saw records of conversations staff had with people encouraging them to make different decisions and explaining the potential negative impact of not doing so. We heard staff ask a person over lunchtime what they wanted to eat. Different options were discussed with the person. Staff clearly knew the person's preferences.

Care records showed that people had access to a wide range of health and social care professionals. Staff at Cardwell Avenue were part of the wider reviews of people's health and social needs undertaken by health and social services.

We spoke with two newly employed care staff who told us they were undergoing a thorough induction to

their job. This included undertaking mandatory training. Mandatory training is training the provider thinks is necessary to support people safely. This included: understanding safeguarding and safe manual handling techniques. New staff were also expected to shadow more experienced staff before working on their own.

All staff we spoke with told us they received regular mandatory training and other training specific to their role. For example, training on supporting a person living with epilepsy. We saw the service held an electronic training record for each member of staff. This sent reminders to both Human Resources and the management team when a member of staff's current training was due to expire and a refresher course was needed. This also generated an email reminder to the member of staff and their manager with an expectation that this would be followed up via supervision. Supervision records we looked at did contain a section on current training needs.

The registered manager told us training was a mixture of eLearning, observations of staff and classroom style teaching. Some staff were undertaking 'training the trainer' courses in specific areas so their knowledge and experience could be shared with all staff. From our conversations with staff it was clear there was a strong commitment to training and professional development throughout the service.

Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is usually an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We were told by the registered manager supervision should take place every two months and an appraisal every two years. There was a 'Staff Support' policy which stated supervision should be every eight to ten weeks, and an appraisal every 12 months. Staff we spoke with told us they had regular supervisions and appraisals. The staff files we looked at held records of supervisions taking place as often as they should. Appraisals records we saw were taking place every two years. This was not following the service's own policy of yearly appraisals.

Overall this meant staff members were aware of their roles and responsibilities and had the relevant skills, knowledge, and experience to support people staying at Cardwell Avenue.

Is the service caring?

Our findings

It was clear from our observations and speaking with staff that they were passionate about what they did and this created a warm and friendly atmosphere. We heard laughter and lively conversations between all staff and people staying at Cardwell Avenue. One person cheerily told us, "[I] enjoy it here most of the time, it depends on my mood."

The registered manager told us staff were matched with people who used the service based on shared interests and personalities. Electronic records identified which staff regularly supported each person and also any staff who were not best suited to meet the person's needs. This information was used to create staff rotas and ensured people were supported by staff who knew them best.

Staff we spoke with were enthusiastic about their jobs. Staff told us they always treat people as they would want to be treated. Staff clearly knew the people they supported well. Staff told us they were given time to read people's care records before supporting them. Some people who stayed at Cardwell Avenue had limited verbal communication. However, we saw from their behaviours and interaction with others it was clear they felt safe and happy staying at the home. Staff told us they used pictures to give people choices and options when they weren't able to verbally communicate.

Staff knew what it meant to treat people with dignity and respect and told us they were committed to doing this at all times. Staff explained they took different approaches to meet people's needs depending on the person's mood and behaviour at the time. One member of care staff told us how they would take time to explain what they were planning to do to support a person who was showing signs of distress and agitation and ensuring the person was calm before proceeding.

We saw the service had an 'Autonomy and Independence' policy and procedure. This stated all staff needed to involve people in the assessment and planning of the care services they needed and that staff were to actively seek people's opinions and involve them in reviews. The policy had a clear focus on promoting the person's independence as much as possible.

We saw the electronic care records were person-centred. Each record listed the person's desired outcomes from the service and any risks to achieving these outcomes. For example, an outcome could be supporting the person to attend day care services. The outcomes pulled through to the daily care notes for each person. Using smart phones staff could then record whether the person's outcomes were achieved each day. For example, an outcome for one person was to choose healthy meal options. We saw the daily care records were very thorough detailing what the person ate and drank throughout the day. Staff were prompted to confirm whether each outcome was achieved, what went well and anything that could be improved.

Is the service responsive?

Our findings

People's care records contained lots of information about what they liked to do and what support was required from staff. As most people stayed at Cardwell Avenue for regular short respite stays of one to five nights staff supported people to maintain their routines as much as possible. For example, attending day care services. We saw one person getting ready in the morning to go out for a shopping trip and lunch with the member of care staff allocated to them. Another person was coming to Cardwell Avenue each day to get to know the staff and environment before staying overnight. We saw this person was reassured throughout the day and staff undertook some art work with them. This meant people were supported to engage in social activities to promote their health and well-being.

Care records were transitioning from paper to electronic during the time of this inspection. We looked at both versions. We reviewed three people's care records and could see a comprehensive assessment had been completed prior to them staying at the home. This included gathering information from relevant health professionals to ensure the service could be confident they could meet the person's needs. Each person had a support plan which detailed their assessed needs and how they were to be met by the service. The registered manager and home manager both demonstrated a very clear understanding and commitment to providing person centred care. Person centred care ensures people receive care and support tailored to meet their individual needs.

All the care records we looked at contained information about the person's social history and their likes and dislikes, as well as information about the person's current health and social care needs. They contained contact details of other professionals involved in the person's care and a record of any contact with these professionals. There was a clear description of each person's current situation and their needs in relation to all areas of daily living areas, such as communication, nutrition, and personal hygiene.

The assessments outlined what people could do on their own and when they needed assistance. They provided information to guide staff on people's care and support needs. People's care records included descriptions of the ways they expressed their feelings and opinions. We saw care records were regularly reviewed and included the views of the person and their relatives. This meant the service held an accurate and up to date record of everyone's health and social care needs enabling staff to provide appropriate support as and when required.

We saw there was an update to date complaints policy and procedure. This gave information on who to contact to make a complaint and who to contact if people were unhappy with the original response. Complaints could be made in writing or given verbally. The policy was displayed in the staff room and there was an easy read pictorial summary of how to complain available for people in their care records. We saw from the policy the registered manager encouraged people to comment on the service they received and staff were told to take all complaints seriously and support a person to record their concerns.

There had been one complaint recorded from a member of the general public regarding noise pollution. We were told this was currently being investigated by the home manager. We saw the complaint had been

recorded and what actions had been taken so far to resolve the issue. This meant the registered manager took complaints seriously and acted on them.

Is the service well-led?

Our findings

The service had a clear management structure with defined roles and responsibilities for the registered manager, operations manager and the home manager. The home manager had been in post for approximately two months at the time of this inspection.

Comments about the registered manager and their management team were overwhelmingly positive. Comments included, "Managers are approachable, they are willing to listen and respond quickly to emails. It's a nice company to work for," "[Name of registered manager] is very approachable. You can talk to him about anything, he is very fair," and "[Name of registered manager] is approachable and easy to work with. He gives me clear direction."

We asked if people who stayed at Cardwell Avenue and the staff who worked there were asked for their views on the service provided and to make any suggestions for improvement. We were told there was a satisfaction survey sent out every year. We saw predominantly responses from 2014 and 2015. We were told the 2016 responses were currently being collated. The registered manager acknowledged this needed to be completed.

The home manager explained due to the nature of Cardwell Avenue being a predominantly short term respite service regular group meetings for people and their relatives did not take place. However, they explained they did meet with people and their relatives individually and feedback on the service was sought at these meetings. We saw evidence of this on people's care records.

We asked the registered manager if they met regularly with staff. They told us they did, but these meetings were service wide rather than specific to Cardwell Avenue staff. Staff confirmed this was the case and told us they found these meetings helpful. We were shown hand written notes from a staff meeting at the end of January 2017. These were still to be typed up and circulated.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager showed us their quarterly 'Service Manager Audit'. This covered interviews with people, relatives and staff; a review of any incidents or accidents recorded; the current condition of the premises and environment and action plan to be followed up by the home manager. The most recent audit had been completed in January 2017. We were told the home manager would then undertake weekly spot checks to follow up on any actions identified, and as the home manager was fairly new in post there were no formal records of any recent spot checks.

In addition to the medicines audits we were told the home manager was introducing a care plan audit. The last recorded medicine audit was in January 2017 and the care plan audit had not yet started. We spoke to the registered manager about this who agreed there was a time lapse in quality monitoring taking place and they explained this was due to the recent change in home manager. Improvements were required in this

area.

We reviewed the service's policy and procedure file, which was available to care staff in the staff bedroom/office. The file contained a comprehensive range of policies and procedures covering all areas of service provision relating to both people who used the service and staff. We saw the policies and procedures were up to date and regularly reviewed. This meant they reflected current legislation and good practice guidance.

We checked the maintenance records for the premises were satisfactory and up to date. Legionella testing, and electrical installation and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place and there were records of fire drills taking place every six months. We saw water temperatures and fridge temperatures were regularly checked and were within safe ranges.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that no notifications had been received in the previous 12 months. The registered manager confirmed this was correct and the records we reviewed during our inspection correlated with this.