Cambian Signpost Limited

Ponderosa

Inspection report

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Date of inspection visit:
12 April 2016
13 April 2016

Date of publication:
24 May 2016

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 12 and 13 April 2016 and was unannounced on the first day. The care home was registered with the Care Quality Commission (CQC), in May 2015 so this was the first inspection of the service under the new registration.

Ponderosa is a care home located in a rural area near Doncaster. There are local facilities and shops at the village of Askern, which is approximately three miles away. The service has its own transport to enable people to go out into the community. The home offers accommodation for up to four people aged 16 and over who have complex or challenging needs, such as autism. It specialises in supporting people who are deaf or have a profound hearing impairment. Accommodation consists of a self-contained flat and three bedrooms with en-suite facilities. There are extensive gardens that house stables, a chicken run and a vegetable garden.

The service did not have a registered manager in post at the time of our inspection, but an acting manager had recently been appointed. They told us they were in the process of submitting their application to be the registered manager. 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 and associated Regulations about how the service is run.

People told us they felt the home was a safe place to live and work. Systems were in place to keep people safe and staff were knowledgeable about safeguarding vulnerable people.

Throughout our inspection we saw staff encouraged people to be as independent as possible while taking into consideration their wishes and any risks associated with their care. People's comments, and our observations, indicated people using the service received appropriate support from staff who knew them well.

There were enough skilled and experienced staff on duty to meet people's needs and enable them to follow their hobbies and interests.

The company's recruitment system helped the employer make safe recruitment decisions when employing staff. We found new staff had received an induction and essential training at the beginning of their employment. This had been followed by refresher and specialist training to update and develop their knowledge and skills. However, training information provided indicated that some staffs' training had not taken place to the timescales set out by the company.

People received their medications in a safe and timely way from staff who had been trained to carry out this role.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required.

People received a balance diet that met their needs and preferences, and were fully involved in choosing what they wanted to eat and drink. We found people planned their own meals, went food shopping and helped to prepare meals.

People participated in a varied programme of activities that was tailored around their individual interests and preferences. We saw they were fully involved in deciding what they wanted to do.

The provider had a complaints policy to guide people on how to raise concerns. There was a structured system in place for recording the detail and outcome of any concerns raised.

In the main, care files reflected people's needs and preferences, as well as any risks associated with their care. These provided staff with guidance about how to support people and keep them as safe as possible. However, support plans had not always been updated in a timely manner to reflect recent changes.

People had shared their opinions at care review meetings and informally on a one to one basis. However, group meetings had not taken place since the summer of 2015 and there had been no formal consultation with relatives or outside agencies to assess how the home was operating.

A system was in place to check if the company's policies had been followed and the premises were safe and well maintained. We found there were some areas that needed improvement and in most cases there were actions plans were in place to address identified shortfalls, but timescales had not always been set for completion. The shortfalls we found with regards to care plan documentation had not been identified by the providers audit system.

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.

Systems were in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Care records identified potential risks and provided staff with guidance on supporting people.

There was enough staff employed to meet peoples' needs. We found recruitment processes helped the employer make safe recruitment decisions when employing new staff.

Systems were in place to make sure people received their medicines safely which included key staff receiving medication training.

Is the service effective?

Good

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and knew how to act in their best interests if necessary.

Records demonstrated the correct processes had been followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered.

Staff had completed a structured induction when they commenced working at the home. Additional and refresher training had been provided to make sure staff could meet the needs of the people they supported.

People were encouraged to be involved in the planning and preparation of their meals, which offered individual choice.

Is the service caring?

Good

The service was caring.

We found staff were kind, patient and respectful to people who used the service. They demonstrated a good awareness of how

they respected people's preferences and ensured their privacy and dignity was maintained.

We saw staff took account of people's individual needs and preferences while supporting them and encouraged them to voice their opinion and choices.

Is the service responsive?

Good

The service was responsive

Support plans provided detailed guidance to staff which helped them to support people appropriately. However, there were gaps in some documentation.

People had access to a variety of activities and stimulation that was tailored to meet their individual needs and preferences.

There was a system in place to tell people how to make a complaint and how it would be managed.

Is the service well-led?

Requires Improvement

The service was not always well led.

The system to gain the views of the people who used the service, relatives and visiting professionals have not been fully utilised to enable the service to use information gathered to improve the service provided.

There were systems in place to assess if the home was operating correctly. However, not all areas needing addressing had been identified and not all action plans had timescales for the work to be completed.

There were some areas of corporate policies and procedures that the management team were unclear about. This meant the manager did not have a clear picture of topics such as staff training.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. They told us the acting manager was approachable and acted promptly to address any concerns.

Ponderosa

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 was 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.

An adult social care inspector carried out the inspection on 12 and 13 April 2016. The inspection was unannounced on the first day.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We also requested the provider to complete a provider information return [PIR]. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were four people living at the home. People using the service communicate using sign language but we spoke with one person with assistance from a staff member. The other people living at the home either could not, or did not, wish to speak with us, therefore following the inspection visit we spoke with two relatives on the phone and contacted another by email. We also spent time informally observing how support was provided, as well as how staff interacted with people.

We spoke with the acting manager, their deputy and three care workers. We also spoke briefly with the regional director and two of the maintenance team who were carrying out work at the home. We looked at documentation relating people's care, staff files and management records. This included reviewing two people's care records, four medication records, staff training and support files, recruitment records, as well as a selection of checks and audits.

Good

Is the service safe?

Our findings

The person we spoke with who lived at the home, and the staff we spoke with, felt the home was a safe place to live and work. Assessments in people's care files identified potential risks and gave clear information to staff about how to minimise those risks. For example, the manager described a process he had put in place to enable staff to intervene before behaviour that challenged other people occurred. This included understanding the triggers that could lead up to aggressive behaviour and intervening early enough to reduce the occurrences.

Staff we spoke with demonstrated a good knowledge and understanding of the care and support people needed and how to keep them safe.

We looked at the number of staff that were on duty on the days we visited the home and saw there was enough staff, with the right knowledge and experience to meet people's needs. The manager told us there were three support workers on duty during the day, with staff working flexibly to meet service user's needs, and two sleep-in staff at night. He said each person was allocated one to one time with staff to enable them to do whatever they wanted to do. We asked how staff sleeping at night could be sure people were safe and did not need attention. Staff explained that there was an alarm system that alerted staff if someone was moving around their room. They described it as very loud so would wake staff immediately. We were told if someone was ill or may need attention in the night one staff member would stay awake.

Policies and procedures were available about keeping people safe from abuse and reporting any incidents or concerns. The manager was aware of the local authority's safeguarding adult procedures, which helped to make sure any concerns would be reported appropriately. Where concerns had been raised the management team had worked with the local authority to ensure people were as safe as possible.

Staff demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Records and staff comments confirmed they had received training in this subject as part of their induction and at periodic intervals after that. We also saw information around the home that told people how to raise concerns and be safe from abuse, such as bullying.

There was a satisfactory recruitment and selection process in place which was co-ordinated by the company's human resources team [HR]. The manager said once a shortlist of candidates had been selected interviews took place at the home and then HR applied for references and other recruitment checks. We checked the files of four recently recruited staff and found they contained all the required information. This included interview notes, at least two written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a medication policy outlining the safe storage and handling of medicines and the staff we

spoke with were aware of its content. This included a safe system to record all medicines going in and out of the home. We checked if the system had been followed correctly and found it had. Overall Medication Administration Record [MAR] had been completed correctly. However, we noted gaps on two MAR where people had been on home visits. Staff should have entered the code which explained the reason for the gap, but this had not always been completed. We also saw that some hand written entries on MAR had not been countersigned by a second member of staff to verify they were correct, as expected by the provider. The manager told us they would address the issues we had discussed.

When people were prescribed medicines 'to be given when required' [PRN] protocols were in place to tell staff what the medicine was for and when to give it.

We had been informed of several medication errors in the past, but we saw staff had undergone further medication training to minimise the risk of further errors. Regular internal audits had also been carried out to make sure medicines had been given and recorded correctly. This included daily medicine stock checks between shifts, as well as weekly and periodic audits. We saw where shortfalls had been found action had been taken to address the issues.

The dispensing pharmacy had last assessed the home's medication processes in September 2015. They had made several recommendations to improve the way medication was stored and managed. These included having medication information sheets available for all medicines in use, re-siting the controlled drugs cabinet and having suitable storage for medicines that needs to be stored at a cooler temperature. We found all recommendations had been addressed.

Good

Is the service effective?

Our findings

The majority of people we spoke with indicated they were happy with the care and support the home provided. They said staff were supportive and responded to people's needs and preferences, but encouraged them to be as independent as they were able to be. One person told us staff, "Seem to know what they are doing." We found deaf as well as hearing staff were employed. This enabled people using the service to communicate more effectively and encouraged hearing staff to use sign language more regularly, which was beneficial to everyone living and working at the home.

Each person had a health file which detailed how the person should be supported to maintain good health and access healthcare services. We saw people had been assisted to access health care professionals such as dentists, opticians, GPs, district nurses and social workers. People's weight and wellbeing had also been monitored so that action could be taken promptly to address any concerns.

The company used a computer programme to track when staff had completed training and when updates were required. Overall we found staff had the right skills, knowledge and experience to meet people's needs. We saw new staff had undertaken a structured induction that had included completing the company's mandatory training and shadowing an experienced staff member until they were assessed as competent. However, one of the three training records we checked showed the person had not completed ten of the courses assigned to them in the agreed timescale. The manager told us the staff member had completed the eight day induction before they started to work at the home, but the records available did not demonstrate this had taken place. Following the inspection visit the manager provided additional information from the company training department which evidenced the training the staff member had completed. However, this was not clearly reflected in their file or on the training spreadsheet. This was discussed with the manager who said there had been some reorganisation in the company, but they would raise it as an issue.

Staff had access to a varied training programme that included essential training topics, as well as specific training in respect of their job role. Topics covered included managing behaviour that may challenge, infection control, fire awareness, food hygiene, safeguarding vulnerable people from abuse and responding to emergencies.

Staff told us they were also encouraged to develop their knowledge and skills in other areas. For example, all staff had, or were working towards achieving level one in British Sign Language. A relative told us initially the company had promoted that all staff would also be trained to level two standards, but this had not happened. Although some staff had reached this standard it was clear from talking to people that they felt it would be beneficial for all staff to increase their skills to this level.

Records and staff comments demonstrated staff had received support sessions, but these had not taken place as regularly as outlined in the company policy. The manager said they intended to make sure supervision sessions were carried out in a timely way in future. A system was in place for staff to receive an annual appraisal of their work performance, but this had not yet been used as no staff had worked at the

home for a year. All the staff we spoke with felt they had received adequate training and support to enable them to do their job, although some felt further development would be advantageous.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. Policies and procedures on these subjects were in place and guidance had been followed. Care records provided details about people's capacity to make decisions. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005. The manager demonstrated a satisfactory understanding of the legal requirements regarding making DoLS applications. DoLS applications and authorisation records were seen and found to be satisfactory.

People had access to a varied diet that met their needs. We saw mealtimes were arranged around what activities individual people were doing that day. Someone living at the home described how they, and other people living at the home, were involved in planning, shopping and preparing meals, with support from staff. Staff confirmed people went food shopping and helped to prepare their meals if they could. They gave examples of how one person had chosen to have a sandwich for lunch that day, while another person had cooked noodles.

Care records contained information about people's dietary needs and any specific guidance staff needed to encourage them to eat a healthy diet. We saw the training programme included staff completing training in basic food hygiene and the importance of good nutrition.

Good

Is the service caring?

Our findings

Although most people were unable to share their opinion, or chose not to, one person confirmed they were happy with the way they were supported. A relative told us, "I am pleased to say that all the staff I have had the opportunity to meet and talk with have been very polite and seem attentive to X [family members] health and wellbeing. They often talk about the staff being kind and friendly." We saw staff respected people's wishes, treated them in a dignified manner and encouraged them to be as independent as possible. They supported people to determine how they spent their time each day and enabled them to express their opinion.

Throughout our inspection we saw staff interacting positively with people. Each person had their own room, and one person showed us their flat, where they said they could spend time alone or with friends. However, staff said they also liked to spend time in communal rooms where they could meet and talk with other people. During our visits we saw staff respected people's privacy and maintained their dignity.

Relatives told us they, and their family member if able, were actively involved in planning and reviewing the support people received, but this was not always clearly recorded in the care files we sampled. We saw staff respected each person as an individual, considering what they said they wanted to do and how they wanted to do it.

People's needs and preferences were detailed in their care files. The staff we spoke with demonstrated a good knowledge of the people they supported, their needs, and their likes and dislikes. We saw people making choices about their everyday lives and going out into the community. This showed that people were treated as individuals and supported to do what they preferred.

Staff we spoke with gave clear examples of how they would offer people choice, and respect their privacy and dignity. One staff member told us people went to bed when they wanted to, chose what they ate and what activities they participated in. Another care worker described how they prompted people to maintain their independence, but offered support as needed. For example, they described how they stood on the landing while someone using the service had showered because they had said they did not want them to go into the bathroom. However the staff member said they could hear them if they needed assistance.

Each person's accommodation was personalised to reflect their preferences and interests. This included the décor, posters, furnishings and family photographs. A relative told us how they and their family member had been fully involved in choosing the colour of and layout of their room.

People had access to information about how to contact independent advocacy services should they need additional support. Advocates can represent the views of people who are unable to express their wishes. The manager told us there was also a specific member of staff who had the skills to communicate very effectively with people if they needed to raise any concerns. He said this would not replace the use of advocates or interpreters, but was another layer of support for people using the service.

Good

Is the service responsive?

Our findings

During our visit we saw staff provided support to people in a personalised and responsive way. The person we spoke with who lived at the home said they were happy living there and indicated staff supported them as they preferred. The opinions of the relatives we spoke with varied. One relative told us how their family member had improved since moving to the home. They added, "They encourage X [the person using the service] to try new things" which they felt was very positive. However, another relative said they had concerns about the level of care provided to their family member. They said they felt staff communication was sometimes poor and they questioned the level of care provided at times. These concerns had been looked into by the local authority and the management team were working with them to address them.

We saw interaction between staff and people using the service was good and focused on the person's individual needs. We saw staff calming one person who had become upset. They spent time reassuring them and used divisional techniques to help them focus on something different. Staff we spoke with demonstrated a good knowledge of people's needs and preferences, which were recorded in the care files we sampled.

The manager described how people thinking of moving into the home were involved in a planned assessment process. This involved the management team spending time with them at their current home assessing their needs, getting to know them, and allowing them time to become familiar with staff from Ponderosa. Information was also gathered from other sources, such as health and social care professionals. The manager said this would usually be a gradual process over several weeks, or longer.

Each person had two files which contained detailed information about the support they needed, risks associated with their care and support, and their health needs. We looked at two people's care records in detail; they were easy to understand and had pictures to help people understand them better. There was also clear information regarding decision making. For example, in one file it talked about smoking verses e-cigarettes. It had clearly been explained to the person and they had made an informed decision. People's preferred method of communicating was also discussed in detail so staff knew the best way to talk to people.

Support plans had recently been re-written so were not due to be formally evaluated. However, we noted that in one file the person had no support plan about contact with their family. In another file there was a comprehensive plan about how to support the person with a medical need. However, this support was not required at that time, which was difficult to establish as there was no updated information included in the plan. We discussed these shortfalls with the manager who said they would address them straightaway.

Each person had a monthly journal which staff wrote in on a daily basis. This detailed how the person had spent their day and any specific information about key events during the day. However we noted there were some gaps in the recording. This included one behavioural chart not being completed for two nights and details about what the person had eaten each day. Staff had told us this information should be recorded in the journal. We discussed this with the manager who said he would address it with staff.

People we spoke with confirmed they had been involved in periodic reviews of the support plans which involved the person being supported, family members, the care home staff and appropriate professionals, such as social workers. Copies of the review forms were seen in the care files we checked.

We saw each person had a daily and weekly activity schedule. People had access to a wide range of activities and outings, which were tailored to their individual interests and hobbies. This also included them being involved in day to day tasks such as cleaning their rooms, cooking, feeding the chickens and organising their laundry. One person told us they had enjoyed a college course, while staff said another person had a part time job placement.

People said staff enabled them to maintain relationships in the community. We saw some people spent weekends at home, while others went out with friends or entertained them at the home. We also found that people attended a signing choir and clubs specifically for deaf people. People told us about outings to the coast and to an activity centre in Scunthorpe, where they could join in a wide range of activities, such as basketball and swimming. One person said they had really enjoyed a recent trip to Blackpool.

The provider had a complaints procedure which was accessible to people using and visiting the service. There was also an 'easy read' version that included pictures to illustrate what to do if anyone wanted to raise a concern. The manager told us the service had not received any complaints in the last year. Where concerns had been raised with the local authority these had been recorded and managed correctly.

Most people we spoke with said they were happy with how the home operated and the care provided. One person commented, "I am very pleased with how they [the staff] handle things." However, another person highlighted things they had raised and felt that in the past they had not always been handled as they would wish. We discussed this with the manager who was already taking action to improve communication with the person concerned so they could openly share their ideas and opinions.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post, but an acting manager had been appointed and was in the process of submitting their application to be the registered manager. Most people spoke positively about the changes made since the new manager had joined the company. A care worker said, "The management are always approachable." Another staff member said, "I feel the home has come a long way since I started."

Overall the people we spoke with said they were happy with the support they or their relative received and the way the service was managed. A relative told us, "There is good communication, especially around arranging home visits and any changes." They added, "We normally had problems getting X [the person using the service] to go back at their last placement, but not here." However, another person told us they felt communication between the management team, staff and relatives could be improved. Two relatives said they were also concerned about the number of staff changes there had been over the last year.

The company had specific corporate teams which helped support the manager and his deputy. For instance, recruitment and training was coordinated centrally. We also saw policies and procedures to inform and guide staff and people using the service were available and up to date.

Throughout our visit we saw the management team was involved in the day to day operation of the home and took time to speak to people using the service and staff. They knew people by name and were aware of what was happening within the home. However, we found there were areas that the management team were not clear about, these tended to be areas covered at company level. For instance, the manager could not tell us what training staff had competed and the content of the induction training. The manager said the training spreadsheet was updated centrally but was unclear as to when it had last been updated. This meant the manager did not have a clear picture of what training staff had completed.

The service had not yet conducted a satisfaction survey and the last minuted 'residents meeting' was in the summer of 2015. The management team said they gained people's opinion through review meetings and day to day contact. The new manager said he had plans to re-establish regular meetings as soon as he could. We saw management and staff meetings had taken place where information and ideas had been shared and staff had the opportunity to voice their opinion.

Audits and checks had been used to make sure policies and procedures were being followed. Some had been completed at home level and others at corporate level. This included compliance with regulations, health and safety, environmental and medication checks. This enabled the provider and the manager to monitor how the service was operating and staffs' performance. On the first day of our inspection the manager identified areas of the environment that needed improving, such as some new doors needed to be fitted and the call system needed reviewing to check its suitability. On the second day of the inspection the maintenance team were at the home carrying out work on several identified areas. We spoke with two of the maintenance team who said their visit had been planned to assess and address areas needing attention.

We saw where audits had taken place action plans had been devised to address any shortfalls, however not all action plans had timescales for the work to be completed. We discussed this with the manager who provided further information which included progress made in addressing the shortfalls. We found remaining improvements needed did not have a set timescale for completion, but we could see work was progressing and the manager said he would add realistic timescales in future. The shortfalls we found in regards to care planning documentation had not been identified in any checks completed.

We saw incidents and accidents were recorded and monitored. Records included what had happened, where and when. Action had been taken to minimise possible future risks and lessons learned considered.

Staff we spoke with said they enjoyed working at the home. They told us they knew what was expected of them and said they had been given a job description outlining their role. Staff said the manager was approachable and they felt they could speak to one of the management team about any concerns they might have. One care worker told us, "I love it here. I would like my relative to live here." When we asked staff if there was anything they felt could be improved at the home they identified some areas they felt would be beneficial. This included staff being able to develop their skills above the basic training offered by the company and more communication in sign language.