CareQuality Commission

Green Light PBS Limited

Poldark

Inspection report

Poldark
Skinners Bottom
Redruth
TR16 5EA

Date of inspection visit:
15 October 2019

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02 December 2019

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

About the service
Poldark provides care and accommodation for up to one person who have autistic spectrum disorder. At the time of the inspection one person was living at the service. Poldark is a leased property on a long-term basis by Green Light PBS limited who run several similar services within Cornwall, for people living on the autistic spectrum.

Poldark is a detached bungalow situated in a quiet rural location. Poldark opened in February 2019 and this is the first inspection of the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The person using the service receives planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff were caring and compassionate.

Staff demonstrated an understanding of the person's differences and individual preferences.

Staff and managers had a good understanding of equality issues. They valued people as individuals and staff took pride in their achievements.

Relatives told the service the interest and activities that the person enjoyed. The relatives and staff were still debating how the person should be involved in the activities and the duration of the activities that met the person's current needs.

Staff understood their roles and responsibilities in relation to ensuring the persons safety.

The person was supported to try new experiences while any related risks were identified, and action taken to help reduce the risks.

The person was supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person's care plan was accurate and provided staff with enough guidance to enable them to meet their

needs. Information provided to staff about the person's communication preferences was accurate and useful.

The person received their medicines on time from staff who had received training in medicines administration. Medicine records were in the main completed appropriately. Staff needed to double sign all handwritten entries of medicines on MAR records to ensure they are completed safely.

Staff were recruited safely in sufficient numbers to ensure the person's needs were met.

The person was supported by staff who had the skills and knowledge to meet their needs. Staff received induction, training and supervision to assist them to carry out their work.

Staff actively supported the person to maintain links with their family.

The person was supported to access healthcare services. Where significant risks to people's health were identified staff worked collaboratively with the person and relevant health care professionals to prevent their condition deteriorating.

Staff encouraged people to eat a well-balanced diet and make healthy eating choices.

Relatives views varied in how confidant they felt the service was run or that their concerns would be listened to. They acknowledged that the placement was still in the stages of developing.

Professionals were positive about the service and summarised that the placement met the persons current care needs.

There is a clearly defined management structure and regular oversight and input form senior management. The ethos of the service is 'Empowering people to lead a lifestyle they are proud of'. Staff are aware and working to support the person to achieve this.

The manager was in the process of submitting their registered manager application with the Care Quality Commission for Poldark service only. The current registered manager oversees three services and so divided their management responsibility between them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This was the first rating of the service.

Why we inspected
This was the first planned comprehensive inspection of the service. This service has an overall rating of Good.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 🟢

The service was safe
Details are in our safe findings below.

Is the service effective?

Good 🟢

The service was effective
Details are in our safe findings below.

Is the service caring?

Good 🟢

The service was caring
Details are in our safe findings below.

Is the service responsive?

Good 🟢

The service was responsive
Details are in our safe findings below.

Is the service well-led?

Good 🟢

The service was well led
Details are in our safe findings below.

Poldark

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Poldark is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used all of this information to plan our inspection.

The provider had not been requested to complete a provider information return prior to the inspection.

During the inspection
We met the person living at the service. The person was not able to fully share their experience of living at

Poldark, therefore we spent time observing staff with the person and talking with staff about how they supported the person. We spoke with three care staff, the behavioural analyst, operational manager, manager and deputy manager. We spoke with a visiting health and social care professional.

We reviewed the person's care and medication records. We looked at staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

We also looked at independent quality audits and a review of service provision that had been undertaken by health and social care commissioners.

After the inspection
We reviewed care documentation. We provided an opportunity for staff to contact us to share their experience of working at Poldark and for the organisation Greenlight. We spoke with two relatives to hear their views of the service. We requested feedback on the service's performance from two health and social care professionals.

Is the service safe?

Our findings

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
● Staff understood their roles and responsibilities in relation to ensuring the persons safety. They were confident any specific safety concerns reported to the manager would be addressed. Staff knew how to report safety concerns outside the service and told us people were safe.

Assessing risk, safety monitoring and management
● Risk assessments were carried out to identify when the person was at risk and guide staff on the actions to take to mitigate the risk of harm. For example, the person enjoyed food preparation but would wipe the blade in a manner which may cause harm, so suitable knives were obtained to enable the person to continue with food preparation.
● The person was supported to try new experiences while any related risks were identified, and action taken to help reduce the risks.
● Care plans included clear guidance for staff on how to support the person to manage their anxiety and staff had received appropriate training to ensure they had the skills to safely meet their needs.
● Where significant risks to people's health were identified staff worked collaboratively with the person and relevant health care professionals to prevent their condition deteriorating.
● Necessary checks had been completed by appropriate qualified contractors to ensure the environment was safe.
● Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment
● The service recruitment practices were safe and necessary disclosure and barring service checks and references had been completed.
● There were enough staff to support the person's current needs when at home and accessing the community. The service was fully staffed.
● The managers reviewed staffing levels, and when a risk had been identified, staffing levels were increased. This enabled staff to feel confident whilst supporting the person as well as providing the person with appropriate support to access the local community.

Using medicines safely
● Medicines were managed safely to ensure the person received them safely and in accordance with their

health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.

● There were suitable arrangements for ordering, receiving, storing and disposal of medicines.

● When medicines were prescribed 'as required' medicines for pain relief or to help them to manage anxiety, care plans included protocols detailing the circumstances in which these medicines should be used.

● Medicine checks and audits were carried out, so any errors could be quickly identified. Medicine records were in the main completed appropriately. Staff need to double sign all handwritten entries of medicines on MAR records. The manager said this would be raised with staff immediately.

Preventing and controlling infection

● The premises were clean and smelled fresh. The person was supported to be involved in cleaning tasks and caring for their home.

● There were appropriate procedures in place to manager infection control risks.

Learning lessons when things go wrong

● Accidents and incidents were reported and monitored by the manager to identify any trends. The manager discussed accidents/incidents with staff as a learning opportunity. For example, following an incident a review of staffing levels occurred and led to an increase in staffing levels. This meant as the person had access to increased support, they were able to access the community with greater safety.

Good ●

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The person along with their family and relevant health and social care professionals were involved in the development of a 'transition programme'. This enabled the person to move to the service in a planned manner to help ensure their needs were understood and could be met.
● Information about people's health, social and emotional needs was recorded and available for staff.
● Care plans were developed by combining information gathered during the assessment process with details from the person's relatives, previous care providers and staff feedback on the persons individual needs. The care plan was reviewed regularly or when needs changed.
● Staff received training in Positive Behavioural Support (PBS) to enable them to deliver care in line with best practice.

Staff support: induction, training, skills and experience
● Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently.
● Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods included face to face training and competency assessments. Specialist training was completed by external organisations such as epilepsy, first aid and fire.
● Staff were provided with opportunities to discuss their individual work and development needs. Staff meetings and one to one meeting's were held to enable staff to raise any issues and share ideas. Staff told us they were well supported by management: "I feel very supported" and "Greenlight are good at giving out information, like when there are changes in legislation."

Supporting people to eat and drink enough to maintain a balanced diet
● Staff assisted the person to maintain good nutrition and hydration, encouraging them to eat a well-balanced diet and make healthy eating choices.
● Relatives had informed the service of the persons food likes/dislikes and these were catered for.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care
● The person was supported to attend regular health appointments, including their GP, dental examinations and vision checks.
● The service worked with other agencies to help ensure the person's needs were met. When staff recognised changes in the persons health or wellbeing this was reported to managers. Records showed appropriate and timely referrals had been made to health professionals for assistance.

● A 'hospital passport' provided key information about each person, their communication and health needs, in the event they needed a stay in hospital.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● A capacity assessments had been completed to assess if the person was able to make specific decisions independently.
● When a person lacked capacity, staff understood the importance of ensuring DoLS applications had been made appropriately. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.
● An authorisation was in place at the time of this inspection, any conditions were being supported and recorded.
● We found no evidence of inappropriate restrictive practices in relation to taking a punitive approach to managing behaviour that challenged.
● Best interest meetings were organised when it was necessary for others to make decisions on the person's behalf. These involved staff, external healthcare professionals and relatives.

Adapting service, design, decoration to meet people's needs
● The provider had ensured that the service met the persons needs to enable them to be as independent as possible in a safe environment.
● The person and their family were involved and had chosen some of the decoration and furnishings.

Is the service caring?

Good ●

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This meant people were supported and treated with dignity and respect: and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● The person was comfortable in the service and approached staff for reassurance, encouragement and support without hesitation. We observed when the person interacted with staff, their behaviour and body language showed they felt comfortable in their presence.

● Staff ensured the persons privacy and dignity was valued and respected. Staff were getting to know the person's needs and preferences and took pleasure in describing their individual skills and interests.

● Staff were clearly passionate about their work and motivated to provide as good a service as possible for people.

Respecting and promoting people's independence

● The values of the service were based on enabling people to live as fulfilling live as possible and achieve the best possible outcomes. Staff were still getting to know the person and were constantly sharing information as they got to know the persons likes/dislikes.

● The person had complex needs and if these needs were not understood there was a risk their behaviour could become challenging. Therefore, promoting people's independence, to enable them to reach their full potential, was finely balanced.

● The person was supported to maintain and develop relationships with those close to them. Relatives were updated about people's wellbeing and progress by weekly reports and regular phone calls. There were regular visits to the persons relatives' homes.

● The person's right to privacy and confidentiality was respected. Confidential information was kept securely.

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

● The person was involved in decisions about what to do throughout the day. Staff used a 'now and next' strip sequence to assist the person to decide on what activity they wanted to do next, be it an activity in the home or in the community.

● Where any daily routines had been developed, these were in place to meet the persons needs and wishes, rather than to benefit staff.

● Relatives confirmed staff had consulted them if people needed help and support with decision making.

● The person had limited verbal communication. Relatives had informed the staff of what certain signs made by the person meant. Staff had worked with a Speech and Language Therapists to use pictures in conjunction with their own sign language to aid their ability to communicate.

Is the service responsive?

Our findings

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Staff had a good understanding of the person's individual needs and provided personalised care.
● Care plans recorded the person's needs and preferences. These were reviewed monthly or as their needs changed. Regular multi-disciplinary meetings were held to review the persons care and identify future goals.
● The person and their relatives were involved in the development and reviewing of their care plans and attended the multi-disciplinary meetings.
● Daily notes detailed what the person had done during the day and information about their physical and emotional well-being. These were shared with the person's relatives.
● There was good communication within the staff team and staff shared information appropriately, about the person's needs, at shift handovers.
● The service used an electronic application to record daily records log in 'real time'. This further supported staff to have current and updated information about the persons' needs and how they spent their time.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The person's communication needs were identified during their initial assessment before moving into the service.
● A health and social care professional told us an appropriate referral had been submitted to look at how to communicate with the person in a meaningful way. They had assessed the person and worked with staff in developing a communication system that met the person's individual needs. The health and social care professional was complimentary in how the staff team wanted to maximum communication with the person by implementing a communication diary, pain profile and talking mats.
● Care plans detailed what support people might need to access and understand information, such as how to phrase sentences or what manner staff should use to ensure people understood. A hospital passport had been developed to share with hospital staff, to help ensure the persons communication needs would be known if they needed to go to hospital.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● Relatives told the service the interest and activities that the person enjoyed and how often they should occur. The relatives and staff were still debating how the person should be involved in the activities and the duration of the activities that met the person's current needs.

● The person was supported to maintain relationships that were important to them. The person visited their relatives regularly. The service supported the person to travel to their homes which was some geographical distance away.

Improving care quality in response to complaints or concerns
●There was a complaints policy in place which outlined how complaints would be responded to and the time scale.
● Relatives knew how to make complaints. Their views varied in how confident they felt they would be listened to or that their concerns would be acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support
● The service was not supporting anyone with end of life care needs at the time of our inspection. There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded.

Is the service well-led?

Good ●

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Managers had comprehensive oversight of the service and understood the needs of the person they supported. Staff demonstrated an understanding of the person's differences and individual preferences.
● Staff told us they were a close and supportive team who worked well together with the aim of helping people to live the best possible life. Staff said, "I feel very supported" and "There is nothing Greenlight can do to improve."
● Relatives views varied in how confidant they felt the service was run. They acknowledged that the placement was still in the stages of developing.
● Professionals were positive about the service and summarised that the placement met the persons current care needs.
How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The duty of candour was understood by staff and managers. Records showed relatives had been informed of all incidents that had occurred recently.
● The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
● The manager was in the process of submitting their registered manager application with the Care Quality Commission for Poldark service only. The current registered manager oversees three services and so divided their management responsibility between them.
● Roles and responsibilities were clearly defined and understood. The manager was supported by a deputy manager and key workers had oversight of the person's care planning. Managers provided effective leadership to the staff team and their individual roles and responsibilities were well understood.
● The provider had a defined organisational management structure and there was regular oversight and input from senior management. An operations manager supported the manager.
● Staff were very motivated by and proud of the service. They told us they felt valued and were well supported.
● There was good communication between the management and staff. Important information about changes in people's needs was communicated through effective daily notes, handovers and staff meetings.

Managers ensured staff were updated about changes if they were not on shift or unable to attend staff meetings.

● There were robust quality assurance and auditing systems in place designed to drive improvements in the service's performance. Where any issues were identified appropriate action was taken to ensure they were addressed, and the service's performance improved.

● The provider had notified CQC of any incidents in line with the regulations.

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

● Staff meetings were held regularly and were an opportunity to share ideas about how to develop and improve the person's experiences. Staff said they could talk to management at any time, feeling confident any concerns would be acted on promptly.

● The person and their relatives were asked for their views of the service through questionnaires and informal conversations with management.

● Staff and managers had a good understanding of equality issues. They valued people as individuals and staff took pride in their achievements.

Continuous learning and improving care

● Managers attended regular organisational management meetings to support shared learning and share information about the organisation.

● Systems to gather and analyse the persons behaviour and anxiety levels were used effectively by managers. This meant when trends emerged changes could be made, to how support was provided, to help ensure the quality of the person's care continuously improved.

Working in partnership with others

● The service worked collaboratively with healthcare professionals and commissioners to ensure people's needs were met.

● Where changes in people's needs or conditions were identified prompt and appropriate referrals for external professional support were made.