

Peculiar Care Homes Limited

Studio 24

Inspection report

Thames Innovation Centre
2 Veridion Way
Erith
Kent
DA18 4AL

Tel: 02083201010
Website: www.peculiarcarehomes.com

Date of inspection visit:
21 September 2017

Date of publication:
30 October 2017

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

This inspection took place on 21 September 2017 and was announced. The inspection was carried out by one inspector. This was the first inspection of the service since they registered this location with the CQC in 2016. They were formally known and operated as Peculiar Care Homes Limited - F32 Waterfront Studios.

Peculiar Care service – Studio 24 provides personal care and support to younger adults in their own homes. People using the service have complex needs including learning disabilities and autism. The care and support people received ranged from short visits to 24 hour care with some people having two-to-one support depending on needs and requirements. At the time of our inspection 19 people were receiving personal care service.

There is a Registered Manager at this location. 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.

People were kept safe by staff that had a thorough knowledge and understanding of their responsibilities to protect people from harm or abuse. They knew the signs to recognise abuse and the procedure to report any concerns. They also knew how to escalate their concerns to external agencies should it not be addressed internally.

People's needs were met and they were cared for by sufficient numbers of staff. Risks to people were identified and actions put in place to ensure risk were minimised and people kept safe. People received their medicines as prescribed and the management of medicines was safe.

Staff understood their responsibilities with regard to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were supported through an induction, supervision, appraisal and training to provide an effective service to people. Staff we spoke with understood their roles and responsibilities and demonstrated knowledge and skills in the job. People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements. Staff supported people to access health and social care services they required.

People and relatives told us staff treated them with kindness and said their privacy and dignity was always respected. People had choice about how they wanted their day-to-day care delivered and staff respected their decisions. Staff knew people well and supported them in line with their individual needs and requirements.

People's care and support was planned, documented and delivered in a person-centre way. It reflected their

choices, preferences, personalities, needs and individuality. People received support from staff to meet their needs and achieve their goals. People were supported to engage in the activities that they enjoyed. People were supported to socialise, learn new skills, and maintain relationship with family. People and their relatives knew how to complain about the service should they need to.

Relative and staff spoke positively about how the service was run and managed. They told us the service was well run and management support was accessible. People, and their family members and were actively encouraged to provide feedback about the service through surveys. These were used to improve the service delivered.

There was a range of systems used to check the quality of service delivered. Regular spot checks and audits were carried out to identify any shortfalls in the service.

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.

The service had robust systems in place to recognise and respond to allegations of abuse. Staff knew how to report concerns appropriately.

Risks to people were assessed and management plans developed to minimise identified risks.

People received support with their medicines and records showed medicines were managed in a safe way.

Staffing levels were sufficient to meet the needs of people using the service.

Is the service effective?

Good ●

The service was effective.

Staff received the training they required to help them carry out their roles and responsibilities effectively.

The Registered Manager and staff understood and met the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. People consented to the support they received.

People were supported to meet their nutritional and hydration needs.

People had access to healthcare services as they needed.

Is the service caring?

Good ●

The service was caring.

People felt that staff treated them with kindness and respect.

Staff knew people well and how to work with them. Staff had developed positive working relationship with people. People received consistent care from regular support staff.

People's privacy and dignity was respected and staff were aware of the importance of doing so.

Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned and delivered in a way that took into account their individual needs, preferences, personalities and choices.

People were supported to participate in the activities they enjoyed and to maintain an active life. Staff supported people in a way that promoted their independence.

People knew how to make a complaint if required and had confidence that any complaints would be acted upon by the management team.

Is the service well-led?

Good ●

The service was well led.

Relatives and staff told us the service was well run and managed. The registered manager and members of the management team were open and approachable.

The management promoted strong values and commitment which were embedded in the service and demonstrated by staff.

There were processes in place to monitor quality and understand the experiences of people who used the service and improvements were made when identified.

Studio 24

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 21 September 2017 and was announced. We gave the registered manager 48 hours' notice to give them time to become available for the inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. 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. We also reviewed other information we hold about the service and the provider such as complaints and safeguarding concerns. A notification is information about important events the provider is required to send to us by law.

During our inspection, we looked at six people's care records to see how the service managed and delivered their care and support. These included assessment records, care plans and medicine records. We also checked six staff records relating to their recruitment and supervision records. Other records we reviewed included training records, accidents, incidents, complaints, quality audits and policies and procedures. These records helped us understand how the provider responded and acted on issues relating to the care and welfare of people, and how they monitored the quality of the service. We spoke with the registered manager, the manager, a care coordinator and one team leader.

After the inspection we spoke with one person using the service, three relatives, three support workers and one team leader. We also visited two people using the service and their relative at their home to gather their feedback about the service. We received feedback from one healthcare professional involved in the care and support of people to obtain their feedback.

Is the service safe?

Our findings

People told us that they felt safe with staff. One person said, "I am safe with [Name of staff]. They make sure I am safe always." They also commented, "Yes, yes, yes all of them keep me safe." Relatives we spoke with also confirmed people were safe using the service. One relative said, "The service is 100% safe both in and outside the house I have been able to go for holiday for one month in nine years without worrying about [name of loved one] because he is in safe hands." Another relative told us, "I have no concerns about that. I think my loved one is safe with them."

People were supported by staff who understood the provider's policies and procedures in relation to safeguarding adults. Staff had received training in safeguarding people from abuse. Staff we spoke with showed an in-depth knowledge of how to recognise signs of potential abuse and they understood the process for reporting their concerns and escalating these to external agencies if needed. One support worker said, "If I suspect abuse, I will instantly report it to my line manager and follow up with them if they had taken actions. If they have not I will then take it forward to the registered manager. This organisation doesn't take abuse lightly. They will investigate it to the end."

Another told us, "If I observe anything suspicious, I will let my manager know and they will investigate. I know they will definitely follow up no matter how trivial it sounds. That's one good thing about the organisation." A team leader said, "As a team leader, if I am informed of such thing, I will gather more details and contact the registered manager for advice. It depends, we might need to call police and inform local authority but definitely action would be taken by the registered manager." The registered manager was clear about their responsibilities including involving the local authority safety team and notifying CQC. There were no safeguarding incidents from records we reviewed.

Risks of potential harm to people were assessed and managed in such a way that reduced the likelihood of harm occurring. Assessments covered people's mental and physical health, behaviour, accessing and using community facilities, road safety and undertaking tasks of daily living. Management plans were developed on how to support people to minimise harm to them in the areas identified. For example, there were comprehensive management plans in place for people who displayed behaviour that may challenge the service. We noted that people's behavioural management plans were devised with the involvement of a behavioural psychologist and included their triggers, warning signs to recognise their mood change and interventions required from staff to avoid or alleviate the impact. One person's plan stated that their triggers included loud noise, crowded or enclosed places and their warning signs included increase of pitch in voice and being restless.

Staff we spoke with understood the triggers for people in different situations and actions to take. One staff member gave us an example of how they had averted a situation by following a person's care plan and being observant. Another member of staff told us, "You need to understand what makes a person challenge and address it. It could be that you don't understand their gestures and moods. The care plan is helpful so we have to comply with it." We also saw plans for staff to follow to support people safely when out in the community, and when supporting them with activities. Staff showed knowledge of the risks connected with people they supported and how to support them in line with their management plans to reduce the risk to

them.

There were sufficient staff available and deployed to meet people's needs. One person told us staff were available at the times they needed support. They told us the support they received and confirmed staff met their needs. Relatives also confirmed that their loved ones received the support they needed as planned. Staff told us and the rota showed that people received their care and support at the time they needed it. One staff member said, "We have enough time to support people. I have been going to the same people for years." Another staff member said, "The rota is planned according to people's needs. I work with another colleague regularly to do two to one care because that's what the person needs. The manager always makes sure people are safe and get the support they need." The registered manager explained that the rota was reviewed and adjusted based on people's needs and activities on a week by week basis. This meant that people's care and support needs were met by staff deployed appropriately.

The service and registered manager had taken necessary steps to ensure people were supported by staff who were fit and safe to support them. Recruitment records showed that staff underwent robust checks before they started working with people. Checks undertaken included Disclosure and Barring Service (DBS) checks for any criminal records. Satisfactory references were also obtained and applicant's employment histories were explored for any unexplained gaps. Staff files also contained their right to work in the UK and proof of address. These checks enabled the provider to make safer recruitment decisions in order to protect people.

People received their medicines as required. Care plans detailed the support people needed with managing their medicines and who was responsible for supporting people where required. One person's care plan stated they required support from their relative and another received support from their support worker. Training record showed that staff had been trained and their competency in managing medicines was assessed. Staff we spoke with were able to describe how they managed people's medicines safely in line with the provider's procedure which included storage, administration, recording and disposal. We checked Medicine Administration Records (MAR) records for four people and found that they were completed fully without gaps.

Is the service effective?

Our findings

People were cared for by staff who were competent, trained and received on-going support and supervision to be effective in their roles. One person told us, "My support worker is good. They support me well. They have to." One relative told us, "I would say I have had some very good support workers. The ones I have now are okay because they are new so they are still learning." Another relative said, "I am really, really happy with the care, [loved one name] gets. Their health has improved and they are no longer agitated. I am very proud of what they have achieved." Another relative told us, "They [staff] have worked well with my loved one and managed their anxiety well."

Staff told us and training record confirmed that staff had completed training in a range of areas including learning disability awareness, autism, Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), safeguarding, person centred care, challenging behaviour, communicating effectively, medicine management and management of actual and potential aggression. Staff talked about the trainings they had undertaken and they were able to demonstrate in-depth knowledge in these areas. One staff member told us, "This organisation is a place you can learn and develop yourself. They do a lot of training. It gives you opportunity to progress your career." Another member of staff said, "We [staff] do training all the time. They [organisation] are constantly training us to make us better."

We found that all new staff completed a period of induction when they first started working with the service. The induction covered core standards of care in line with the National Care Certificate. Staff told us that the induction equipped them with sufficient knowledge and information to undertake their roles. New staff also had opportunity to shadow experienced member of staff on the job so they could gain practical experience as part of their induction. One staff member told us, "My induction was very informative. They went through everything. By the time they finished with my induction I was ready to start working immediately and I was confident."

Staff received regular support and supervision in their roles. Record showed and staff confirmed that they were supported to discuss issues concerning their role including concerns about people and the team. One member of staff told us, "I get supervision once a month but I can speak to my manager at any time to discuss any concerns I may have. We discuss how to support people better. Also how I can improve myself and any training I need to do." The staff member gave us example of how supervision had been used to address issues in the team. They felt their views were taken into consideration. Record also showed that annual appraisals took place and this was used to address performance concerns, set goals and identify training needs. We noted that the registered manager also provided staff with other forms of support and supervision such as regular team meetings, telephone chats and updates, reflective practice and observations.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive

as possible.

We checked whether the service was working within the principles of the MCA. People's capacity to make their own decisions had been assumed in line with legislation unless there was an assessment to show otherwise. Care records showed how people were supported to consent to their care and support. One person's care record detailed the types of decisions they could make and who and how more complex decisions were decided. Another person's care record noted they were more alert in the mornings and so decisions were best discussed with them at that time of the day. Another person's care record stated, "I like to have clear, simple instructions from staff so I can make decisions. I like to have visual guide like symbols or photos to make information clearer."

Relatives were involved in making decisions where required and where necessary relevant professionals were involved. One care record showed that the person's relative was legally appointed to make decisions on their behalf and had provided consent for their care and support. We saw best interest decisions made for one person for the support they received in the community.

Staff and the registered manager understood their roles and responsibilities. They knew to always obtain consent from people using the most appropriate method. They knew not to force or coerce people into decisions or to stop them. Staff had been trained in de-escalation technique and had been given instructions from professionals on situations when they could physically intervene to keep people safe. We saw the person's care plan recorded clear procedure to follow. It also emphasised that professionals must be notified after an incident. Record showed physical restraint had not been used and the registered manager explained that they had not had a situation where they needed to do so.

People received support they required in meeting their food and hydration needs. Care records stated what support people needed in terms of preparing food and drinks and eating. Those who required support from staff had this documented. Some received support from their relatives in this area and this was noted on their care records. Record showed that people who required support from staff to do shopping and prepare meals received this support. Food people liked were available in pictorial format so staff knew how people decided what they wanted to eat. Where people had allergies to specific food, this was noted on their care plans.

People received support from staff where required, to access healthcare services they needed to maintain their health. Records showed staff accompanied people to attend health appointments. We saw that staff had regular GP visits and staff supported them to attend. We noted that staff supported people to attend review meetings with their psychologists and social workers. Staff understood people's health needs and supported them to access services they needed. For example, one person received support from staff to visit their district nurse regularly for their blood test due to their health condition.

Is the service caring?

Our findings

People were cared for by staff who treated them with kindness and compassion. One person told us, "[Staff name] is good to me. They listen to me and are kind. We are friends." One relative said, "My loved one is blessed to have them. They are so caring to him and us." Another relative told us, "They are kind, understanding and very patient with my loved one." A third relative said, "They [staff] are excellent. They [staff] are brilliant."

People and staff had developed positive relationships. Staff had worked with people for several years and understood their needs. One person told us how they related with their support worker. They said, "[Name of staff] is my friend. We do activities and fun things together." Relatives also told us how staff had developed working relationship with their loved ones and how this had helped in managing their loved one anxiety. One relative said, "They send us the same support workers who know the people. They discuss with us before they change staff. It has helped maintain trust and stability for [loved one] which is important for them." Members of staff we spoke with confirmed they regularly worked with the same people to ensure consistency and continuity of care which helped in developing trusting and positive relationships.

Staff interacted and communicated with people in a way they understood. People's care records described the methods of communication required and provided a guide for staff to follow. One person's plan stated they used Makaton (Makaton is the use of signs and symbols to help people to communicate), pictures and object of reference as a way to converse with them. Another person's plan stated the use of a combination of pictures, Makaton, signs and verbal communication methods. The plan added that for more intensive conversation, "Get down to equal level with [person name] and maintain eye contact and start with open questions with the aim of allowing them lead and shape the interaction." Care plans and care records were available in pictorial format to make it easier for people to understand.

Care records detailed people's routines, preferences, likes and dislikes. One person's care record stated they preferred to stay in bed until late morning and have their breakfast before their personal care. Another person liked to turn on the music player first before anything else. Staff told us the information contained in people's care records enabled them support people in accordance with their preferences and requirements. One staff member said, "You ruin somebody's day and even your day simply because you failed to understand how they like things done and comply with their routine. It also shows you care."

People were given choices of how they wanted their day to day care delivered. People decided how they spent their time and the activities they wanted to participate in as well as how they received their personal care. One person we spoke with told us staff always checked with them what they preferred to do each day. They said they have a weekly activity plan but were able to change this each day as they choose. Staff explained that the activity plan in place was flexible based on people's choices and they just followed what people decided every day.

Staff knew how to support people when they became distressed or agitated. Care records detailed what could make a person become anxious or distress. Staff gave us examples, they said for one person tiredness

or the need to take comfort breaks may cause them distress and agitation. Care records also stated how to recognise changes in people's moods and behaviours and how to support them and reassure them accordingly. One person's care record emphasised the need for staff to regularly stop for a break when out with them. Another person must have their sensory box with them which contained their favourite soft toys and music. These items provided them comfort and reassurance when needed.

People's needs around their sexuality and relationships were assessed and a plan put in place to support with this. Care records provided guidance for staff to follow to support when required. Support provided included having open discussions with people relating to intimacy needs, privacy, consent and safety.

Staff protected people's privacy and respected their dignity. One person told us, "I close on my door if I want and they [staff] have to knock before they enter." A relative said, "They [staff] respect [loved one], they don't provide any private care in the communal areas. They support my loved one with personal care and his privacy and dignity is always respected." Care records noted people's need for dignity. One person's care records stated, "I don't like to be spoken to or treated like a child. Give me my space sometimes too." A third person stated, "I like to be spoken to in a gentle and respectful manner." Training record confirmed staff had completed dignity training and when we spoke with staff they demonstrated they understood why this was important. They gave us several examples how they ensured this while supporting people including addressing people appropriately using their preferred names, closing doors while giving personal care and treating people as individuals.

Is the service responsive?

Our findings

Detailed assessments of people's needs were completed prior to admission ensuring the service was able to deliver care and support to people appropriately. Support plans were developed with people and their relatives to show how their needs identified would be met. Care plans we saw were informative and detailed. They provided a picture of each person's profile including their background, histories, family, social networks, preferences, personalities, likes, dislikes, their goals and what was important to them. Staff told us that the information contained in the care records enabled them to know people's personalities, their needs and how to support them accordingly.

Care records were personalised and allowed people to tell their stories and describe themselves in a positive way. One person's record stated, "I like to go out and have fun. I am a fun lover." Another person stated, "I love my music and TV programmes. Music is very important to me. It makes me happy." Staff understood how to promote and support people accordingly and care records provided guidance. One person told us they liked to be out doors doing fun activities and staff supported them with this. Another person liked listening to music and staff allowed them time for this and supported them to buy new collections of music of their choice.

Staff provided people with the support they needed to manage and maintain their personal hygiene, keep their environment safe and improve their emotional and physical health. One person received support to maintain a healthy weight range. Staff supported them to keep active, make wise decisions with regards to food choices and to track their weight.

People were supported to develop their independence. Care records stated what people were able to do for themselves and what tasks they enjoyed doing. One person's care plan read, "I love to Hoover the house. Let me do this." Another person's stated they loved to prepare their meals but require support from staff to do so safely. Staff promoted people's skills and supported them to develop the skills needed to do the things they want to achieve. Monthly progress reports highlighted goals people had achieved and areas they needed to develop and actions to aid this. Care plans were updated as a result and reflected people's progress and goals.

People and their relatives told us staff supported people to engage in the things they enjoyed and to be active. One person told us of the various activities they had participated in with support from their support worker. We saw people had an activity plan in place which reflected their lifestyle choices, personalities, goals and skills they wanted to develop. People were supported to attend educational classes to learn and develop themselves. People were supported to do a range of activities they enjoyed such as visits to cinema, day trips out, pubs, clubs, and musical concerts. People were also supported to engage in activities they enjoy such as horse riding, gym, swimming, football and tramlining. Records showed staff regularly supported people with their hobbies to maintain an active life. This meant the activities people engaged in were person centred and meaningful.

People and their relatives understood the provider's complaints process. One person we spoke with told us

they would inform staff or their relative if they were unhappy with the service. Relatives we spoke with knew and felt confident to lodge a complaint to the registered manager if they were unhappy with the service. They knew the stages to follow if their complaint was unresolved in stage one of the organisation's procedures. However they told us they had no need to complaint at this point about the service. The complaints process was produced in an easy to read format so that people could more readily understand it. For example, one complaint recorded had been addressed in line with the provider's policy and the outcome was satisfactory.

Is the service well-led?

Our findings

People's care and support was planned and organised by a management team who were thorough and committed to delivering positive outcomes for people. The registered manager, manager and care team showed enthusiasm and passion in the way they spoke about the service's aims and values. They talked confidently about their commitment to delivering positive outcomes for people and this was confirmed in the feedback we received from relatives. One relative told us, "The management is very good and they check on us regularly. After 23 years of looking after [loved one] I am very, very happy with the care and the organisation." Another relative said, "They are brilliant, excellent service. Honestly I am a health professional too, this service is definitely brilliant. No negative feedback." A third relative told us, "The service is excellent. If there is a word better than that I will happily use that to describe how we feel. We have never had it so good before we met Peculiar Care – Studio 24 for about two to three years now." A healthcare professional we received feedback from made positive comments about the service was run and the quality of care and support delivered to people.

There was an experienced registered manager in post who understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required. The management team was approachable and operated an open culture where people and staff could share their views freely. Relatives told us the registered manager and members of the management team were accessible and approachable.

One relative said, "I can call [registered manager name] anytime and he would listen to my concerns. I make it right." Another said, "They [management] are approachable and listen." Staff also told us their managers were accessible and available to give them the direction they needed. On the day we visited we observed the manager giving advice and guidance to a staff member over the phone to resolve a difficult situation. They followed this through until it was resolved. We also observed positive interactions taking place between the registered manager, office staff and a support worker who came into the office for some support.

Staff spoke confidently about the support they received from the registered manager and the management team. One member of staff told us, "[Registered manager] is very good. Quality care is important to him and he is ready to give you all the training and support to deliver good care to people." Another staff member said, "The management is very good. They listen and support you. We are like a family. Another good aspect is they are keen on training. The service they provide means a lot to them and they put everything to make sure it is right." A third member of staff told us, "The structure is in place to support staff such as training and development. They have these so that we can be able to support people properly. They [management] are excellent."

The registered manager held regular meetings with staff. These meetings were used as an opportunity to discuss issues of concern, provide updates about people's care and support, updates on policies and procedures and to reflect on best practice and lessons learnt from incidents and complaints. We saw notes of meetings where joint working with professionals was emphasised. Staff told us they found these useful in keeping up to date with best practice.

Managers also held regular meetings which they used to review incidents and accident, and other matters pertaining to the operation of the organisation and delivery of care to people. Lessons from incidents and complaints were discussed and actions agreed to take. For example two peoples risk assessment had been recently updated following an incident.

The service had a range of methods used to assess and check the quality of service provided. The registered manager undertook a range of audits. These included checks of documentation, health and safety, training, medicines and people's home environments. Where audits identified shortfalls action was taken. For example, one audit identified possible gaps in staff knowledge and skills in dealing with difficult and challenging situations. As a result the registered manager arranged and delivered training in this area. The registered manager also regularly visited people in their homes to complete spot checks and to observe staff on the job. They used this to identify performance issues or training needs. There were no concerns noted in the spot check reports we reviewed.

The provider also gathered the views of people, their relatives, staff and professionals about the service provided through surveys. Surveys looked at quality of care, staff performance, skills and experience, quality of care plans and how person-centred they are. The most recent survey showed high level satisfaction across all areas surveyed and no action plan was needed.