

Promoting Active Support Limited

Our House

Inspection report

South Petherwin
Launceston
PL15 7LQ

Tel: 01566786736

Date of inspection visit:
19 February 2020

Date of publication:
30 March 2020

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

Our House is a residential care home providing personal care for up to eight people who may have a learning disability and associated conditions, for example autism. At the time of the inspection five people were living at the service and one person was staying on respite care.

Whilst the environment wasn't developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance, people's care was. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People at Our House lived their lives as full as possible and had control over what they did and how they were involved in decisions about their care and the service.

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

The ethos of the organisation was to enable people to have as much independence, choice and control as possible. We saw many examples of people leading the life of their choice and being able to influence that on a daily basis. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Any communication challenges were seen as an opportunity to support someone to have a voice and still have control of their life.

We met and spoke to all six people during our visit. However, some people who lived at the service had some communication difficulties due to their learning disability and associated conditions, such as autism. Therefore, they were not able to tell us verbally about their experience of living there. We spent time with people seeing how they spent their day and observed some interactions between people and the staff supporting them. One person said; "I like living here, have lived in lots of different places, but this has to be the best."

Systems were in place to safeguard people. Risks to them were identified and managed. Staff had completed safeguarding training.

People were supported to have maximum 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.

People received their medicines safely in the way prescribed for them. Infection control measures were in place to prevent cross infection. Staff were suitably recruited and there were sufficient staff to meet people's needs. Staffing levels were flexible to enable the service to provide additional staff when needed.

People were supported by staff who completed an induction, training and were supervised. The support required by people with health and nutritional needs was identified and provided.

People had their privacy and independence promoted. Systems were in place to deal with concerns and

complaints. This enabled relatives and people to raise concerns about their care if they needed to.

People's care records were detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans. People's preferences were sought and respected.

People had staff support to access community-based activities and holidays. This was flexible and provided in response to people's choices. People's communication needs were known by staff. Staff had received training in how to support people with different communication needs.

People were supported by a service that was well managed. Records were accessible and up to date. The service was audited, and action taken to address any areas identified that needed improving. Staff were committed to providing good outcomes for people.

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

Rating at last inspection

The last rating for this service was Good (Published 20 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Our House

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 completed by two inspectors.

Service and service type

Our House 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. The registered manager was also a joint provider.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used this information to plan our inspection.

During the inspection

We met and spoke with all six people who lived at the service. We spoke with three members of staff

including the registered manager.

We reviewed a range of records. This included two people's care records and five medicine records. We looked at two staff files in relation to recruitment and at the staff supervision records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to receive further information from the service. We received information from the registered manager and a health professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure staff completed medicines records, correct procedures were not always in place for people who lacked capacity to make decisions about taking medicines and there was an excess of medicines held at the service.

At this inspection we found enough improvement had been made. People's medicines records were now completed as required, people who lacked capacity had assessments in place and no excess stock was held.

- People received their medicines safely and on time. Staff completed training 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.
- There were systems in place to audit and check medicines stocks to make sure medicines had been given correctly.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were aware of the reporting procedure and would report any concerns to the registered manager.
- Information about how to report safeguarding concerns externally was displayed in the service.
- Any safeguarding concerns had been investigated appropriately by the registered manager and action taken.
- The service was well managed which helped protect people from abuse.

Assessing risk, safety monitoring and management

- Risks were identified, assessed and regularly reviewed. There was guidance for staff on the action they should take to mitigate risk.
- People were supported to take positive risks to promote their independence. For example, individual care records detailed the support people required to enable them to access the community independently and safely.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff to help identify known triggers, so they could respond quickly to prevent situations from escalating.
- The environment was currently being upgraded. There were some areas which required additional work. The registered manager had plans to carry out this work. Utilities, equipment and fire systems were

regularly checked to make sure they were safe and fit for purpose.

- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff spent time with people talking to them and offering reassurance and encouragement.
- The staff team covered additional hours when needed. This enabled people to have staff they knew and trusted and be supported with appointments.
- Where people were assessed as needing specific staffing ratios, for example, when going out in the community, this was always provided.
- Staff had been recruited safely. All pre-employment checks such as criminal record checks and references had been carried out before staff started work.

Preventing and controlling infection

- The premises was mainly clean and free from malodours. One area had an odour however, the registered manager was aware of this and was in the process of dealing with it.
- There were appropriate cleaning arrangements in place and staff supported and encouraged people to participate in some cleaning tasks.
- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- When accidents and incidents occurred these were discussed at regular staff meetings, as a learning opportunity.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- One person had their own self-contained flat, though improvement where required the registered manager informed us of the plans for this area.
- People's private space had been personalised to reflect their personal choices. One person said how they would/ choose the colour of the paint in their room.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had systems in place to assess people's needs before they moved into the service. These assessments ensured the service would be able to meet the person's specific needs and expectation.
- People's care plans had been developed by combining information gathered during the assessment process, with details from relatives, previous care providers and commissioners.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- Staff had their training updated regularly. However, on the day of our visit the staff training record showed some staff had not completed all core training, for example fire safety. Following the inspection the registered manager sent us information confirming staff this training had been completed. Training methods included online, face to face training and competency assessments.
- Staff training covered those areas identified as necessary for the service and additional training to meet people's specific needs.
- New staff completed an induction which included training and familiarisation with policies and procedures, organisational working practices and people's care needs. There was also a period of shadowing more experienced staff.
- Staff received regular supervisions and annual appraisals. They told us they felt well supported on a daily basis and were able to ask for additional support if needed. One staff who had only worked in the service for a short time said; "Really enjoying it, lot of support from all staff."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-balanced diet and make healthy eating choices.

- People were supported with shopping and menu planning in line with their needs and preferences. One person told us they "Liked the food at the service."
- Where possible people were involved in meal preparation and the kitchen was suitably equipped to enable people to do this.
- Staff understood people's individual dietary needs and care plans included specific guidance on the support people needed at mealtimes. People were able to access snacks and drinks when they wished.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to see their GP and attend other health appointments.
- If people found attending healthcare appointments difficult, because it might cause them to become anxious, additional staff were provided to support them.
- Health information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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 with appropriate legal authority. 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.

- People were supported to have maximum 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.
- There were processes for managing MCA and DoLS information. The registered manager told us that required applications had been made to have DoLS assessments. However, not all these had been completed at the time of the inspection.
- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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.

- People were treated with consideration and kindness. Staff were friendly in their approach and offered reassurance and support appropriately. Positive and caring relationships had been developed between people and staff.
- Care plans contained information about people's abilities and skills. Management and staff took a pride in people's achievements and were keen to talk with us about this.

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

- People were supported to make as many decisions as possible about their lives.
- We saw how staff put people at the centre of the service and reflected the provider's values. Staff valued people's views and encouraged us to meet and talk with people during our visit.
- People were able to decline offered activities and care interventions. Care plans contained information about people's specific communication methods.
- People, and those acting on their behalf, were provided with a range of opportunities to express their views about the care and support through regular care reviews, meetings and surveys.

Respecting and promoting people's privacy, dignity and independence.

- People's right to privacy and confidentiality was respected. Each person had their own private space when they wished to be alone. Confidential information was kept securely.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff supported people to be as independent as possible by encouraging and praising them.
- People were supported to develop independent living skills and were encouraged to engage with a variety of tasks and chores within the service.
- People were supported to maintain and develop relationships with those close to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff had a good understanding of people's needs and provided individualised care and support.
- Care plans included detailed information about people's health conditions and sufficient guidance for staff to ensure people's needs were met. Each person's care plans included a quick reference sheet which held information about their likes, interest and life history. This information helped new staff quickly gain an understanding of who people were and how previous experiences impacted on their current support needs.
- People received person-centred care. This included a move to more independent living.
- People and relatives were involved in planning and developing their care where possible.
- Daily records were completed detailing how people had spent their time, the care and support provided and staff observations in relation to people's physical and emotional well-being. These were used to help staff meet people's needs.

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.

- Care plans included useful information for staff on people's individual communication needs and preferences. One staff member confirmed they were doing a sign language course to help meet the needs of people in the service.
- Information and care plans were available in accessible formats. Individualised, picture based, communication tools had been developed to enable people to make specific decisions and choices.
- Details of people's specific communication needs were shared with healthcare professionals prior to appointments and a hospital passport had been developed to ensure people's needs were understood in the event of a hospital admission.

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

- There were a range of activities available for people to engage within the service. Most people went out during the day of our visit. People enjoyed activities in the local community. Staff encouraged social interaction, provided mental stimulation and promoted people's well-being. People's individual activities programmes were displayed to inform people about upcoming events. One staff said; "Always someone going out."
- There was a whole team approach to keeping people meaningfully occupied.
- Staff encouraged people to participate in domestic tasks and chores within the service.

- People were supported to maintain relationships that were important to them. Visitors were encouraged, and the service was able to arrange transportation to enable people to visit their relatives at home.

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 scales. The complaints process was available in an accessible format.
- People and relatives knew how to make complaints. Records showed reported concerns and complaints made had been investigated and resolved.

Is the service well-led?

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure they followed the requirements of the Mental Capacity Act (MCA) and associated DoLS in regard to people's medicines, failed to identify accurate records of medicines and not reported a safeguarding alert to CQC as required. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Regular audits took place, and these were completed by the management team. This included medicines audits, MCA assessments in relation to people's medicines needs and ensuring notifications were sent to CQC as required.
- Roles and responsibilities were clearly defined and understood. The registered manager, who was also a joint provider, was supported by the other joint provider. Staff had key worker roles and had an oversight of named individual's care planning.
- The registered manager was involved in the day to day running of the service including working hands on, alongside staff where required. The providers had a defined organisational management structure and there was regular oversight and input from them.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. One staff member said; "The management is very good here." while another said; "(The management) are supportive in personal development."
- There was good communication between all the staff employed. Important information about changes in people's care needs was communicated at staff handover meetings each day and regular staff meetings.
- The management and staff worked to drive improvement across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.
- The provider now notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were positive about the management of the service. Staff told us the registered manager was approachable and always available for advice and support. The registered manager was knowledgeable about all the people living at the service.
- The service had clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. These values, and any organisational changes, were communicated to staff regularly, for example through meetings and discussions.
- Team meetings took place and systems such as a communication book, handovers and email messages were used to promote good communication within the team. Staff told us communication within the service was good and they all worked well as a team.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences. Plans were underway to renovate the self-contained flat to enable people to become more independent.

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 registered manager understood their responsibilities under the duty of candour and said they'd kept relatives informed of any incidents that occurred or changes in people's support needs.
- Staff and the registered manager took an open and honest approach to the inspection process. They acted promptly on the feedback provided and supplied all information requested.

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

- Resident meetings were held to enable people to provide feedback about the service.
- The staff team had a good understanding of equality issues and valued people's individual skills and talents. There were systems in place to ensure people and staff were protected from all forms of discrimination.

Continuous learning and improving care

- There were appropriate systems in place to monitor the service's performance and drive improvements in the quality of care provided. Audits had been completed regularly and where issues had been identified action was taken promptly to resolve these situations. The registered manager ensured learning was shared effectively amongst the staff team.
- The registered manager had forged good links for the benefit of the service with key organisations, reflecting the needs and preferences of people in its care, and, to aid service development.

Working in partnership with others

- The service supported people to access professionals to ensure the relevant support and equipment was made available.
- The registered manager and staff team ensured referrals had been made to enable people to access external professional support when necessary