Peace of Mind Healthcare Ltd

Laural House

Inspection report

3 Buckland Road
Taunton
Somerset
TA2 8EW

Tel: 01823762831

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 21 January 2016 and was unannounced.

The service provides accommodation and support for up to two people with a learning disability, autistic spectrum condition or associated mental health needs. At the time of the inspection there were two people living in the home with complex care needs. People had very limited verbal communication skills due to speech and language difficulties associated with their conditions. Both people were dependent on staff for many of their personal care and other support needs. People also needed staff support to go out into the community to keep them safe from avoidable harm or abuse.

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

The registered manager was on leave on the day of the inspection. We met the senior support worker on duty and one of the provider's company directors, who visited during the day. We were told the service philosophy was to identify each person's individual needs and to respond to those needs effectively. The aim was to support people to achieve the best quality of life possible within their individual capabilities and needs. One relative said "They are giving [person's name] an excellent quality of life". Another person's relative said "I think [person's name] is in good hands, they couldn't do better".

People had choice and control over their daily routines and staff respected and acted on the decisions people made. Where people lacked the mental capacity to make certain decisions about their care and welfare the provider knew how to protect people's rights.

Staff assisted people in a discrete and respectful manner throughout our inspection. Staff were regularly assessed by management to ensure they supported people safely and competently. When necessary, people were supported to access relevant external healthcare professionals.

There were sufficient numbers of staff to meet people's needs and to keep them safe. Staff received training to ensure they had the necessary knowledge and skills to provide effective care and support. The service employed a small team of permanent staff who were knowledgeable about people's preferences and behaviours.

Systems were in place to ensure people received their medicines safely. Checks were carried out to ensure the correct medicines were administered to the right people at the right time.

People were supported to visit relatives, access the community and participate in social or leisure activities of their choice on a regular basis.

People, relatives and staff all commented on how approachable and supportive the provider's management team were. They said they could approach any of the managers for help or advice whenever needed.

The provider had an effective quality assurance system which ensured the service maintained good standards of care and promoted continuing improvements.

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.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead more fulfilling lives and to remain safe.

Is the service effective?

Good

The service was effective.

People received effective care and support from staff who were trained to meet their individual needs.

People were supported to maintain good health and to access health care services when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care.

Is the service caring?

Good

The service was caring.

People were supported by very caring and considerate staff.

People were treated with understanding, dignity and respect.

People were supported to maintain their family relationships.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences were known and acted on.

People and their relatives were fully involved in decisions about care.

People, relatives, staff and other professionals were able to express their views and the service responded positively to feedback.

Is the service well-led?

Good

The service was well led.

People were supported by an inclusive and open management team and very motivated staff.

The service had a caring and supportive culture focused on promoting the best quality of life for the people who lived in the home.

The provider's quality assurance systems ensured a high standard of service provision and improvement.

Laural House

Detailed findings

Background to this inspection

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

This inspection took place on 21 January 2016 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries received from or about the service and the Provider's Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The service was last inspected on 23 April 2014. At that time, the service was meeting essential standards of quality and safety and no concerns were identified.

During this inspection we were only able to have very limited conversations with the two people who lived in the home, due to their speech and language difficulties. Following the inspection we telephoned people's close relatives to obtain their views of the service. During the inspection we spoke with a senior support worker, two other members of support staff and one of the provider's company directors, who visited the home during the day.

To gain an insight into people's experience of the service we observed staff practices and interactions with the people they were supporting. We also reviewed people's care plans and other records relevant to the running of the home. This included staff training records, medication records, complaints and incident files.

Good

Is the service safe?

Our findings

We observed people were well treated and they were relaxed and at ease with the staff supporting them. People's relatives felt the service provided a safe and secure home for their relative. One person's relative said "I know they are happy and safe and this makes a huge difference". Another relative said "I've got no worries on the safety front".

Due to their learning disabilities, and other associated conditions, people had difficulty interacting with others which made them potentially more vulnerable to abuse. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries. One member of staff said "I've never seen anything to worry me and I've never had to question anyone's care". Staff were confident the provider would deal with any concerns immediately to ensure that people were protected.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

Care plans contained risk assessments with measures to ensure people received safe care and support. For example, there were risk assessments and plans for supporting people when they became anxious or distressed. Circumstances that may trigger anxiety were identified with ways of avoiding or reducing the likelihood of these incidents. Staff received training in positive intervention to de-escalate situations and keep people and themselves safe. One relative told us "I take my hat off to the manager for his determination to get [person's name] off regular 'as required' medicines for controlling their anxiety. They are now a lot calmer and the amount of 'as required' medicines they have is much reduced".

Any incidents were investigated and action plans were put in place to minimise the risk of recurrence. The number of incidents was low but included acts of self-harm when people became anxious or distressed. Records showed the provider met their statutory requirements to inform the local authority safeguarding team and the Care Quality Commission of notifiable incidents. Staff completed an incident report whenever an incident occurred. This had to be signed off by the registered manager and any comments or learning from the incident recorded. Incident reports were reviewed regularly by the provider to see if any changes or improvements to practice could be made. For example, one person could become anxious if they did not receive sufficient attention. Staff were made aware of the need to ensure the person was given frequent reassurance and was continually aware of a staff presence.

Staff knew what to do in emergency situations. For example, there were protocols for responding when people experienced epileptic seizures. Staff received training in providing the required medicines and knew when and who to notify if the seizures were prolonged. Staff said they would call the relevant emergency

services or speak with the person's GP, or other medical professionals, if they had concerns about a person's health and welfare.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. An external consultant carried out an annual health and safety risk assessment of the home. The service had a comprehensive range of health and safety policies and procedures for staff to follow in order to keep people safe. Management also carried out routine health and safety checks on a weekly and monthly basis.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The service employed a small team of permanent staff who were knowledgeable about people's preferences and behaviours. There was always at least three care staff on duty during the day shifts and two waking night staff. The only exception was when a person returned to their family home, for a few days social leave, which enabled a reduced staffing level while they were away. There was a 24 hour manager on-call rota to provide further advice or support to staff, if needed. Staff said there were always sufficient staff numbers to meet people's needs. For example, they were able to take people out several times each day. One person received two to one staff support and the other person one to one staff support throughout the day. The provider ensured additional staffing was available whenever required. Staff said they were willing to work extra shifts and the management team also covered shifts, whenever needed, such as for short notice absences. Agency staff were only used as a last resort and were always accompanied by a permanent staff member.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. To make sure staff remained competent to give out medicines they were periodically observed by the provider's management team to ensure staff practices continued to be safe. These checks helped to ensure the correct medicines were administered to the right people at the right time.

All medicines were prescribed by the individual's GP. Medicines were kept in secure and suitable storage facilities and medicine administration records were accurate and up to date. Staff said they always checked to ensure the correct medicines had been taken at the right times.

Good

Is the service effective?

Our findings

Feedback from people's relatives indicated the service was effective in meeting people's needs. One person's relative said "They set out from the start to build up a varied life for [person's name]. They are giving them an excellent quality of life". Another relative said "I think [person's name] is in good hands, they couldn't do better".

Staff were very knowledgeable about each person's needs and preferences and provided support in line with people's agreed plans of care. Staff received training to ensure they had the necessary knowledge and skills to provide effective care and support. This included general subjects, such as: safeguarding, first aid, infection control, administration of medicines, equality and diversity, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Person specific training was also provided to meet people's individual needs, including: epilepsy, positive intervention techniques, and a communication system with pictures and symbols to assist people with understanding. The provider used a range of different training providers and training resources to ensure people received effective care based on current best practices. The provider encouraged and supported staff to undertake continuing training and development, including vocational qualifications in health and social care.

Staff were trained to communicate effectively in ways people could understand. People who lived in the home had difficulty expressing their choices clearly through speech. When a person had difficulty communicating verbally the staff were extremely patient and persevered, without rushing them, until they could understand what the person was saying. One person, who moved to the home recently, had a very limited vocabulary of their own words. They also used various hand gestures to communicate their wishes. We observed staff understood these words and hand gestures. Staff told us they were gradually expanding the person's vocabulary through playing word games. They were also slowly introducing a communication system based on pictures and symbols to try to assist the person with their understanding. The service received advice and support from a speech and language therapist and had booked them to provide a communication training session for all staff.

Staff told us they received a comprehensive induction programme when they first started. They then shadowed experienced staff until they got to know people's individual support needs well. The competency, knowledge and skills of new staff were assessed by management during a probationary period to ensure they were able to care for people effectively.

Staff received a minimum of six individual supervision sessions a year. Additional supervision sessions often took place, either at the request of staff, or if management wanted to discuss specific care practices with the member of staff. Staff had annual performance and development appraisal meetings with the registered manager. This was to review their performance and identify any further training and development needs.

Staff said they all worked well together as a friendly and supportive team in order to ensure people received effective care and support. They said management were extremely approachable and accessible and they could turn to them for advice or assistance about anything. People's individual care and support needs were

discussed regularly at shift hand-overs, staff supervision sessions and monthly team meetings. This helped ensure people received appropriate and effective care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We observed when people lacked the mental capacity to make certain decisions the service followed a best interest decision making process. Staff had also received training and had an understanding of the requirements of the MCA and the DoLS.

We observed urgent DoLS authorisations had been completed for both of the people in the home. Standard DoLS authorisations had also been submitted to continue certain restrictive practices, considered necessary to keep people safe from harm. The provider was currently awaiting the outcome of the DoLS applications. This showed the service followed the requirements in the DoLS. We saw associated risk assessments and best interest decisions documented in people's care plans. We were told restrictive practices were regularly reviewed with a view to reducing the number and impact of any restrictions on people's freedom, rights and choices.

People were supported to have sufficient to eat and drink and to have a balanced diet. We observed there was fresh fruit in a bowl in the kitchen. Staff were knowledgeable about people's individual dietary tastes and preferences. The main evening meal weekly menu choices were based on people's known preferences, but with as much variety as possible. People were able to choose an alternative to the weekly menu choice on the day, if they wished. People were free to choose their own breakfast and lunch options from a variety of foods available in the kitchen. One person required a specialist diet and staff ensured their special dietary needs were met. They had a history of refusing food and drink. We observed staff carefully weighed the person's food intake to ensure they received sufficient quantities of nutrition. Staff encouraged the person to eat little and often and were awaiting further advice from the person's doctor, who was monitoring the person's condition.

People were supported to maintain good health and wellbeing. Each person had a health action plan and a 'hospital passport'. This is a document containing important information to help support people with a learning disability when admitted to hospital. Staff said the service received good support from the local NHS and social care teams. People had their own individual social workers and people were supported by a range of local healthcare practitioners, including the local GP practice. More specialist medical advice was sought, as required, from the local hospital and mental health NHS trusts. There were records of multi-disciplinary assessments within people's care plans.

Good

Is the service caring?

Our findings

People's relatives told us the management and staff were very caring. One relative said "I've got to commend them on caring. It's fantastic, I can't fault anything. Since [person's name] moved here I am actually sleeping at nights now". Another relative said "I live a distance away but the manager and staff regularly update me. They are always so nice on the telephone".

We observed staff spoke to people in a very patient and considerate manner and respected their wishes. We heard staff consulting people about their daily routines and activities and no one was made to do anything they did not want to. People were encouraged to make their own decisions, as far as they were able to. We observed staff offered people options to choose from and then acted on the person's wishes. For example, one person chose to get up early in the morning and go to bed early in the evening whereas the other person preferred to wake up late and go to sleep late at night.

We observed people had their own private space but staff were always on hand when people needed their assistance. For example, we observed one person looking through a magazine alone in their room. As soon as they came out of the room staff asked if they needed anything or wanted to do anything. The other person had been unwell for a number of weeks, they had recently returned from a two week stay in hospital. We were told a member of staff from the home stayed with the person every day while they were in hospital. The member of staff provided reassurance and assisted hospital staff as they were less familiar with the person's needs. The person now spent a lot of their day in bed and was being repositioned regularly to avoid pressure sores.

We were speaking with a member of staff while the person was sleeping. There was a feint noise and the member of staff said "I think she's moving" and immediately went to the person's room, knocking on the door before entering. The member of staff asked "How are you doing sweetheart, you don't look very comfortable, would you like me to sit you up and get you something to eat?" The member of staff then offered various food choices which they knew the person liked, including cereals, toast or a banana. The member of staff was extremely patient and caring in supporting the person over a lengthy period of time.

Each person had an assigned key worker. This was a member of staff they had a good relationship with. The key worker had particular responsibility for ensuring the person's current needs and preferences were identified and acted on by all staff. Relatives told us staff had a very good understanding of their relatives individual support needs. Where appropriate, people were supported to access independent external advice and support if they needed help with making important decisions.

Another person's relative and staff told us the person's anxieties had reduced significantly since moving to the home. This was confirmed by the reduction in incident records and a much reduced 'as required' medicine intake. We observed they were calm and did not display signs of anxiety during our inspection. The person received two to one staff support. We observed they were asked which two members of staff they wished to go with them on their regular walk and their choice was acted upon. We followed the person from a distance to observe the staff practices. The two members of staff walked close behind the person allowing

them some space. However, they were close enough to step in, if needed. The person stopped before crossing roads and the staff praised them for being aware of the traffic and reinforced the need for road safety each time. This showed how staff were trying to promote the person's control and independence.

When they reached a small park the staff supported the person to throw a ball through a netball hoop. The game continued until the person decided they had had enough. All of the interactions between the person and the staff were friendly, reassuring and as discreet as possible when members of the public were nearby. This showed the staff were caring and they respected the person's dignity.

In a similar way, staff respected people's privacy and dignity within the home. For example, personal care was only provided in the privacy of people's bedrooms or in the bathroom. Staff ensured doors were closed and curtains or blinds drawn when personal care was in progress. We observed staff always assisted people in a discrete and respectful manner throughout our inspection.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. For example, staff made sure care plans were not left unattended for other people to read. Care plans were kept in an office and the door to the office was locked when staff were not present.

People were supported to maintain relationships with their families and friends. Relatives told us they could visit or call the home as often as they wished without any unreasonable restrictions. Staff also supported people to visit their families, if this was agreeable to all concerned. This helped people to maintain relationships with the people who cared most about them.

Care plans included information about people's end of life preferences and any spiritual or religious beliefs. Staff were aware of people's beliefs and preferences and respected their views and choices.

Good

Is the service responsive?

Our findings

People's needs and preferences were understood by staff and the staff acted on people's choices. One person's relative said "They are very responsive. They really try to fit in with what [person's name] would do when they are at home with me. [Person's name] needs a lot of structure due to their autism. Their daily schedule is carefully planned but they are given a lot of options and they can change their planned activities if they want". We observed the person had a set daily routine and activity plan for each day of the week. This included going out into the community most mornings and afternoons. The person generally liked to stick to their planned routine but could refuse, or choose a different activity, if they decided they didn't want to do something.

People participated in a range of activities to suit their interests and needs. Activities included going for walks, trips into town, car and bus journeys, visiting a farm to feed the animals, pub lunches, swimming and other leisure activities. Within the home people assisted with daily living tasks to promote their independence; including housekeeping, tidying their room and doing their laundry. People could watch TV, listen to music, read magazines, do puzzles and play word games with staff.

People's rooms were furnished and decorated to suit each person's tastes and choices. People were free to use any of the communal areas or to return to their rooms, if they wanted some time on their own. People's rooms contained personal belongings; such as pictures, paintings and toys; to make the rooms more homely.

Each person had a comprehensive care and support plan based on their assessed needs. One person's relative explained how "meticulous" the provider was in assessing their relative's needs and preferences when they first moved to the home. The care plans provided clear guidance for staff on how to support people's individual needs. People contributed to the assessment and planning of their care, as far as they were able to. Where people were unable to express a preference, the staff consulted with their close relatives to gain further information on people's tastes and preferences.

A designated key worker was responsible for ensuring each person's individual needs and preferences were identified and acted upon by all staff. Care plans were reviewed on a monthly basis and were updated to reflect any changes in people's needs or preferences. The provider carried out regular audits of the care plans to ensure they were tailored to each individual's current needs and preferences.

Care records showed people had regular meetings and assessments with their social workers and with a range of health care professionals. One person's care needs had significantly increased over recent weeks. Their complex needs had been assessed by a multi-disciplinary team (MDT). A range of specialist equipment had been recommended to assist with the person's increasing mobility needs. The provider was in close liaison with the MDT to assess whether the home could continue to meet the person's needs and whether or not it was in the person's best interests to remain at the home.

People were able to choose their preferred staff members to support them on each shift. We observed one

person selecting the staff they wanted to go for a walk with to a local park. Staff members of the same gender were available to assist people with personal care, if this was their preference. For example, one person preferred female staff only for personal care and this was respected.

People's relatives and the staff told us the registered manager and the provider's directors were supportive, accessible and approachable. They said they could go to any one of the senior team and they were confident any issues would be resolved appropriately and quickly. One person's relative said "I've got no concerns whatsoever" and another relative said "I've got no complaints or worries". A member of staff said "I can't fault them, they are very supportive and professional. There's no messing around, if you have a problem it's sorted, or you are told straight if they are unhappy about anything".

The provider had an appropriate policy and procedure for managing complaints about the service. This included agreed timescales for responding to people's concerns. The service had received one formal complaint in the last 12 months from a neighbour relating to staff parking. This had been addressed in discussion with the neighbour. Although the provider had not received a complaint directly, the registered manager had drafted an explanatory letter to the occupants of nearby properties, following an anonymous complaint to the Care Quality Commission about noise from the home. This showed a willingness to respond to people's expressed concerns.

Good

Is the service well-led?

Our findings

Relatives of people who lived in the home told us the management and staff were very open and approachable and kept them regularly informed. One relative said "They are all very approachable. The management are straight forward and honest. This gives me confidence".

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. The registered manager was on leave on the day of the inspection. We met the senior support worker on duty and one of the provider's company directors, who visited the home during the day. We were told the service philosophy was to identify each person's individual needs and to respond to those individual needs effectively. The aim was to support people to achieve the best quality of life possible within their individual capabilities and needs.

Staff received comprehensive training to ensure they understood and were able to deliver the provider's service philosophy based on current best practices. There was a comprehensive induction programme for new staff and continuing training and development for established staff. The service philosophy was further reinforced through regular staff meetings, shift handovers and one to one staff supervision and appraisal sessions. The provider's approach was also supported by associated policies, procedures and operational practices.

Staff told us the provider's management team were very accessible, approachable and supportive. A member of staff said "[Company directors' names] are very easy to talk to. They want to ensure people experience a really good service. This is the best company I've ever worked for". Another member of staff said "The directors provide strong and effective management and I have a very good relationship with the registered manager".

Decisions about people's care and support were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability; from care staff to the manager and the provider. Staff said everyone worked really well together as a close knit, friendly and supportive team.

The provider had a quality assurance system to check they continued to meet people's needs effectively. The provider's management team carried out a programme of weekly, monthly and quarterly audits and safety checks. These checks covered all key aspects of the service to ensure high standards were maintained and any identified areas for improvement were actioned. For example, it was identified that a member of staff had not completed people's medicine administration records correctly. The registered manager observed and supervised the member of staff's next three medicine administration rounds to ensure they understood and followed the correct procedures. The provider's quality checks and audits ensured people continued to receive good care in a safe and homely environment.

People and their relatives were encouraged to give their views on the service through day to day conversations and structured care plan reviews. The provider was about to circulate its first annual

satisfaction survey to people, relatives and professionals involved with people's care. However, the feedback we received from our telephone conversations with people's relatives was overwhelmingly positive. Relatives said they were always kept informed about any issues and they could contact staff and management at any time if they wanted to discuss anything.

The provider participated in forums for exchanging information and ideas and fostering best practice. These included service related training events and conferences and relevant online resources for information and advice, such as The Royal Mencap Society. The provider used an established external consultancy firm to review and update their policies and procedures in line with current legislation and best practice. Monthly management team and staff meetings were held to discuss and disseminate information and new ideas and to keep staff informed about service developments.

The service worked in partnership with other agencies. They had good links with local health and social care professionals. More specialist support and advice was also sought from relevant professionals when needed. This helped to ensure people's health and wellbeing needs were met.

The service had links with the local community and people were supported to engage in the community, to the extent they were able to. Staff supported people to go out most days of the week. This included social and leisure activities, visits to local restaurants and pubs, trips to places of interest and family visits. The registered manager was currently in communication with residents living near to the home to help promote people's awareness and understanding of the service.