

Prosignia Limited

Prosignia Limited - 14 Church Lane Avenue

Inspection report

The Bungalow
14 Church Lane Avenue
Coulston
Surrey
CR5 3RT

Date of inspection visit:
19 November 2019

Date of publication:
24 December 2019

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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

About the service

Prosignia is a care home providing personal care for to up to two people who may be living with a learning disability. At the time of inspection, the service was supporting two people. The home accommodates people in one adapted building.

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

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

Systems were in place to keep people safe from the risk of harm and abuse. People's needs were met by suitable numbers of staff who knew them well. People received their medicines as prescribed and were protected from the risk of infection.

People using the service received planned person-centred care and support that was appropriate and inclusive for them. The service worked closely with other health professionals to ensure people's health needs were met.

People were treated with kindness and respect and staff spoke fondly about them. People's privacy and dignity were respected, and they received personalised care which was responsive to their individual needs.

People had support plans which were individual to them, information in them included their life histories, preferences, likes and dislikes and their support needs. The provider sought feedback from people's families to improve the service.

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.

The registered manager had a good overview of the service and was actively involved in people's care. There were effective systems in place to monitor the safety and quality of the care provided.

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 24 April 2017).

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 reinspection 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.

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Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Prosignia is a care home for up to two people who require personal care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

The inspection was announced. This was to ensure there would be someone there due to it being a small service.

What we did before the inspection

We reviewed information we had received about the service since the last 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 all of this information to plan our inspection.

During the inspection

We spoke with two members of staff and the registered manager. Due to the people living in the home being unable to speak with us we used observations of care provided to them. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted six professionals who work with the service and two relatives for feedback on their experience of the service.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about the signs of abuse and how to report concerns should they have any and had attended training on safeguarding.
- Staff felt confident the registered manager would deal with any safeguarding concerns effectively.
- Relatives and staff we spoke with told us that they felt people were safe. One relative told us, "Yes I feel [Loved one] is very safe." One staff member told us, "They [people] are kept very safe, we know them well and what they need."

Assessing risk, safety monitoring and management:

- People had comprehensive risk assessments in place to manage risks, such as the risk of choking and triggers that may increase a person's anxiety such as busy public places.
- Environmental risk assessments were carried out, such as gas, electrical and fire safety checks. This was to ensure people were safe in the premises. We noted that the provider had not had a recent legionella test completed, however water temperature checks to ensure safety had been carried out. While we were on inspection the registered manager arranged for a test to be completed.
- We noted, where appropriate, people had a behaviour management plan in place. This is a plan for people who may present with behaviour that may challenge. These plans were detailed and had clear instructions for staff on how to manage and de-escalate potential behaviour that may challenge. Staff told us that due to these management plans there was no need for any physical restraint.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their needs. Relatives and staff we spoke with confirmed this.
- The provider's recruitment process was robust and included the necessary recorded checks that showed candidates were suitable to work in the care sector. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicant's conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- There were procedures in place to ensure people received their medicines safely, according to their needs and as prescribed.

- The registered manager told us how the home works closely with GP's and other prescribing professionals to minimise the need for unnecessary medicines.
- People received their medicines from trained staff who had their medicines competency checked.
- The provider had a system to audit medicines records and follow up any gaps or mistakes in records. We noted there were no gaps in records.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection such as the use of gloves and hand gel.
- Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection.

Learning lessons when things go wrong

- The registered manager reviewed any accidents, incidents or concerns to identify trends, lessons and areas for improvements to people's care.
- The registered manager told us, one person was prone to ripping clothing when agitated, following a trip out and this happening, the person's care plan was reviewed and directed staff to take spare clothes out with them.

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.

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

- Relatives and staff told us people received effective care.
- People's care needs were comprehensively assessed, and care plans were created and were individual to the person.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences, and information was clear, so staff knew what the person's care needs were.
- We noted in people's care files that reviews were regular and that where appropriate families were involved in care reviews.

Staff support: induction, training, skills and experience

- Staff completed an induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed mandatory training such as safeguarding and food hygiene, as well as training specific to people's individual needs, such as autism awareness.
- The registered manager had an effective system to monitor that staff training and competency checks were carried out and evidenced to ensure staff skills remained at a good standard.

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

- Staff ensured people had enough to eat and drink and people were supported to prepare their own meals where this was in their care plan.
- People were given choices of meals and if someone was at risk of choking there were specific instructions for staff to follow to minimise the risk of this happening.
- Staff worked with nutritional therapists to ensure people had a healthy and balanced diet.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with district nurses, speech and language therapists, pharmacies, GPs and learning disability specialists to meet people's needs.
- We noted in people's care files that there was effective joint working and communication with other agencies to meet people's individual needs.

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

- The service is a house located in a residential area.
- People's rooms were personalised, and they were able to have them decorated to their taste. People had personal belongings in their rooms.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them, and their healthcare needs well.
- People were supported to attend healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they impacted on them, so they could support them effectively.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood mental capacity and the principles of the MCA. People's capacity to consent to specific decisions was considered and reflected throughout their support plans. People were supported to express their views and make choices about their care to give them maximum choice and control.
- There was evidence the service applied for DoLS where appropriate and undertook best interest meetings where people were assessed as lacking capacity to make a specific decision and involved people who were important to them.

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 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; equality and diversity

- Relatives and staff we spoke with told us that the staff who cared for people were kind and caring.
- One relative told us, "They [staff] are looking after [loved one's name] really well, it's a wonderful place."
- People had developed caring relationships with their care workers.
- People's individual needs, preferences and beliefs were respected by the service and any specific requirements were catered for where possible. For example; where a person communicated non-verbally, the service had identified how the person communicated and what certain signs, noises or facial expressions meant for them. Staff knew how to communicate with the people they supported and knew them well.

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

- People and their relatives were involved in their care and support decisions. We saw details of this in people's care files.
- The provider ensured people and their relatives could give feedback regarding the service in a number of ways to gather people's views on the service provided. This could be feedback face to face, by email, text or phone.

Respecting and promoting people's privacy, dignity and independence

- Relatives and staff confirmed people were treated with dignity, respect and their independence was promoted as much as possible. One staff member told us, "[person's name] cannot chose their own clothes so we support and give choice, so they are involved, another person can prepare some food and we encourage them to do this."
- We observed staff promoting people's independence and respecting their privacy and dignity. One staff member told us how they would support people with personal care but also encouraged them to do as much for themselves as possible.

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 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 ensure people have choice and control and to meet their needs and preferences

- Staff planned care and support in partnership with people and where appropriate their relatives.
- People's needs were captured in comprehensive care plans which contained detailed information about how people wished to receive their care and support.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation. For example, people were supported to attend religious services.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as using visual aids and signs.

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

- The service worked in line with the principles and values that underpin Registering the Right Support and other best practice guidance to ensure people living at the home led as full a life as any person. People were supported to take part in activities both in the home and in the community. Activities consisted of trips to the park, going to town, walks, feeding animals, cooking, sensory sessions and gardening.
- People were supported to maintain relationships as much as possible. Relatives were welcome at the home at any time and one person's relative had a specific time they called each week to speak with their loved one.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, respond to, follow up and close complaints.
- There had been no complaints since our last inspection.
- Relatives told us they were aware how they could complain but had not needed to.

End of life care and support:

- The provider was not currently supporting anyone at the end of their life.
- We discussed how the provider would support people at the end of their life should this be needed. They told us how they would liaise with relevant services.

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 good. At this inspection this key question has remained the same.

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

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

- Relatives and staff told us the service was well-led. There was a warm and friendly culture within the service with a clear drive to provide high quality care.
- There was a governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.
- The registered manager was very involved in people's care and therefore had consistent oversight of the quality of care through observing staff. This enabled him to monitor the quality of the care being provided

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 was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

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

- The provider had effective systems and processes in place to monitor the quality of the service and drive improvement.
- The registered manager knew their responsibilities with regards to the regulatory requirements. The rating for the home was displayed and the registered manager sent the required notifications to the CQC in line with regulations.

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

- The registered manager had regular contact with people's families to keep them involved in their loved one's care. Relatives visited regularly and with the home being small it meant relationships and communication were good with regards to updates and feedback.
- Staff had the opportunity to share their opinions on the service in team meetings, in supervisions and with the managers 'open door' policy. We observed an open culture within the staff team. One staff member told

us, "Staff bring ideas to the team and we have open discussions. I once suggested an extra fire extinguisher was sought for the lounge, this was done."

Continuous learning and improving care

- The registered manager strived to continually improve the quality of the service.
- Changes made came from discussions and suggestions in team meetings and feedback. We noted this had been effective in driving improvements such as; changes in meal plans, and routines around the home to alleviate people's anxiety.

Working in partnership with others

- The provider worked in partnership with the local authority and other agencies such as social workers, the local authority and commissioners.
- Feedback from one professional who worked with the service stated, "I have found all of the staff that I have spoken to be very caring, thoughtful and understanding of my patient and have thought carefully about how to support him in managing his needs in all areas. When they have concerns they have got in touch with me and the GP and we have been able to promptly look into this and make decisions for the patient to meet his needs."