Aaban Partnership Ltd

Providence House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Providence House is a residential care home providing personal and nursing care to up to 10 people. The service provides mental health support to young people aged between 13 and 18 years old. Throughout the report we have used the term young people to represent those using the service. At the time of our inspection there were six young people using the service.

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

Systems in place for audits and monitoring the quality of the service were not sufficiently robust. Electronic care plans did not contain person centred information or contain clear and measurable goals. Records of care provided were not always detailed or reflective of the actual good care and support young people had received. Where young people needed specific staff support when they were experiencing distress, positive behavioural support (PBS) plans were in place, but these were not written in a way that was easily accessible to the young people. Systems and processes currently used were mostly developed whilst providing service to adult's further developments to young person focus was needed. New person centred, accessible and young person focussed care plans and PBS plans were being developed, but these had not yet been embedded

Young people received their medicines as prescribed. Some records were incomplete, and action required regarding room temperature and oxygen signage had not been taken. Staff had received training in safeguarding young people from abuse. Risks within the home, to young people and staff were identified and well managed. The required checks were completed before staff started to work at the service and there were sufficient staff to meet the young people's needs. Risks associated with COVID-19 had been assessed and well managed.

Staff received the induction, training and support they needed to carry out their roles effectively. Young people were supported to eat and drink and maintain a balanced diet. They were supported to access a range of health care professionals from the providers own multi-disciplinary team including psychologist, psychiatrist, nurses and occupation therapist.

Staff knew the young people well and spoke respectfully about the young people they supported. Throughout the inspection staff were observed to have a kind and caring, unrushed approach. Young people were listened to and involved in decisions about their care. Everyone was positive about the staff and the support people received.

There was an activity timetable in place for each young person. People told us the activities had improved

recently. There was a plan for this to be further developed to improve the range of individual and group activities. These developments had been designed by the Occupational therapy team and the young people. The service was following the Accessible Information Standard (AIS).

There was a recently appointed manager in place who was applying to register with CQC. People were very positive about the new manager. Everyone was positive about the recent changes and improvements. The management team in place had a clear commitment to continuing with improvements and providing safe, quality care. Staff morale was good. There was an appropriate system in place for the management and oversight of complaints, accidents and incidents and safeguarding's.

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

Rating at last inspection
This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to information we received from the provider regarding changes they had made to the type of service they provided. This involved the service changing from providing mental health support to adults, to a more medical model of support and treatment to young people aged 13-18 years old. As part of the inspection we reviewed the service being provided and we confirmed to the provider that the current registration was not reflective of the type of service and treatment being provided to young people. The provider has been transparent throughout this process.

We have advised the provider that they need to apply to CQC to request the appropriate changes to their registration. Failure to address this and ensure the service is appropriately registered may lead to the commission considering further action. CQC will contact Ofsted to inform them of the service being provided so they can determine if it needs to be registered with them.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Providence 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by three inspectors on 24 May 2022 and two inspectors on the 26 May 2022.

Service and service type
Providence House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Providence House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.
At the time of our inspection there was a manger in post who had applied to be registered with CQC.

Notice of inspection
We gave a short period notice of the inspection due to the information we needed to review the registration of the location. We also needed to ensure the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with two young people who used the service and spoke by telephone with three relatives. We also spoke with 12 staff including the nominated individual , manager, service manager, support workers, positive behavioural support practitioner, nurse, psychologist, clinical lead and psychiatrist. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
We reviewed a range of records including assessments, care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. A variety of records relating to the management of the service, including audits and policies and procedures were also reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed.
- Consent to medicines administration had been sought, but records were not dated, this meant we could not be sure consent was current.
- Records relating to the receipt and disposal of an antibiotic were not completed. The medicines room temperature had been above accepted limits at times, this had not been addressed. Signage indicating the storage of oxygen was not visible outside the medicines room. This had also been identified in the fire risk assessment, as an action needed to help ensure the safety of fire fighters in the event of a fire. Action was taken during the inspection. We have dealt with this in the well-led section of this report.

Systems and processes to safeguard people from the risk of abuse

- Young people were protected from the risk of abuse.
- Staff had received training in safeguarding children and adults from abuse and were aware of their responsibilities. Staff members said, "I wouldn't have any qualms going to anyone [in the management team]. I think the young people feel the same" and "Safety and safeguarding are our priority." A relative said, "Yes I do think they keep [person who used the service] as safe as they can."
- Concerns raised were investigated and where required, the local authority and CQC had been notified.

Assessing risk, safety monitoring and management

- Risks within the home, to individuals and staff were identified and well managed.
- Environmental risks to young people had been assessed and action taken to mitigate risks.
- The required health and safety and equipment checks were taking place.

Staffing and recruitment

- Safe systems of staff recruitment were in place. All required checks had been undertaken prior to people commencing employment.
- There were sufficient staff to meet young people's needs and staff knew people well.
- Recent recruitment had reduced reliance on bank staff. Some people told us that at times staff were used to support an outreach service, which could leave the home short of staff. Managers told us this was being monitored and action would be taken to reduce any impact.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● People were supported to have visitors in line with current government guidance. Relatives told us they were made to feel welcome.

Learning lessons when things go wrong
● Records were kept of accidents and incidents that occurred to people who used the service and staff. Evidence supported that action was taken to minimise on going risk.
● A group of staff, who formed the 'Reducing restrictive practice group', monitored any incidents where staff needed to intervene to support a young person who was experiencing distress. This enabled regular review of any restrictions or physical interventions. Staff and young people were also offered debriefs following any incidents, this allowed time for reflection and learning.
● Relatives told us they were informed of any incidents or changes that happened.

Requires Improvement

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Young people's needs were assessed before they started to live at the service.
- Electronic care plans did not contain person centred information about what was important to and for the young person. They did not contain clear and measurable goals for young people to work to or to chart their progress. Records of care provided were not always detailed or reflective of the actual good care and support people had received. Where young people needed staff support when they became distressed positive behavioural support (PBS) plans were in place, but these were not readily accessible and did not inform the day to day interactions with the young people. Language used was often mainly in professional language and may not have been understandable for the young people using the service.
- We were unable to find any education, health and care plans in any young person's file. These plans should be used by the home to inform a young person's placement and how they are to access education.

The systems for ensuring assessments and care plans were accurate, and reflected people's needs, preferences and choices was not being used effectively. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw new person centred, accessible and young person focussed care plans and PBS plans were being developed, but these had not yet been embedded.
- Relatives of young people who used the service spoke very positively about the progress young people had made since starting to live at Providence House.

Staff support: induction, training, skills and experience

- Staff received the induction, training and support they needed to carry out their roles effectively.
- Training completion had been improved during the last three months and staff received specific training on supporting young people and in specific health conditions, relevant to people they were supporting. Staff were very positive about the amount and quality of training. One said, "It's the best place I have worked for training."
- Staff told us they felt supported and were very positive about the recent changes at the service. They said, "I feel empowered and supported" and "[Managers] are there for you. There is a good support network."

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

- Young people were supported to eat and drink and maintain a balanced diet.
- They were involved in choosing and preparing food. Food preparation was used to promote life skills and

independence.
● Food hygiene practises were safe, and the service had recently been awarded a food standards agency rating of 5.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Young people were supported to access a range of health care professionals, including the provider's own multi-disciplinary team. A relative said, "Staff seem really switched on. The response from staff has been better than other places [person has lived]. They have everything under one roof, all the health staff."

Adapting service, design, decoration to meet people's needs
● The home was clean and uncluttered. Each young person had their own en-suite facilities and could choose colours and personalise their room.
● Furnishings gave a clinical feel, but this was due to the need for functionality and safety concerns.
● The garden area was spacious, secure and well kept.

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider was meeting the requirements of MCA.
● Where appropriate, deprivation of liberty measures were in place as part of orders from other relevant courts for those people under 18 who faced restrictions on their movements in their best interests.
● The provider was working within the orders made so when people were deprived of their liberty, staff ensured they worked within and met the legal conditions in place for each individual person.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Throughout the inspection, staff were observed to have a kind and caring, unrushed approach.
- Staff knew the young people well. They spoke respectfully about the young people they supported and clearly took pride in the progress the young people were making. One staff member said, "The young people are amazing."
- Everyone was positive about the staff and the support people received. A relative said, "They are caring and friendly. They seem to really communicate well with [person who used the service]. [Person] needs that reassurance."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Young people were listened to and involved in decisions about their care. We saw that one young person had asked to change their key worker, and this had been actioned. Relatives told us the recent changes and new staff had been positive. One said, "It has improved. Staff are more open with the young people and listen more."
- There were weekly community meetings and opportunities for young people who use the service to share ideas or concerns.
- There was a lack of evidence of routine advocacy involvement or available access. Managers told us advocacy could be accessed if requested or needed.
- Young people's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Records did not reflect that the young people's needs were holistically assessed. Most electronic care records focussed on medical needs and were not person centred or focussed on what was important to or for the young person socially or emotionally. We have addressed this in the effective section of this report.
- We saw new accessible records were being developed with the young people. These identified goals the person wanted to achieve and things they were interested in or enjoyed doing. These were not yet embedded or being used for everyone.
- There was an activity timetable in place for each young person. A relative said, "They are trying to get some structure in. Involving people and planning activities." People told us the activities had improved recently. There was a plan for this to be further developed to improve the range of individual and group activities. These developments had been designed by the Occupational therapy team and the young people. The provider has in the process of developing a new offsite facility for young people to access. This included a sensory room and gym.
- Young people were able to have pets or support animals living at the home.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was following the Accessible Information Standard.
- Information was available in alternative formats including pictorial and easy read. We saw person-centred visual communication aids were being used and introduced more widely. These enabled young people to express how they were feeling by without having to verbally talk with staff.

Improving care quality in response to complaints or concerns; End of life care and support

- There was an appropriate system in place to manage complaints.
- Young people could discuss their wishes for end of life care and support if they wished.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a range of quality monitoring, auditing and oversight in place. This included throughout the organisation, allowing senior managers to have oversight. The systems and processes currently used were mostly developed whilst providing services to adults. These needed further development to ensure they were suitable for services for young people. The provider had developed an action plan for developing and improving the service. However, some issues found during the inspection had not been identified through internal audits, or improved to the required standard, including care records, PBS plans, medicines records and activities.

Systems for assessing, monitoring and improving the quality and safety of the services provided in the carrying out of regulated activity were not always effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During our inspection immediate action was taken by the manager and management team to rectify issues or plans already in place to improve. The systems and improvements we saw during our inspection needed to be developed and embedded further.

- The inspection was prompted in part due to information we received from the provider regarding changes they had made to the type of service they provided. This involved the service changing from providing mental health support to adults, to a more medical model of support and treatment to young people aged 13-18 years old. As part of the inspection we reviewed the service being provided and we confirmed to the provider that the current registration was not reflective of the type of service and treatment being provided to young people. The provider has been transparent throughout this process. We have advised the provider that they need to apply to CQC to request the appropriate changes to their registration. Failure to address this and ensure the service is appropriately registered may lead to the commission considering further action.
- There was a recently appointed manager in place who had applied to register with CQC. The application cannot be progressed until issues with the appropriate registration of the service are resolved. The management team in place had a clear commitment to continuing with improvements and providing safe, quality care. Staff said, "I love [manager] she is amazing. She is a real advocate. I find her really supportive and she acts on any concerns really quickly" and "She [manager] is very approachable. I feel confident talking with her." A relative said, "[Manager] is very approachable and easy to talk with."

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

● Staff morale was good. Everyone was positive about the recent changes and improvements. Staff spoke positively about how they worked as a team. They said, "100% we are a good team" and "Overall, it's an amazing team. Quite new, so we have a lot to learn. But we are a good positive team."

● A staff member said, "I absolutely love it here." Another said, "The multi-disciplinary team works effectively. We [support workers] are listened to. We attend progress reviews."

● Relatives told us they were involved in regular meetings and were updated when changes occurred. Relatives told us, "We have meetings every week. Communication is good" and "If anything happens, they let me know. I am always talking with them. They are good."

● There were regular team meetings and opportunities for staff to talk through things that had happened, share ideas or concerns. Staff said, "They are a good organisation. They listen to staff, listen to our views. I would recommend it as a place to work."

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

● There was a positive approach to ensuring continuous development. The service had a range of policies and procedures to guide staff on what was expected of them in their roles.

● The management team and provider understood and acted on their duty of candour. The management team were open and transparent throughout the inspection.

● Statutory notifications of accidents and incidents had been sent to CQC as required.

● Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

●There was an appropriate system in place for the management and oversight of complaints, accidents and incidents and safeguarding's.

● There was a new accessible service user guide that had been developed with the help of some of the young people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The systems for ensuring assessments and care plans were accurate, and reflected people's needs, preferences and choices was not being used effectively. Regulation 17 (1) (2) (a) (b) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for assessing, monitoring and improving the quality and safety of the services provided in the carrying out of regulated activity were not always effective.