Peace of Mind Healthcare Ltd

Laural House

Inspection report

3 Buckland Road
Taunton
Somerset
TA2 8EW

Tel: 01823762831

Date of inspection visit:
16 April 2018

Date of publication:
15 May 2018

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

Laural House is a residential care home for two people with a learning disability and other mental health needs. They live in a two-storey town house, with an outhouse used for storage and laundry. People receive 24-hour support.

Rating at last inspection.

At our last inspection, we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

Personalised care had transformed people's lives. Previous emotional distress, demonstrated through physical and verbal aggression, had been reduced to the point where people were relaxed and happy, learning skills and enjoying activities in the community. The need for physical intervention, to provide acceptable levels of care, was no longer necessary.

Staff had the detailed information they needed to set goals with people and meet them. An understanding by staff of people's communication helped them provide support and care, because they knew what people wanted.

Staff treated people with respect and kindness. One person's family said, "Staff have a very positive, accepting attitude." People's privacy was upheld and diversity supported.

People were safe from abuse and harm. Recruitment ensured only staff suitable to work with vulnerable adults were employed. Staffing arrangements ensured skilled and competent staff, in sufficient numbers to keep people safe, cared for people.

Staff managed people's medicines safely on their behalf and there were arrangements in place, and under review, to ensure hygienic practices.

People benefitted from a homely environment, which had been adapted according to individual needs. Health care needs were under constant review and people's health had improved. Staff worked in accordance with professional advice to keep people safe. External professionals said the service deserved "High praise." People received a varied and nutritious diet, which met their preferences.

Staff upheld people's legal rights. This included gaining their consent to care and treatment and upholding the principles of the Mental Capacity Act 2005.

Staff felt well supported and praised the service management. Audits, and monitoring, carried out in-house and through the provider, ensured staff could identify and rectify any problems. People, their families, and others were encouraged to offer their thoughts and ideas. People's family members felt no need to make a complaint. The Care Quality Commission had not received any complaints about the service.

The registered manager was meeting their legal responsibilities.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 comprehensive inspection took place 16 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the service was a small care home for younger adults who may be out during the day. We needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector.

Prior to the inspection, we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events, which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

People using the service could provide only limited verbal feedback about their experience of life at Laural House. During the inspection, we used different methods to give us an insight into their experiences. These methods included informal observation throughout the inspection. We were able to observe how staff interacted with people to see how care was provided.

We met each person using the service. We received feedback from two people's family members, three staff and a provider representative.

We reviewed two people's care records and two staff records. We saw records of meetings, and looked at quality monitoring information relating to the management of the service. We saw the premises safety records. We received feedback from two social care professionals.

Good

Is the service safe?

Our findings

The service continues to be safe.

The provider did not fully protect people from the risk of unhygienic conditions, but action taken immediately made the situation safe.

An outhouse to the main premises contained the service tumble drier and other items, including straw, house cleaning mops, and chicken food in an unsealed container. Following the inspection visit, the arrangements were reviewed and the associated risk assessment updated. The risk of unhygienic conditions was significantly reduced by removing some items and the provider said they would also look at moving the tumble drier in to the main premises at the first opportunity.

The main premises were clean and fresh. Staff received infection control and food hygiene training and confirmed they had personal protective equipment, such as gloves, available to them. The service had a contract to remove soiled materials appropriately. The washing machine was situated in the kitchen but soiled laundry was handled using sealed bags, so that laundry did not need to be handled.

Sufficient numbers of staff ensured people were safe, in accordance with their assessed needs. People's family members described the time staff dedicated to people. Each person using the service had one to one support when at home and two to one support when they visited the community for activities, which they did individually. To that end, a minimum of three staff were on duty throughout daytime hours. At night, one support staff was on duty and slept unless needed.

Staff spent time with people as needed, for example, to support them to go to an activity. The atmosphere was relaxed and staff had time to be attentive to people's needs. Staff confirmed there was enough staff to keep people safe and meet their needs. For some activities, there was flexibility in the staffing numbers.

People received their medicines as prescribed and in a safe way. People's medicines were kept securely and records were detailed. Staff were trained in safe medicine administration and checks ensured that the administration was correct. Where staff were to administer 'as necessary' medicines, each person had a protocol in place. This did not include under what circumstance to administer the medicine but staff updated the arrangements to make them safer.

Staff protected people from abuse and harm. All staff had received regular, updated safeguarding training. They were able to describe how to respond if they had any concerns about people and they knew how to inform the local authority safeguarding team, in line with local protocols. Staff had raised no concerns, relating to abuse or harm.

There were systems in place should an accident occur. None had occurred. There were systems in place to monitor incidents, with detailed records from which support planning decisions were made.

Recruitment arrangements protected people. There were recruitment processes in place coordinated through the provider organisation. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people. Staff did not work with people until all recruitment checks were complete, as records confirmed.

Individual risk assessments were in place and informed the support people received; examples included swimming, bathing, and shopping. These were under regular review as part of care planning.

The service kept day to day monies for people. Money was checked against the records at each transaction, and as part of the service auditing and monitoring, which protected people from theft or mismanagement. People's family members said they had no concerns about the service management of how people's money.

The premises were kept in a safe state. For example, records of gas and electric servicing and maintenance showed these were undertaken in accordance with professional advice. Audits were used to check the premises on a periodic basis.

Good

Is the service effective?

Our findings

The service continues to be effective because staff were knowledgeable and competent in supporting the people in their care, understanding their communication, for example.

Staff completed an induction when they started work at the service. This meant they had the skills to start providing support to people. The nationally recognised Care Certificate was included in induction. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles.

Staff said they found the e-learning, newly introduced, useful. They confirmed they received regular training in subjects relevant to the care they provided, including basic life support, and positive behaviour management, for example. Training was also included in the staff supervision programme, where any queries could be discussed and staff competence assessed. Staff members said, "It's good to refresh training" and "The training has equipped us well."

Supervision was structured, regular and helped staff in their role. One staff member said, "It is a chance to raise issues or positives to talk about." Staff also received a yearly appraisal of their work and confirmed support from management was always available.

People's consent to care and treatment was in place, mostly through offering choice, understanding individual communication methods and, where appropriate, liaising with people's legal representative, such as parents.

Staff worked in accordance with the Mental Capacity Act 2005 (MCA). No person using the service had capacity to make all necessary decisions relating to their care and support. The MCA provides a legal framework for making 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. Decisions made, following assessment, did relate to people's capacity to consent. Where their capacity demonstrated they lacked capacity to consent, records showed people who knew them best did this for them on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A DoLS application was in place for each person using the service. This was for their protection.

Where people did not have capacity to consent, staff, and people that knew the person best, made decisions on their behalf. This had included forms of restriction, such as locking the bathroom and kitchen doors. These decisions were under regular review as part of support plan reviewing.

Staff helped people meet their different dietary needs and preferences. For example, some people were at risk of choking and staff needed to prepare their food and drink appropriately. We observed staff offering people safe food choices, such as 'wraps' instead of sandwiches, for example.

Records helped staff monitor people's health, their weight, for example. Menu options were varied and included, bolognaise, roast chicken, vegetable lasagne and macaroni cheese, for example.

People received appropriate health care. On admission, people had their health care needs reviewed, including eyesight, hearing, and medicines. Appropriate health care professionals were involved in the care people received, epilepsy, and speech and language specialist nurses, for example.

The premises were a traditional mid-terrace house with only minor adaptations necessary to meet people's needs. This had included the provider altering the physical environment where this caused a person anxiety. The person's family member said they were much calmer following these changes. People had access to a garden, lounge, kitchen/dining room and their bedroom. The bathroom was shared between people using the service and staff members.
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Good

Is the service caring?

Our findings

The service continued to be caring.

People were not able to tell us if the service was caring but a person's family member said, "(The staff) are very kind and patient with a very positive, accepting attitude."

People received their care and support in a friendly, homely atmosphere. Staff had a detailed knowledge of the needs and behaviours of people in their care and demonstrated understanding and empathy in their conversations with people. Staff communication showed respect for people, understanding not to talk with their family in front of them, for example. People were relaxed in staff company. Examples included supporting a person with their meal, their laundry and arranging to take them into the community.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People at the service had complex needs, which adversely affected their understanding of information. Therefore, independent advocacy arrangements were put in place. This showed the intention to comply with the Accessible Information Standard and the promotion of the wellbeing of people using the service.

The service promoted people's privacy. This included some door locks and window shading, to uphold people's privacy and dignity. People had their own bedroom and when they wanted privacy staff complied with their request. Where people's reliance on support for personal care was reduced, due to improvements in their ability and confidence, staff respected this and supported them to be more independent.

Record keeping complied with the Data Protection Act 1998. This meant they were only available to people with a need to access them and contained only necessary information.

Caring was demonstrated because all aspects of people's needs were being considered and addressed. To that end people's keyworkers composed weekly summaries, noting key positive or negative engagement in activities, any behaviours that challenged and changes in observed mood, for example.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

The service was responsive because of the attention given to understanding people's individual needs, and the commitment toward improving their lives. The provider said the motto for one person at Laural house was, "Person not patient." This meant they understood the person's need to feel included and valued in an ordinary household.

The lives of (people), admitted to the service within the previous 14 months, were now greatly improved. Health care professionals said, "High praise (for the service)", "Anxieties and distress had reduced considerably", "Very quickly at the Laurals (the person) started to make progress" and "A great improvement for (the person)."

Prior to admission one person was described as using 'Frequent verbal and physical expressions of aggression due to their frustration'. During a four week transition period Laural House staff worked shifts on a ward so that person got to know them and the staff could understand their needs. This showed that the staff took time to understand the person's life. Staff had started looking how to make improvements.

The effort and commitment the service showed for people led to positive outcomes, both physically and emotionally.

Where a person had previously required physical intervention (holding) to provide personal care, since moving to Laural House they only needed minimal prompting, and no holding. They were enjoying their baths.

People using the service had not spent time in the community for years prior to admission; they now went out regularly, including shopping walks and on holiday. One went to a fitness class. People's family members said there had been visits to restaurants and riding stables. A social care professional said they visited and the person was engrossed in craftwork with their key worker, whereas before they would just "sit in a corner and colour." Their family said the person needed "Somebody to be solely attentive" of them; this was what they were receiving and benefitting from.

Identifying situations, which caused anxiety and distress, and finding ways to change situations, such as room layout, had reduced anxiety and distress and provided a calmer life. Where people had only very limited activities prior to admission, they were now improving their living skills, cooking and laundry, for example. Where a person had been "Up all night" when admitted; now they slept at night.

People's family members talked of improved family visits, since the service had improved their lives and "Working together to find solutions to problems." The main comment from people's family members, staff and health and social care professionals was, "Coming on leaps and bounds since moving to Laural House."

People had received a full assessment of their needs prior to their admission. This had included researching their medical history to be sure any health care follow ups could be arranged. These had included sight and hearing tests, and previous, relevant health conditions and treatments. One person's family member said how previous hearing problems were now resolved. This meant the person's ability to communicate was improved.

Professional expertise had been organised to ensure the service was working in people's best interest, and taking into account their wishes for the future. This had included advocacy. People's family representatives were closely involved in working with the service toward good outcomes. Every opportunity was taken to listen to people and work toward their goals.

People had support plans in place, which included risk assessments. Detailed daily records were kept by staff which documented people's moods, behaviours, activity engagement, successes and failures. A social care professional who had relied on information about the person said, "The detailed, daily records provided a good additional picture of the person." The records enabled support planning to be reviewed. Staff said they were frequently updated as people's lives changed.

Staff were very knowledgeable about each person's history, needs and wishes. Each person had a key worker who ensured the person had good opportunities available to him or her, for example, to take a holiday.

The service had a 'Compliments, Complaints, and Suggestions' protocol to inform people how to make their views known. People's family members said they would feel confident to take any concern or complaint to the provider but there was no need. The service had received no complaints and the Care Quality Commission had received no complaints about the service.

Good

Is the service well-led?

Our findings

The service continued to be well-led.

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 for Laural House was also registered for a sister service. They were training a deputy manager toward being registered for Laural House in their place. The deputy manager was involved in the inspection process.

Policies and procedure were in place to inform staff how to achieve their roles in a safe way. However, some, although reviewed, did not include recent legislation. Examples included the Equality Act, which was not mentioned in the service Equality, Inclusion and Diversity policy. The provider said that policies and procedures would be reviewed more thoroughly.

People were relaxed and at ease when the person in charge and provider representative visited the service. Staff and people's family members were very positive about the service. Staff talked of how supportive the management were. Family members said they had confidence in the staff that managed the service and had trust in how the service was run.

Management and staff worked closely together, and the service worked in close partnership with external agencies, to achieve good outcomes for people.

Supervision meetings and shared staff meetings kept staff up to date and informed them how to improve practice. Staff said how they were able to add to any meeting agenda. Manager's meetings included discussion and planning about 'paperwork', professional boundaries for staff and end of month audits, for example.

The service sought feedback through questionnaires, which included professional visitors and people's family members. Staff sought people's views on a day-to-day basis, using their communication skills, and at care reviews.

Service quality monitoring was both internal, and external through the provider organisation. This included monitoring people's money use and medicines. Actions plans identified improvements, the person responsible, and timescales. The provider had shown commitment to ensuring on-going improvement.

The management met their regulatory responsibilities.