Mrs Margaret Patricia Avis

The Old Post Office

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
The Old Post Office is a domiciliary care agency providing personal care to people in supported living accommodation. The service provides support to autistic people and people with a learning disability. At the time of our inspection there were 4 people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection everyone using the service was receiving personal care.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:
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 did not support this practice. While staff supported people to make their own decisions and did not place unnecessary restrictions on people, this information had not been fully documented.

Systems to manage medicines did not always follow best practice and increased the risk of errors.

People were encouraged to take part in a wide range of activities and to maintain relationships with friends and family.

People's health needs were supported, and staff worked with healthcare professionals to ensure people received the care they needed.

Right Care:
Risks to people were not fully assessed and care was not planned to keep people safe from harm.
Staff had not received all the training they needed to ensure they could provide safe care to people.

The service had enough staff to meet people's needs. However, safe recruitment processes had not been followed to ensure staff were safe to work with people using the service. There was no training plan in place to ensure staff had the skills needed to provide safe care.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity.

They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:
The provider had failed to monitor the quality of the service provided which led to shortfalls in the service. However, they were responsive to the concerns raised and wanted to improve. They took immediate action to rectify the issues we found. This included reviewing staff training, risk assessments and recruitment processes.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did.

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 4 March 2021, and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to managing risks, the safe management of medicines, lack of staff training and unsafe recruitment of staff and inadequate systems to monitor the quality of care provided 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

The Old Post Office

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.

Inspection team
The inspection team consisted of one inspector.

Service and service type
This service provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager
This provider is not required to have a registered manager. The provider is required to oversee the delivery of regulated activities at this location.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 15 March 2023 and ended on 24 March 2023. We visited the location's office on 15 March 2023.

What we did before inspection
We used information gathered as part of a monitoring activity that took place on 23 August 2022 to help plan the inspection and inform our judgements. 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
During the inspection we spoke with the provider, two members of staff and two people who used the service. Following the inspection, we telephoned a relative of a person who used the service.

We looked at the care plans for two people who use the service. We also looked at multiple medication administration records and other records relating to the management of the service.

Requires Improvement

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- Risks to people had not been fully identified in people's care plans.
- One person had been transitioning into the service for 2 months. They did not have any risk assessments in place to help staff keep them safe. However, staff we spoke with were aware of people's needs and could tell us how they provided care to minimise risk to people.
- Environmental risks had not been managed to keep people safe. The routine fire alarm tests had not been completed. In addition, there had been no recent fire drill completed. This meant the provider could not be sure people would know there was a fire or evacuate safely.
- Incidents were not identified by staff. This meant no learning from incidents could be identified and that similar incidents would be likely to occur in the future.

Using medicines safely
- Medicines were stored and administered safely. Medicines records were not always accurately completed. For example, the recorded amount of medicines did not match the actual number of medicines available to people.
- Staff had received training in the safe administration of medicines. However, the provider had not completed competency checks recently to ensure staff continued to administer medicines safely. For example, one member of staff had not had their competency checked since the service was registered in March 2021.
- The provider lacked processes to check that people had the correct medicines when they visited family. When people spent time out of their home here was no record of what medicines went with them and how many were returned. This meant there was an increased risk that people may not have access to medicines when required.
- Where people had medicines prescribed to be taken as required there was no protocol in place to support staff to administer these medicines safely and consistently.

Risks to people had not been identified and care was not planned to keep people safe. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection to make improvements to keep people safe.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The provider reviewed people's use of medicine used to control people's behaviour and worked

with people to provide care in a way which did not distress people. For example, people were encouraged to be more independent with personal care to increase their control and reduce their distress.

Staffing and recruitment

● The provider had not ensured they had followed the processes needed to ensure staff were safe to work at the service. They had not completed their own Disclosure and Baring service checks but had relied on checks carried out by previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems had not been established to ensure staff were not a risk to the people using the service. This placed people at risk of harm. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed all staff had completed a new DBS check.

● The service had enough staff, including for one-to-one support, for people to take part in activities and visits how and when they wanted. Staff understood people's individual needs wishes and goals and took these into account when supporting them.

Preventing and controlling infection

● The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. Staff supported people to keep their homes clean.
● Staff used personal protective equipment (PPE) effectively and safely.
● The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
● The service's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

● Staff had not received recent training on how to recognise and report abuse.
● However, staff understood the different type of abuse and were able to tell us how they kept people safe from harm. For example, by raising concerns with the provider or local authority.
● Staff knew people well and were confident they would recognise changes in people which may indicate they were at risk of harm.

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.

Staff support: induction, training, skills and experience

- Staff told us the provider was supportive of them undertaking training.
- However, the provider had not identified the training that was required for staff and were therefore unable to identify if staff had received all the training needed to provide safe care. There was no training program in place to identify which training was mandatory and how often it should be completed.

Systems had not been established to ensure staff had completed the training needed to provide safe care. This placed people at risk of harm. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed they had now identified all the training staff needed and had a programme in place to ensure staff completed the training.

- Staff were happy with the support they received from the provider. They told us the provider was always available if they had any questions and they spoke on a day-to-day basis about the care and support people needed.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Some people had restrictions recorded in their care plan. Staff followed the care plans to keep people safe. For example, they supported people to manage their money while out shopping. However, there were

not always clearly recorded assessments and best interest decisions in place to show the restrictions were necessary and the least restrictive option for people.
● Staff empowered people to make their own day to day decisions about their care and support. For example, by providing information in a way they could understand it.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People were supported to transition slowly into their own homes. For example, by slowly increasing the amount of time spent at the home getting to know staff and other people living in the home. This allowed staff to get to know them and their needs. However, care plans were not developed in a timely manner as part of the transition process. This left people's needs undocumented and potential for them to take longer moving into their own homes.
● Where people did have care and support plans in place they were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.
● People, those important to them, and staff reviewed plans together. However, this did not happen on a regular basis.

Supporting people to eat and drink enough to maintain a balanced diet
● People received support to eat and drink enough to maintain a balanced diet. Care plans noted when people's diets were important to their bowel health.
● People were involved in choosing their food, in shopping and planning their meals. One person told us how they pushed the trolley around the supermarket and chose what they wanted from the shelves. They said they enjoyed going to the shops.
● Staff supported people to be involved in preparing and cooking their own meals in their preferred way. One person told us, "I help to cook."
●People could have a drink or snack at any time, and they were given guidance from staff about healthy eating.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to attend annual health checks, screening and primary care services.
● People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
● Staff worked well with other services and professionals to prevent readmission or admission to hospital.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere. We saw people were comfortable around the staff and felt free to laugh and joke with them. One person told us, "I enjoy it here." A relative said their family member was, "Very happy there."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff were patient and used appropriate styles of interaction with people. For example, by using easy to understand words and short sentences.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. For example, staff were aware when people became overwhelmed and required some quiet time away from other people. Care plans noted what made people sad and what action the staff could take to support people. For example, offering comfort when people were upset about losing their loved ones.

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

- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics such as cultural or religious preferences. For example, people were supported to access their local places of worship if they wanted to.
- The provider ensured that people who lived in the same location got on well. A relative told us how their family member had someone move into their flat. They told us, "It has gone really well, they are getting on like a house on fire. We have been waiting 2 years for the right person to come along. They spend evenings together and enjoy each other's company."
- Staff were knowledgeable about people's likes and dislikes, and this helped staff support people to make individual choices about their care. People felt listened to and valued by staff. For example, staff understood and offered support when people wished to spend time in their bedroom relaxing.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us that people's dignity was supported. One relative commented on how their family member was always dressed nicely. They said, "[Name] is always smart and dressed appropriately for the weather."
- Staff were able to tell us how they supported people's dignity. For example, by encouraging people's independence with their personal care. This has encouraged people to be more willing to have a bath or shower. People's care plans noted what they could do for themselves and what they needed support to accomplish.
- Staff slowly increased people's knowledge and skills so they could become more independent. For example, staff worked with people to increase their understanding and use of their money.

Good

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 good. This meant people's needs were met through good delivery.

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

- People's care plans did not always reflect their needs and had not been update recently. However, staff were able to accurately tell us about people and the care they needed. Support was focused on people's quality of life outcomes and people's outcomes adapted as a person went through their life.
- The service met the needs of people, including those with needs related to protected characteristics. For example, staff offered choices tailored to individual people using a communication method appropriate to the person.

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.

- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- When needed the provider had used methods of communication such as sign language and pictures to increase people's ability to understand information and make choices.

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

- People were supported to participate in their chosen social and leisure interests on a regular basis. This included going to places which other people their age would go. For example, going to the local pub or fast-food outlet. They were also supported to undertake activities like Tai-Chi, bowling and playing golf.
- A relative told us how their family member enjoyed joining in with activities at the service. They said, "[Name] joins in more with activities at the service. They will go for walks and to the shops which is unheard of when they are with us."
- Staff provided person-centred support to people to develop and achieve self-care and everyday living skills. For example, people were encouraged to shop and pick the brands of food they wanted to try.
- People were able to stay in regular contact with friends and family. One person's care plan noted that this was important to them as they had people, they had been friends with for a long while and who they felt really comfortable around.

Improving care quality in response to complaints or concerns

● People and those important to them, could raise concerns and complaints easily and staff supported them to do so. The provider told us they encouraged people to raise any issues before they became a complaint.

● Relatives confirmed that they were happy to speak with the provider about any concerns they had. However, they told us that they had never needed to raise an issue as the care provided was good. One relative told us, "I have no complaints, I can't praise them enough. I am 100% sure it's the right place."

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

- The provider lacked the skills, knowledge and experience to perform their role. While they had a clear understanding of people's needs, they had failed to implement a set of audits to monitor the quality of care provided.
- This lack of knowledge led to unsafe recruitment, unsafe management of medicines, lack of staff training, environmental concerns and risks to care not being identified. In addition, care plans and risks assessments to support people's needs were inadequate and did not support staff to provide safe care.
- We had received no notifications from the service and we could not be certain the provider had told us about incidents they were required to notify us about by law. This was because staff had failed to identify and record issues within the service. This meant we could not be sure the provider had met their statutory requirement.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They told us they had taken our concerns seriously and had put an action plan in place to ensure more effective oversight of the service.

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 provider was aware of their responsibilities under duty of candour. However, as we could not be certain all incidents had been identified and reported by staff, we could not be sure the provider had fulfilled their requirements under the duty of candour.

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

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The provider was visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. The provider worked directly with people and led by example.

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

● People, and those important to them, worked with the provider and staff to develop and improve the service. Relatives told us they were able to give feedback to the manager at any time. However, relatives were happy with the care provided and had no concerns.

● Staff told us the provider was approachable and supportive. They said the provider was always around if they had any concerns and they felt listened too. Staff felt able to raise concerns with the provider without fear of what might happen as a result.

Continuous learning and improving care; Working in partnership with others

● Following the inspection, the provider contacted us to discuss the concerns we had identified. The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

● The registered manager worked collaboratively with health and social care professionals to ensure that people received care which met their needs.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured risks to people were fully identified and care was planned to keep people safe. Medicines were not managed in line with good practice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not established systems in place to assess, monitor and mitigate the risks to people.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not completed recruitment checks effectively.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured staff received the training needed to provide safe effective care to people.