

ASD Support LTD

25 Percival Way

Inspection report

25 Percival Way
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

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.

About the service

25 Percival Way is a residential care home providing accommodation and personal care to one person at the time of the inspection. The service can support up to two people.

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

Right Support:

The service supported the person who lived at the service to achieve good outcomes. They had support to access inclusive activities in the wider community. The protocols within the service encouraged clear communication between the person and their staff teams.

The premises were well maintained and tailored to the needs of the person. The provider supported the person with transition plans for their future wishes towards more suitable and independent living.

The person was supported to have maximum choice and control of their life 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.

Right Care:

The care the person received was tailored to their individual needs. At our previous inspection we saw evidence of kind and compassionate care from the staff team. Staff treated the person with dignity and respect and promoted their right to privacy.

Right Culture:

The culture within the home empowered the person who used the service. There had been changes in management of the service since our last inspection which had impacted on the governance and oversight of the service. However, the wellbeing of the person who used the service had not been impacted by this. They were supported to live a full life, their rights and aspirations were promoted.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 February 2022)

At this inspection we found improvements had been made.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. However, we found no evidence during this inspection that people were at risk of harm from this concern. Please see the Well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 25 Percival Way on our website at www.cqc.org.uk.

Follow up

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?

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

25 Percival Way

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 carried out by one inspector.

Service and service type

25 Percival Road 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. 25 Percival Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. There was a new manager and deputy in post. The new manager had been in post for three weeks and had submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and commissioners. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed the support the person who lived at the service received to help us understand their experience of receiving care. We spoke with three members of staff include the manager and deputy manager. We reviewed a range of records. This included the persons care record and medicines record. We looked at two staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider review medicines systems and processes to ensure they are compliant with national best practice guidance. The provider had made improvements. However, further improvements were still needed to improve records further.

- Staff recorded the medicines support they delivered to the person who used the service. The medicines administration record (MARs) template they used was not in line with best practice guidance. The managers told us they were in the process of changing to a different pharmacist who would support them with updated MARs.
- Only staff who had received the medicines management training and competency checks supported the person with their medicines.
- The protocols in place for the storage of medicines were safe.

Systems and processes to safeguard people from the risk of abuse

- The person who used this service was safe. There were clear protocols in place to keep the person safe from abuse and avoidable harm. These protocols included supporting the person to reflect on actions that may put them and other people at risk of harm.
- Staff had received training in the safeguarding of people who used this type of service. They were aware of the protocols in place within the service and they applied this in their practice.
- Staff had good knowledge of the person and steps to take to encourage and involve them in keeping safe. This included awareness of how to manage and provide behavioural support that will promote their safety.

Assessing risk, safety monitoring and management

- Staff had completed assessments of risk associated with the provision of safe care and support at the service. Risk assessment were detailed and provided relevant information and guidance to support staff in their practice.
- This included management of known risks associated with the care of the person who used the service including risk in relation to positive behaviour support and management.

Staffing and recruitment

- There were enough staff employed and the provider deployed enough numbers of staff to meet the needs of the person who used the service. Staff had time to provide person-centred care in line with the person's assessed needs.
- They completed the relevant pre-employment checks before they employed staff. This assured them staff were suitable to work with people who used services. This included identity, reference and DBS checks.

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.

Preventing and controlling infection

- Staff followed good infection prevention and control practices to prevent visitors, staff and person who used the service from catching and spreading infections. These included regular cleaning and establishing visiting protocols upon entry to the service for all visitors.
- There was ample stock of personal protective equipment [PPE] in the service. Staff knew when and how to use this effectively.
- The provider had an up to date infection prevention and control policy in place.
- Staff had information and guidance to recognise signs of infection and knew what actions to take to manage and mitigate the risk of an infection spreading.
- Staff supported the person who used the service to maintain contact with relevant visitors such as family, respecting person's wishes and choices.

Learning lessons when things go wrong

- The provider had made some improvement following the outcome of our previous inspection of the service. They had put the relevant risk assessments in place where required.
- The provider had taken action in response to previous incidents that occurred at the service to reduce the risk of reoccurrence.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to put in place robust systems to ensure the person's capacity had been assessed and care had been planned in the person's best interest. This was a breach of regulation 11 (1) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

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, 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.

- Person who used the service was offered choices in relation to decisions about their care and support.
- Where decisions were made on their behalf, staff had completed the relevant processes to ensure the decisions made were in person's best interest.
- There was a valid DoLS authorisation in place to ensure any restrictions were in line with relevant laws and guidance. Staff followed agreed DoLS information when they provided support.

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

- Staff completed a comprehensive assessment of the person's needs. This included their needs with

respect- to the protected characteristics such as race, gender, disability etc. as described by the Equality Act.

- Care plans reflected staff understood and met the person's assessed needs.

Staff support: induction, training, skills and experience

- Staff had the skills to meet the needs of the person who used the service. Training records showed they had received training which equipped them with the relevant skills and knowledge.
- Where there were gaps in staff training record, the manager told us the training had been completed and sent us an updated record following our visit.
- Staff told us they had not used any restrictive techniques for behaviour management since at least October 2022 . This showed staff knowledge and practice promoted positive behaviour support.

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

- The person who used the service had choice and control regarding their meals and drinks. Staff took steps to engage the person in meal planning and preparation.
- Their choices in relation to meals times and choices were respected and supported.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were proactive in supporting the person to maintain their health and wellbeing. Care records and staff practiced demonstrated regular health monitoring which supported staff to monitor trends and any changes to the person's health and wellbeing.
- The person with support of their staff received regular contact with health professionals for reviews of their health needs.
- Any changes or updates in their health was reflected in their health records and the support they received from staff. This showed staff practice promoted the delivery of consistent support which met the person's health needs.

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

- The premises were equipped and kept to good hygienic standards. This was in line with expected standards for the delivery of this type of service.
- The provider and staff were working with the person who used the service to support their transition to a more suitable accommodation of their choice which would further promote their individual needs and independence.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed because systems were either not in place or robust enough to demonstrate the quality and safety of the service was effectively monitored and managed. We found no evidence the person had been harmed. However, this placed the person at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- At our last inspection, the provider did not have audits in place to maintain oversight of the quality and safety of the service. At this inspection, the provider had put audits in place however further improvements were required.
- The systems for maintaining audit records were inconsistent. Managers could not always identify if audits had been completed for some months nor could they easily access the audits. This meant they could not be assured that oversight would be used for monitoring trends and improving the service.
- Staff told us they had not used restraint techniques for behaviour management since at least October 2022, however there were no audits in place to show the managers continued to maintain oversight of this.
- There was a new management team who had been at the service for two weeks prior to this inspection. The new managers were in the process of establishing new governance systems. This meant the service was in the process of transiting between two systems.
- The new systems and planned improvements were still being introduced to staff and was not embedded at the time of this inspection.
- The managers spoke with us about the improvements they had planned for the service. However, at the time of our visit the provider had not implemented an action plan for the planned improvements at the service or how they appraised themselves to comply with the regulations and actions taken following our last inspection.

Continuous learning and improving care

- Following our previous inspection, we took enforcement action requiring the provider to make

improvements in relation to capacity assessments, best interest decision making and auditing by 31 March 2022. At this inspection, we saw further improvements were still required for oversight and good governance.

- The provider responded immediately during and after the inspection. They sent us an action plan and some outstanding audits and related documents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The staff team and care delivery were tailored to the needs of the person who used the service. The culture within the service was centred on empowering the person to achieve good outcome and supported them towards achieving their wishes for their future.
- The provider worked in collaboratively with health and social care professionals to ensure the person received good quality care which suited their needs.

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 and the systems within the service demonstrated the service was run in line with the requirements of the duty of candour. Duty of candour is a requirement for providers to be open and honest with people when things may/could have gone wrong with the care they received.