

Prosignia Limited

# Prosignia Limited - 14 Church Lane Avenue

## Inspection report

The Bungalow  
14 Church Lane Avenue  
Coulston  
Surrey  
CR5 3RT

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Church Lane Avenue is a residential home for two people who are on the autistic spectrum and have learning disabilities. People had communication needs, people communicated by using key words, gesture and/or body language.

There was a registered manager in place. 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 and the provider was the same person.

At the last inspection on 7, 9 and 10 October 2014, the service was rated Good. At this inspection we found the service remained Good.

### Why the service is rated Good

People were safe because staff understood risks involved in people's care and took action to minimise these risks. There were sufficient staff on duty to ensure that people received the care they needed and to keep people safe. Staff understood their roles and responsibilities in keeping people safe and protecting them from harm and abuse. The registered manager carried out appropriate pre-employment checks before staff started work.

Medicines were managed, stored and administered safely. Accidents and incidents were recorded and reviewed with a plan in place to minimise the risk of them occurring again. The registered manager had developed plans to ensure that people's care would not be interrupted in the event of an emergency. People were protected against the risk of infection because the home was clean and hygienic.

People's care was provided by regular staff who knew their needs well and provided support in a consistent way. Staff had access to the induction, training and support they needed to do their jobs. People's choices and views were respected. Care was provided in the least restrictive way to people.

People were supported to eat food they enjoyed and were encouraged to maintain a healthy diet. Staff were aware of dietary restrictions involved in people's care. People's health and well being were managed as they had access to the appropriate health and social care professionals. People who had on going conditions were supported to see specialist healthcare professionals regularly.

People enjoyed living at the home and had developed positive relationships with staff. Staff treated people with respect and maintained their privacy and dignity. People were supported to maintain relationships with their friends and families and were able to invite guests whenever they wished. People were encouraged to be independent and were supported by staff to learn and develop new skills.

People and their relatives were encouraged to give their views about the service they received and the registered manager responded positively to feedback. People had access to activities they enjoyed and had opportunities to enjoy an active social life. People were involved in their local community.

The registered manager provided good leadership for the service. They were experienced in their role and communicated well with people, relatives and staff. Staff felt valued and had access to support and advice from the registered manager if they needed it. Staff shared important information about people's needs effectively. Team briefings were used to ensure staff were providing consistent care that reflected best practice.

The registered manager had quality monitoring checks that ensured people received safe and effective care and support. Staff worked co-operatively with other professionals to ensure people received the care and treatment they needed. Records were well organised and up to date.

## 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 remains Good

Risks to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely.

### Is the service effective?

Good ●

The service remains Good

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored and effectively managed for any changes.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service remains Good

People were well cared for, they were treated with kindness. People's dignity and privacy were respected.

Staff interacted with people in a respectful, caring and positive

way and used individual communication methods to engage with people.

People, relatives and appropriate health professionals were involved in their plan of care.

### Is the service responsive?

Good ●

The service remains Good

Care plans were person centred. Care needs and plans were assessed regularly.

There were a choice activities on offer for people. People enjoyed the way they spent their time.

People and their relatives told us they felt listened to. Complaints were responded to in line with the home's complaints policy.

### Is the service well-led?

Good ●

The service remains Good

There was an open and positive culture.

There were robust procedures in place to monitor the quality of the service. Where issues were identified, actions plans ensured these had been addressed.

Staff and relatives said that they felt supported and that the management was approachable. There were systems in place to listen to staff, people and their relatives.

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## **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 checked 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.

The inspection took place on 5 April 2017 and was announced. We announced the inspection as we wanted to ensure that people and staff were available. This was a comprehensive inspection carried out by one inspector who was experienced in care provision for people with a diagnosis of autism.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the registered manager is required to send us by law.

The registered manager had completed a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they plan to make.

People were unable to express themselves verbally, on the day of the inspection we observed the care they received and the interactions they had with staff. We spoke with the registered manager and two members of staff. We looked at the care records for the two people. We looked at how medicines were managed and the records relating to this. We looked at records relating to staff, including recruitment and training. We reviewed four weeks of duty rotas, some health and safety records and quality assurance records. We also looked at a range of the registered manager's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

After the inspection we received feedback from two relatives and one social care professional.

# Is the service safe?

## Our findings

Relatives and a social professional told us that people were safe.

There were enough staff to keep people safe and meet their needs. The rota was planned to ensure that people received the 1:1 care they needed. There was sufficient staff with appropriate skills and experience on each shift.

People were protected from abuse because staff understood their roles in keeping people safe. Staff had attended safeguarding training and knew how to raise concerns if they witnessed abuse or poor practice. A staff member said "If I suspected abuse, I would report it. I would report it to the manager or to social services."

Staff were recruited safely. The registered manager obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

People were safe from avoidable harm. Risk assessments had been carried out to keep people safe while supporting them to be independent. Staff had considered the risks people faced and identified measures that could be taken to reduce these risks. For people who became distressed or anxious there were guidelines in place to tell staff what people's triggers were and how to support them. We saw staff follow people's guidelines and supported people positively when they became anxious or distressed.

Any accidents or incidents were recorded in detail by staff. The registered manager reviewed all accident and incident reports to check that any actions identified as necessary to prevent a similar event occurring in the future had been implemented.

People's medicines were managed safely. All staff authorised to administer medicines had attended training in this area and their competency had been assessed. Medicines were stored, recorded and disposed of appropriately. There were detailed guidelines in place that told staff when an 'as required' (PRN) medicine should be administered. Staff had a good understanding of what the medicines were for that people were prescribed.

The home was clean and hygienic. There was a cleaning schedule in place to ensure that people were protected from the risk of infection. Standards of infection prevention and control were checked regularly as part of the registered manager's quality monitoring system.

## Is the service effective?

### Our findings

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 interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

Staff understood their responsibilities under the MCA. A staff member told us "We assume capacity. If we suspect a person lacks it, we assess them and then where necessary make a best interest decision. We saw that mental capacity assessments and best interest decisions had been made for decisions regarding care, finances and medicines. Staff sought consent of people before providing care and support.

People received support from staff that were skilled and knowledgeable. Relatives confirmed that staff were well trained to care for their loved one. Staff received supervision regularly. Appraisals had just been undertaken by the registered manager. New staff received an induction and shadowed existing staff for a few weeks until people and the staff member were comfortable. The registered manager had ensured that staff had the skills and competencies to support people effectively. A social care professional told us "To the best of my knowledge the staff are skilled staff with specialist training to enable them manage the service user group they support."

People were supported to maintain healthy, balanced diets. People could help themselves to food that was healthy. We observed a meal time; people had a choice of what they wanted for lunch and to drink. Staff were aware of any dietary restrictions involved in people's care. People's weights were monitored frequently and where necessary dietary controls were in place.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals such as dietician, psychiatrist, dentists and optician. People had hospital passports in place. These provide hospital staff with important information about people's health needs if they were admitted to hospital. People had health action plans in place. This is a tool that tells staff and health professionals what is needed to keep the person healthy.



## Is the service caring?

### Our findings

A relative told us that the staff were "Polite and respectful." Another relative said "The staff they know X well."

The registered manager and staff knew people really well. There was a very stable staff team in place; most staff had worked at the home since it had opened 10 years ago. Staff told us about people's likes, dislikes and about their personalities. One person liked gardening and was supported in the afternoon to plant some seeds. Another person liked a certain drink and staff supported the person to have that drink when they wanted it. People's bedrooms reflected their personalities and were individualised. Staff respected people's wishes and choices. A social care professional told us "During my visits, I observed that service users were treated with respect and dignity and were offered choices as to what food they like and choice of activities they would like to do."

People were supported to maintain relationships with their friends and families. A relative told us that there was an 'open house' that they could come at any time to see their loved one. A relative told us that that they received emails from the registered manager regularly about what their loved one had been doing that week. People were supported to access advocacy services and these were used regularly.

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. A social care professional told us that staff were kind and that there was a close relationship with people and staff. People's dignity and privacy was respected. Staff supported people discreetly and staff support was available without being intrusive.

People were encouraged to make choices about their care and support. People, their relatives and health and social care professionals were involved in planning people's care. A relative told us "It's a two way process."

People were encouraged to be independent. People were involved in the life of the home and were supported by staff to manage their own cleaning and laundry. A relative told us that their loved one helped around the house. We saw people being supported to empty the bins and clean the kitchen.

## Is the service responsive?

### Our findings

People received care that was personalised to their needs. People's needs had been assessed before they moved into the home to ensure staff could provide the care and support they needed. We saw that people's needs were kept under review and that support plans were updated if their needs changed. A person-centred plan had been developed for each person. Peoples care needs were reviewed regularly. A social care professional said "During my review of the service user's care package, I was able to gather that the service is meeting the needs of the service user by ensuring the care and support plan for the service user is tailored to their needs."

Staff promoted people's independence and enabled people to increase their skills. People had goals in place, for example, 'X to choose their own clothes and to dress themselves.' Care plans were very detailed with how staff should support the person, such as 'Staff to put the toothpaste on my brush, then give me the brush and I will clean my own teeth.' Care plans contained information on people's communication needs, such as 'I am thirsty, I will do x'. This told staff exactly what a person's actions meant, therefore they could respond as necessary.

Relatives told us that they felt listened too. One relative said "Staff take my views on board." The home had a complaints policy in place which detailed how a complaint should be responded to. No complaints had been received since the last inspection.

People had personalised activities to do. A social care professional said "The service user is supported to access community resources and the service user is encouraged to participate in different activities to enhance his independent living skills." One person attended a horticultural session on the day of the inspection and another person was supported to do an activity they enjoyed such as going for a long walk. People were involved in daily activities of the home, such as cooking and baking. Staff supported people to plant vegetables and flowers in the garden. The registered manager told us that they were continually reviewing people's activities and tries to increase and encourage more activities for people.

## Is the service well-led?

### Our findings

Relatives told us that the home is well led. A relative said "The manager is very nice, he is very polite."

There was an open and person centred culture in the home. A relative said "Yes it's an open door." When we arrived at the home, the staff ensured that we were introduced to the people who were at home; because they understood it was their home, and not just a place they stayed to get support.

The registered manager was experienced in their role and had an in-depth knowledge of the people living in the home. A social care professional said "I have been working with the service manager and I would say he is very supportive and ever ready to provide and share information as needed."

Staff told us the registered manager provided good support to the staff team and to the people living at the home. They said they felt valued for the work they did and were encouraged to seek advice if they needed it. Team meetings were unable to take place in the home as people did not like group of people and as it was their home, this was respected. To ensure staff had an opportunity to feedback and gain information, there were quarterly staff briefings and regular supervisions.

There was an established system of quality monitoring that ensured people received good quality care and support. Staff completed regular audits of people's care plans, records and incidents. Regular and frequent checks were completed on health and safety checks, the fire alarm system, the home's vehicle, food safety and infection control. Information obtained from these audits were used to improve the service or the home environment. For example it was noted that a new carpet was needed in the communal area and this was replaced.

Records provided evidence that staff liaised effectively with other professionals and agencies about people's care when required. People's care records were organised and up to date and stored securely in the home.

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the CQC and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The information that the registered manager provided on the PIR matched with what we found and saw on the day of our inspection.