Complete Care Services Limited

Quince House

Inspection report

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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?	**Requires improvement**

Overall summary

This inspection was carried out on 20 August 2015 and was unannounced.

Quince House provides care for up to six young people with learning difficulties. On the day of our visit there were five people living at the home.

When we last inspected the service on 14 November 2014 we found them to not be meeting the required standards in relation to regulation 10 Health and Social Care Act 2008. At this inspection we found that they had met the required standards.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

The provider failed to display the CQC ratings from the last inspection.

Care plans were personalised and included information about people's history and interests. People's individual

Summary of findings

needs were assessed and were specific to people as individuals. Staff were knowledgeable about how to manage people's individual needs and assisted people to take part in appropriate daily activities.

Medicines for people was managed safely

People felt safe and staff were knowledgeable about how to protect people from the risk of abuse. Accidents and incidents were monitored to ensure the appropriate actions were put in place to prevent reoccurrence.

There were regular quality assurance checks carried out to assess and improve the quality of the service.

The provider used safe recruitment practices.

Staff received regular training and knew how to meet people's individual needs. There were regular meetings held for staff to share information and keep up to date with changes in people`s needs.

The staff were knowledgeable about the Mental Capacity Act (MCA) 2005 and the importance of giving people as much choice and freedom as possible. The CQC is required by law to monitor the operation of the MCA 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS were not always in place where required to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of our inspection not all applications had been made.

People were offered a choice of nutritious food in accordance with their needs and preferences.

Staff were kind and had positive relationships with people. Choices were given to people at all time's people's privacy and dignity was respected and all confidential information about them was held securely.

The manager promoted an open culture. They encouraged staff to take on more responsibilities and promoted their professional development. The manager also had regular supervisions to support staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff knew what constituted abuse and told us that they would escalate any concerns they had.

The home was safe, Staff were aware of people's individual risks.

Medicines were managed safely and safe recruitment checks were carried out.

There were sufficient numbers of suitable staff available to meet people's needs at all times.

Good

Is the service effective?
The service was effective.

Staff demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat nutritious food and were offered drinks throughout the day.

People had access to other community based social activities.

The staff had received regular training, supervision to enable them to effectively meet the needs of the people they supported.

Good

Is the service caring?
The service was caring.

The staff respected people's wishes and choices and promoted their privacy.

There were positive and respectful interactions between the staff and people who used the service.

Staff knew the people they supported well and that they understood their needs.

Relatives were encouraged to visit whenever they wanted.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed and care was delivered in an individualised manner.

The service encouraged people to follow their hobbies and interests.

Complaints and issues were investigated and positive lessons were learned.

Good

Summary of findings

Is the service well-led?

The service was not always well led.

The provider had failed display the CQC ratings from the last inspection.

There were systems used to quality assure services, manage risks and drive improvement.

People who used the service and their relatives were enabled to routinely share their experiences of the service. This information was used to improve the service.

Staff were supported well by the manager.

Requires improvement

Quince 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 inspection took place on 20 August 2015 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed other information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We spoke with the local authority and reviewed the latest monitoring inspection for the home.

During the inspection we observed staff support people who used the service we spoke with four staff and the manager. We spoke with two relatives to obtain their feedback on how people were supported to live their lives We were unable to speak with people at the home due to their complex needs. We used short observational framework for inspections (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who lived at the home and two staff files that contained information about recruitment, induction, and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

Relative's told us they felt their relatives were safe at the service. One relative said "[relative] is safe, I am happy with the home.

People were supported by staff that could recognise the signs of abuse and act appropriately. One staff member said, "I would raise any concerns with the manager and complete body maps for bruises." Staff were also aware how to escalate concerns outside the organisation if it was required. The registered manager told us that staff had undergone safeguarding training and there was a rolling programme for keeping their knowledge up to date. Records we looked at confirmed this. We found that safeguarding posters had been displayed around the home to raise awareness of safeguarding and encourage reporting. The posters displayed contact details to report any concerns.

We saw that care plans contained risk assessments which were relevant to the person. The provider ensured people were safe. For example, people had access to all areas of the house and garden any time they wished. However, where appropriate there were restrictions made in people's best interest to keep them safe. We saw there were support plans in place, with instructions for staff in case of an emergency. For example, there were folders to grab in an emergency that had up to date information about the person and their medicines. This meant that during an emergency important information would be immediately available.

There were sufficient numbers of suitable staff to keep people safe. The manager explained that they reviewed people's needs regularly and staffing levels were provided to support this. Staff told us they felt there were enough staff. There were systems in place to support staffing levels when the provider needed to manage absence. When the provider used agency staff they had a process in place to ensure the agency staff completed an induction that involved reading people's care plans and getting familiar with people's needs. The manager explained this was to ensure that the staff could meet people's needs. We saw the manager kept staff profiles for agency staff to ensure that their training was up to date.

The service had a fair and safe recruitment process that included all the appropriate safety checks. Staff started work after all necessary pre-employment checks had been carried out. These employment checks included relevant background checks, reference checks and a review of the applicant's employment history.

People's medicines were managed safely by staff that had been trained to administer medicines safely. Records were accurate and consistently completed. We saw that people received their medicines as prescribed. They were stored managed and administered safely; this was always completed by two staff. Staff told us that because they always use two staff members for delivering the medicines, that the system was really safe. This ensured safe practise that minimised any mistakes. People had individual medicine cabinets in their room and were supported to take their medicine in a safe and dignified manner.

Good

Is the service effective?

Our findings

Relatives told us that the staff understood people well. One relative said, “They know [Relative] well.” Staff were able to tell us the appropriate way to support people with specific needs and they were able to give examples of how people communicated non-verbally.

Staff received the appropriate training to ensure they had the relevant skills for their role. They told us they felt well trained and supported to undertake their role. We reviewed training records and saw that most of the training was up to date and the ones which were due were already booked for staff to attend. Staff had the opportunity for further education. One member of staff told us that because of the manager’s support they had gone to university. Staff had also undergone an induction on starting employment at the service and they received regular one to one supervisions. There were regular meetings for staff that covered areas such as: key working, training, medicines, capacity assessments and best interests decision process.

People were supported to make their own decisions and choices. This was recorded in people’s care plans and these were signed by people or their advocates. When needed, people’s capacity to make decisions was assessed in accordance with MCA 2005 and best interest decisions were made. We saw that the appropriate DoLS applications, in relation to restrictions to peoples living at the home, had been completed. Relatives we spoke with confirmed they were involved with the care their relative received. Staff understood their role in relation to MCA and DoLS and knew when they would need to refer a person for assessment. The home worked with independent mental capacity advocates when it was required.

People’s food choices were gained by the use of pictures; there was a four week menu that offered a varied and balanced choice. Although people were non-verbal they were able to understand what was being said and communicate what they liked and didn’t like. For example staff told us about one person that if they tapped the side of their hand against their cheek, this indicated that they would like a drink. Each person had a day allocated to their preferences of food. However there were always two choices on the menu and staff told us that people could have alternatives if required. This meant that people always received a choice. We saw that people had access to food and drink when required. For example, One person we observed entered the kitchen, they chose the breakfast they liked and while the staff member prepared the cereal they had chosen the person made themselves a cup of coffee.

People had their weight monitored monthly and more frequent if it was required. We were told that one person’s weight had improved significantly since coming to the home and records we saw confirmed this. We saw where required there were people on fortified diets. This meant people had their nutritional needs met.

People had access to health care professionals when required. We saw appointments for dentists, opticians and GPs.

Good

Is the service caring?

Our findings

We saw staff were patient and gave encouragement when supporting people; they were calm and not rushed in their work so their time with people was meaningful. Staff supported people to attend to day clubs and go out for walks. We saw staff take time to be with people and how this had helped develop relationships based on trust.

Staff were aware that because people were non-verbal they should allow people time to respond before entering. This was reminded to staff by the `knock and wait policy` displayed in the home with guidance for staff that they should knock and wait before entering in people`s bedrooms. One staff member said, "I always knock on people doors before entering their room."

Staff told us about the importance of respecting people`s privacy and dignity. One staff member said, "I will close doors for privacy and always communicate what I am doing." People were prompted to use the toilet discreetly. One staff member said, "One person will always put their hands under the taps after they have used the toilet for me to help them wash their hands. "The manager told us that for some people staff used toileting charts and enabled people to maintain continence and independence for longer. We were told that this worked well and staff we spoke with were aware of how to protect people`s dignity in this area.

Relatives were asked to take the opportunity to look at support plans. One relative we spoke to told us that they had been involved in the care their relative received. They told us, "Staff genuinely cares for [Relative] and they know them well. "One staff member said, "I know all the people well and understand their non-verbal communication. "All staff had signed to say they had read the care plans. One relative said, "[Relative] lost his spark at the last care home they were at but [Relative] has his spark back since coming to live at Quince House." We saw displayed at the home details for POWhER this is an independent mental capacity advocates service used to support people's best interests.

We observed through the day that staff spoke to people in a kind manner. Where appropriate staff used positive non-verbal communication such as patting hands or arms. We observed staff had time for people and offered their support to people. Staff were able to demonstrate their knowledge about people who lived at the home. They were able to tell us about the different ways people communicated using non-verbal gestures and people's likes and dislikes. People had their own keyworker who were responsible for regularly reviewing their care and supporting them with making sure they had enough toiletries and clothes. People were supported to make choices through the use of pictures. One person who liked animals was taken to the local pet shop every week. The staff member told us that this was done because they enjoyed looking at the animals.

Good

Is the service responsive?

Our findings

People who lived in the home had complex needs and not all of them were able to participate fully in planning their own care. However, we saw evidence that people's families were involved in care planning where appropriate.

People's individual needs were assessed when they moved into the home and these had been reviewed and updated regularly to show any changes. Support plans were thorough and had good guidance for staff. For example, the support plans covered: Medicines, weight management, support needed for activities and meal times. The support plans were person centred and gave the reader a sense of who the person was. One relative told us that they had been involved in their relative's care and had also attended appointments with them.

People were involved in activities. We saw people enjoyed playing with play dough and puzzles. We saw that all people had individual activity plans to support the things they liked. One person who showed us their planner indicated to us that their favourite activity was going to the day care centre. Staff and their relative confirmed this. People, who lived at the home, regularly went on trips to places like the park, zoo, country drive, picnic, walks and many other days out. People were assisted to choose where they wanted to go during their weekly one to one meetings with the activity co-ordinator. Pictures were used to gain peoples choices and information was gathered to select the days out. The activity co-ordinator told us, we have a list of all the local parks and brochures for lots of different events to help people choose. We go out for walks, we went to Brighton last month and had fish and chips ion the beach and people really enjoyed the day.

There was a system in place where one person would be taken out to shops or for a walk on a set day in the week. For example on Monday it would be one person's day and on Tuesday it would be another person's turn. This did not exclude people from going out on other days, however encouraged and routinely supported them to go out for walks, maintain mobility and independence.

There were meetings held for family and friends to be involved in improving the service and an opportunity to discuss any ideas or concerns that they might have. A relative told us that they had attended meetings. We found that feedback from relatives was positive towards the care the staff provided.

There was a shift leader each day that delegated the staff duties for the day. Staff discussed any information or changes to people's needs or routines. This meant staff knew their responsibilities and tasks for that day. People who lived at the home were also supported to participate in daily living tasks. This meant that people were responsible for every day house hold chores. For example one person was assisted to clean and vacuum their room with the support from staff. We also saw where one person placed their breakfast dishes in the sink; the staff member reminded them that the sink was not the right place. The person then put them in the dish washer. This showed that people were involved in their daily living, had responsibilities and staff promoted their independence.

We saw that where complaints had been received these were responded to in an appropriate way. Relatives we spoke with knew how to complain if they needed to. Staff was also familiar with the complaints procedure. Staff told us they felt supported by their manager and found them approachable. Another told us, they could speak to the registered manager if they had any concerns. We saw a list of what member of the staff team was available on each day, this was displayed to help support people or their relatives to raise any issues.

Requires improvement

Is the service well-led?

Our findings

When we last inspected the service on 14 November 2014 we found them to not be meeting the required standards in relation to having robust systems to monitor and assess the delivery of the service. At this inspection we found that they had met the required standards.

During our inspection we found that the manager was not displaying the correct CQC report from the last inspection within the home. The regulations require that the provider displays the report about the provider's performance that relates to the premises. We checked the website for the location and found that the links to the correct report on the CQC website was in place. We spoke to the manager about their requirement to display the ratings. The up to date report was placed on the notice board immediately when we brought this to the attention of the manager.

We saw that a system of audits, surveys and reviews were completed regularly. These were used to monitor performance, manage risks and keep people safe. Regular audits for medicines, infection control and care plan audits were done. However, we found that in one staff file we checked there were no photos for identification. We spoke with the manager about their responsibility to have the correct documents. This had not been picked up in their own audits. The manager told us they would address this.

The manager told us that they felt supported by their director and development manager and that they communicate on a daily basis to feedback any concerns or issues had. The manager told us that the provider regularly carried out spot checks of the service to ensure that standards are maintained and encouraged improvement. We saw that action plans to improve the service were in place following the quality assurance checks completed.

Staff knew the values and the ethos of the home. One staff member said, "I think highly of this home because this home is [Person] centred." We saw the visions and values of the home were displayed on notice boards for people to see and the manager said they were promoted during staff induction and in meetings.

People who lived at the home and staff had been actively involved in developing the service. They were encouraged to have their say in regular meetings. We were told by the manager that their style of management was to encourage staff to take ownership of the home and come up with ideas to improve the home. For example, the medicine daily checks worked really well and the system the home used had been put in place by staff.

The manager carried out a regular walks around the home daily and observed care practices. The manager also conducted environmental checks regularly to ensure standards were maintained and people were kept safe. The manager had an open door policy and was available to people, relatives and staff. All staff we spoke with felt the manager was very approachable and was very visible around the home. One staff member said, "The manager is doing a good job, they are very approachable."