

Promoting Active Support Limited

Our House

Inspection report

Our House
South Petherwin
Launceston
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
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: Our House is a residential care home for people with a learning disability and/or autism. The service also provides respite care. The care home accommodates a maximum of eight people with learning disabilities and/or autism. At the time of inspection four people were living at the service permanently. On the first day of the inspection two people were staying at the service for respite care. The accommodation included a self-contained flat which could be used by people who were more independent. All rooms were en-suite.

People's experience of using this service:

- Staff told us the service was well managed and the management team was approachable. Changes to the management structure were planned and the registered manager had taken a step back. The deputy manager was overseeing the service on a day to day basis with a view to taking over the registered manager position in the future. They had completed the relevant training and told us they were well-supported by the registered manager who was always available for advice and support.
- The registered manager was continuing to work at the service two days a week on opposite shifts to the deputy manager to help ensure a manager was always available. They also worked additional shifts to support the running of the service and the deputy manager. The rest of the week they were based in an office away from the service to enable them to concentrate on paperwork and updating records associated with the management of the service.
- One person was having medicines administered without their knowledge or consent. The correct processes had not been followed to ensure this was proportionate, necessary and safe. Policies and procedures were not regularly reviewed. Please see the action we have told the provider to take' section towards the end of the report.
- Systems for the management of medicines were not robust, we discussed this with the management and they took action to address the concerns.
- The registered manager had failed to notify CQC of a specific event and we have made a recommendation about this in the report.
- There were enough staff to meet people's diverse needs and preferences. Staff were flexible when organising the day to enable people to take spend time doing things they enjoyed and mattered to them. Staff told us they worked well together and with the management team.
- The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and

independence. People using the service were able to organise their daily routines in a way which suited their own preferences. Adaptations to bedrooms enabled people to have privacy and spend time alone if they wished. People were supported to have choice and control in their lives and staff supported them to do this.

- People's preferred ways of communicating were well known to staff. Staff and people engaged with each other and we observed this was meaningful and positive. People were comfortable approaching staff and frequently entered the office to speak with staff. This was clearly something they were used to doing.
- The management team were open and responsive when concerns identified during the inspection were highlighted. They told us they were keen to make improvements and some changes were immediately implemented following the first day of the inspection.

Rating at last inspection: At the previous inspection the service was rated Good. (Report published 5 January 2018)

Why we inspected: This inspection was brought forward due to information of concern received by the Care Quality Commission (CQC). The concerns were around the management and oversight of the service. The registered manager had taken a step back from the day to day running of the service and this was being overseen by the deputy manager. They had recently completed a qualification to enable them to apply for the position of registered manager and they were being supported to do this by the existing registered manager.

Enforcement: Please see the 'action we told the provider to take' section towards the end of the report.

Follow up: We will ask the registered manager to provide an action plan outlining how they will make the necessary improvements. We will continue to monitor the service and will re-inspect in line with our inspection programme.

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

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 not always safe.	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

Our House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted by information received by CQC which indicated potential concerns about the management and oversight of the service. We examined these concerns as part of the inspection.

Inspection team: The inspection was carried out by one adult social care inspector.

Service and service type: Our House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The first day of the inspection was unannounced. The second day of the inspection was announced.

What we did: Before the inspection we reviewed information we held about the service including previous reports. We had not requested a Provider Information Return (PIR) since our previous inspection. This is information providers complete to give us key information about the service, what it does well and improvements they plan to make.

During the inspection we spoke with the registered manager and deputy manager, five members of staff and three people who used the service. Not everyone at the service was able to verbally express their opinion of the care provided. We observed people and staff engaging with each other. We reviewed five people's care records, Medicine Administration Records, four staff files, staff training records and other records relating to the running of the service. Following the inspection we spoke with an external healthcare professional with

knowledge of the service.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

- Some people took medicines 'when required', for example pain relief or medicines to help them manage their anxieties. Staff did not consistently record what dosage of these medicines had been administered. This meant it was not possible to identify if the amount of medicines in stock were as expected. There was an increased risk people might be given too much medicine due to the lack of detail in the records.
- Correct procedures were not followed when people who lacked capacity to make decisions about taking medicines were administered medicines without their knowledge or consent.
- Most medicines were prescribed in blister packs. Those that were not prescribed this way were kept together in a plastic container. This was very full and disorganised leading to a risk people's medicines would get mixed up.
- On the second day of the inspection we saw staff had started to record the specific dosage administered of 'as required' medicines. Information about why people had been given these medicines was also being recorded.
- The registered manager had taken action to ensure the correct procedures were followed when medicines were administered without people's knowledge or consent.
- The system for storing medicines not contained in blister packs had been improved.
- Medicines were stored safely and the temperature of the medicines cupboard and fridge were monitored.
- Staff recorded when people had received medicines. Medicines which people took on a daily basis were recorded accurately and amounts in stock tallied with the records.
- Two members of staff were always allocated to complete the medicines round to minimise the risk of errors.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and were confident about the systems for reporting suspected abuse.
- During interview potential new employees were asked about their understanding of safeguarding. The need to alert external authorities to concerns if these were not addressed by the organisation was also discussed at this point.
- Information about safeguarding processes was available to staff. Staff said they would raise any concerns immediately.
- People were relaxed and at ease with staff. They told us they would be confident to raise any concerns or worries they had with staff.

Assessing risk, safety monitoring and management

- Risk assessments were in place to highlight when people were at risk and guide staff on the actions to take to mitigate the risk.
- Some people found it difficult to manage their emotions at times. This could lead to them acting in a way which might put themselves, or others, at risk. Care plans guided staff on likely triggers and signs the person was becoming distressed. There was guidance on how the person could be supported to help them lower their anxieties.
- Personal Emergency Evacuation Plans were in place to inform staff and first responders of the support people would need to leave the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Staffing and recruitment

- There were enough staff to support people's needs. Staff responded quickly to people's requests for support.
- A member of staff told us; "There's a nice staff ratio, we have time to speak and chat with people."
- There were no vacancies at the service at the time of inspection. As well as care workers the service employed an administrative worker and had access to a regular maintenance worker.
- Recruitment processes were followed to check staff were suitable for the role. For example, references were followed up and criminal checks completed.

Preventing and controlling infection

- The premises were clean with no malodours. Staff had access to protective equipment such as aprons and gloves to use when necessary.

Learning lessons when things go wrong

- Accidents and incidents were recorded so any areas for improvement could be identified.
- Staff meetings were used as an opportunity to discuss how the delivery of care could be managed to mitigate any identified risk.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service to help ensure their needs and expectations could be met.
- Assessments were comprehensive and included information about people's preferred routines.
- Staff told us care was; "definitely person-centred" and focused on giving people equal opportunities.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction process before starting work. This included training and a period of shadowing experienced staff.
- Training was updated regularly and covered a wide range of areas. Training records showed some night staff needed to update their training in some areas. By the second day of the inspection this had been instigated.
- Staff received supervision and told us they were well supported and could ask for additional support and guidance at any time. Yearly appraisals were due to be completed soon after the inspection and this was being organised.

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

- People had access to a healthy and varied diet.
- If people had food allergies, required a specific diet due to their health condition or needed food prepared in a certain way due to a risk of choking, the information was clearly recorded and well known by staff.
- People's food preferences were recorded in care plans. Staff were knowledgeable about what people liked to eat and explained how they were able to plan menus to accommodate everyone's likes and dislikes.
- People spoke with us about the meals they liked and what they were looking forward to that evening.

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

- Records showed people were supported to access external healthcare professionals when needed.
- One person's health needs were increasing and the service had worked with other professionals to help ensure they could continue to provide care safely.

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

- Adaptations to the premises had been made to help ensure people with disabilities were able to access all areas. Apart from one self contained flat, the accommodation was on the ground floor and accessible for people with mobility problems.

- Ramps had been installed internally and externally and vehicles were able to drive up to the front entrance.

- The self-contained flat was used for people who were more independent and valued their own space. A member of staff told us; "[Person's name] has their own space so they can get away if they need to."
- A sensory room had been created and we observed people using and enjoying this facility.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Some people had been assessed as lacking capacity to make decisions about aspects of their care. DoLS applications had been made appropriately and one authorisation was in place.
- There was no clear record of any restrictive practices in place. This meant it was difficult to establish if these were reviewed to check they were still necessary and proportionate. We discussed this with the management team who said they would develop a means of recording this aspect of people's care.
- Following the first day of the inspection we contacted the local DoLS team who then arranged to visit the service to assess the restrictions in place.
- People were asked for their consent and agreement to care.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The atmosphere was relaxed and people and staff spent time chatting together about plans for the day and general conversation.
- People's physical and social needs varied widely. This did not impact on the opportunities available to people. Everyone was supported to access the local community and take part in pastimes that interested them.
- Staff knew people well and had formed positive relationships with them. There was no information in care plans about people's personal histories. We discussed this with the registered manager who said they would start compiling life stories with people. They told us; "I'll enjoy that. I always remind staff about [Person's name's] past. It's important that they know."
- One member of staff commented; "It's a happy house. The clients are happy and that's the main thing."

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

- People had control over their daily routines and decisions about their care and support. One person told us; "Staff encourage us to do things but we decide." Staff knew what was important to people and supported them accordingly.
- One member of staff told us; "We support people to enable them to have as equal a lifestyle as any person."
- Not everyone used words to communicate. Staff knew how best to communicate with people and, where it was useful, pictures and symbols were available to help people make informed choices.
- One person explained to us how they had changed their mind about a certain aspect of how they wanted to live. Staff had discussed this with them and changes had been made to suit their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's personal information was protected. Care records were kept in a cupboard in the office which was locked when not in use.
- Generally people's private spaces were respected. For example, one person had a sign on their door indicating staff should not enter without permission. When we were shown around the premises, staff checked with the person to ask if it would be alright if we looked at their bedroom.
- There was one incident when we felt a person's dignity was not respected. We raised this with the registered manager who agreed with our judgement of the incident and assured us they would address this with the member of staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans which reflected their health and social needs. These were updated regularly.
- There was information in care plans about people's communication needs and how they could be supported to access information. Hospital passports guided other professionals around how to communicate with people.
- Some people required additional monitoring to help staff quickly identify any changes to their health and well-being. Monitoring charts were completed consistently.
- People's interests and preferences were known to staff. People were able to follow their interests and spend time doing things they enjoyed.
- People were encouraged and supported to be involved in daily tasks such as cleaning their rooms and preparing meals and drinks.

Improving care quality in response to complaints or concerns

- Complaints were recorded and responded to in line with the organisations policies and procedures.
- Easy read information was available to help people understand the complaints procedure.

End of life care and support

- There was limited information about people's wishes in respect of their end of life care. We discussed this with the registered manager who said they would develop specific care plans for this area.

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

RI: Service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had not identified the need to follow the requirements of the Mental Capacity Act and associated DoLS when people needed to have medicines administered without their consent or knowledge.
- Medicine records were audited regularly but these had failed to identify that not accurately recording the dosage of medicines given 'as required' meant it was not possible to reconcile the records with the amount of stock.
- Policies and procedures were not regularly reviewed and updated. For example, the policy for Data Protection did not refer to new legislation.

The lack of robust quality assurance meant some people were at risk of receiving unsafe or poor quality care. This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A safeguarding alert had been made to the local authority following an incident which had involved the police. This incident had not been notified to CQC in line with legal requirements.

We recommend that the management team consider current guidance on when providers are required to notify CQC of events and update their practice accordingly.

- We found some shortcomings in how the service was organised and have rated this section as 'Requires Improvement.' We did not find any evidence to indicate this was connected to the changes in the management structure. Staff told us the registered and deputy manager were both approachable.
- The ratings from the previous inspection were clearly displayed in the foyer.
- The registered and deputy managers were supported by senior care workers. There was a key worker system in place. Key workers have oversight of the care needs of specific individuals.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The deputy manager had recently completed their Level 5 NVQ and was being supported by the registered manager to take over the management of the service with a view to becoming registered manager. They had been regularly managing the service on a day to day basis for several months.

- Staff were positive about the changes to the management team and said they had confidence in the deputy managers abilities.
- The registered manager told us they intended to remain active within the service and would be working on opposite shifts to the deputy manager. This would help ensure there was always a manager available for support.
- Staff confirmed the registered manager was still playing an active role at the service. One commented; "I don't think we'll ever stop her!"

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

- Staff meetings were held regularly. These were an opportunity for staff to discuss working practices and any concerns. One member of staff told us; "Any suggestions are listened to and implemented."
- Staff told us they communicated well as a team. One commented; "We all work well together and can point things out, no-one gets offended."

Continuous learning and improving care

- The management team were proactive during and following the inspection in responding to any areas of concern. They demonstrated a willingness to take action to improve how the service was operated.

Working in partnership with others

- The deputy manager recognised the need to keep up to date with developments within the care sector. They told us were keen to join local management forums.
- An external healthcare professional told us the service had worked closely with them to develop a support package that suited a person's 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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes for assessing and monitoring the performance of the service were not effective.