Positive Community Care Limited

Positive Community Care Limited

Inspection report

170-174 Petts Hill
Northolt
Middlesex
UB5 4NW

Tel: 02086211724
Website: www.positivecommunitycare.co.uk

Date of inspection visit:
27 June 2017

Date of publication:
03 August 2017

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

Positive Community Care is registered to provide two regulated activities from the same address. These are accommodation for persons who require nursing or personal care (for a care home type of service) and personal care (for care to be delivered in people's homes). During this inspection we only inspected the care home service.

The care home is registered for up to nine people with mental health needs. At the time of our inspection nine people were living in the home. The home consists of neighbouring properties in a residential area which have been adapted into one home. Bedrooms are arranged across the ground and first floor with two communal living areas, a dining room and large garden with sheltered areas.

At the last inspection in April 2015 the service was rated 'Good.' We found the service remained 'Good' at this inspection.

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 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Staff were knowledgeable about how to protect people from avoidable harm and abuse. The service had robust systems in place to safeguard people from harm. Risks to people were identified during the assessment and care planning process and people were involved in developing plans to mitigate the risks they faced. People and staff told us they thought there were enough staff working in the home. Records showed staff were recruited in a way that ensured they were suitable to work in a care setting. People were supported to take medicines and medicines were managed in a safe way.

Staff told us, and records confirmed they received the training and support they required to perform their roles. People consented to their care, and where people lacked capacity to consent to their care appropriate authorisations were in place. Staff demonstrated they were knowledgeable about the Mental Capacity Act (2005) and understood its application. People told us they were given choice about their meals and records showed people were supported to eat a balanced diet in line with their preferences. People told us they were supported to have their health needs met and records showed the service escalated concerns about people's health appropriately and supported people to access healthcare services as they needed.

People and staff told us they had the time to build up positive relationships with each other. Staff spoke about the people they supported with kindness and respect. People's cultural, religious and relationship needs were supported by staff. People told us they felt that staff respected them and treated them in a way that maintained their dignity. People told us they were given privacy when they wanted it.

The home completed robust assessments of people's needs before they moved into the home and people were involved in the assessment and care planning process. People were involved in regular reviews of their care. People were supported to attend activities in the local community and their independence in doing so was promoted by staff. People's bedrooms were personalised to their tastes and people's achievements were celebrated by the home. People knew how to make complaints and the provider had robust systems in place to ensure that people's feedback was captured and acted upon.

People and staff spoke highly of the registered manager. There was a positive culture within the home which valued people as individuals and promoted their skills and achievements. There were systems in place to monitor and evaluate the quality and safety of the service. Records showed that clear actions were taken to address concerns and escalate issues where this was necessary.

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 remained good.	Good
Is the service effective? The service remained effective.	Good
Is the service caring? The service remained effective.	Good
Is the service responsive? The service remained responsive.	Good
Is the service well-led? The service remained well-led.	Good

Positive Community Care Limited

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.

The inspection took place on 27 June 2017 and was unannounced. During this inspection we inspected the regulated activity of accommodation for persons who require nursing or personal care.

The inspection was completed by one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was reviewed before the inspection was completed.

During the inspection we spoke with four people who lived in the home and four members of staff including the nominated individual, registered manager and two support workers. We reviewed the care files of three people including needs assessments, care plans, risk assessments, medicines records and records of care delivered. We reviewed three staff files including recruitment, supervision and training records. We reviewed various policies, procedures and records relevant to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us, "I feel safe." People told us they would tell staff or the registered manager if they felt unsafe. One person said, "I'd tell [registered manager], she'd sort it out." Another person said, "I just tell the staff if there's a problem."

The provider had a comprehensive safeguarding adults and whistleblowing policy which included clear guidance for staff to support them to identify and report allegations of abuse, including the contact details of the local safeguarding team. Staff were knowledgeable about the different types of abuse people may be vulnerable to and were confident in the actions they would take if they were concerned someone was being abused. One support worker told us, "It's very serious. I'd speak to [registered manager] and raise it as a safeguarding alert." Another support worker said, "If you see anything that is not OK you have to report it." Records of incidents showed the provider took appropriate action and escalated concerns to the local safeguarding team for investigation when this was appropriate. This meant people were protected from the risk of avoidable harm and abuse.

The home held people's money on their behalf and had robust systems in place to protect them from the risk of financial abuse. Money was held in individual purses and counted daily by staff to ensure the amount of money corresponded with records. Larger sums of money were held separately in a locked safe that only the registered manager and team leader had access to. Records showed the amount of money matched recorded balances. This meant people's finances were managed in a way that protected them from financial abuse.

Risks people faced while living in the home were identified through needs assessments and risk management plans were in place. These included plans to address the risks of drug and alcohol abuse, financial abuse, smoking, self-neglect, deterioration in mental health, absconding and violence and aggression. Plans contained instructions for staff on how to support people in a way that minimised the risk while encouraging their independence. For example, one person was identified as being at risk due to poor financial management skills. Their risk plan included gradually increasing the amount of their personal allowance they held themselves. Another person was identified as posing a risk to themselves and others due to violent and aggressive behaviour. The plan contained details of potential triggers and contained clear instructions for staff on how to interact with the person when they were in distress. This meant risks were managed in a way that meant people were protected but they were also supported to take risks themselves.

People told us they thought there were enough staff working in the home. One person said, "Oh yes, there are enough staff." Another person said, "We have enough staff." Staff agreed that there were sufficient staff on duty. One support worker said, "We have enough staff, there's two on the floor and [registered manager] in the office. Some days are busy but it's not hectic. Absence is always covered." Records showed staff were recruited in a way that ensured they were suitable to work in a care setting. Interview records showed staff responses were evaluated to ensure applicants had demonstrated appropriate skills and attitudes for the role they had applied to. The service collected references and completed criminal records checks to ensure

staff were of a suitable character to work in care. In addition, the service had carried out targeted recruitment for staff with specific language skills in order to meet the needs of people living in the home. The service had ensured there were sufficient numbers of suitable staff working in the home.

People living in the home were supported to take their medicines by staff. Where people were able, they were supported to take responsibility for their own medicines, and records showed people self-medicated where it was safe for them to do so. Where staff were responsible for supporting people to take their medicines there were clear plans in place to inform them what medicines people took and how to support them to take them. Plans included the required information about people's medicines including the dose, strength, route, form and time of medicines. Medicines plans included details of side effects that staff should be alert for. Records showed people's medicines were reviewed regularly and plans were updated when medicines were adjusted. The home received medicines both in monitored dosage systems where medicines were contained in daily blister packs and boxed medicines in their original packaging. Records showed daily counts of non-blister pack medicines were completed to ensure the correct amount of medicines were in stock. Medicines administration records were reviewed and these were complete and showed people had been supported to take their medicines as prescribed.

People were prescribed medicines on an 'as needed' basis. There were guidelines in place to inform staff when to offer or administer these medicines and records showed the administration of these medicines was in line with guidelines. Records showed that when people were taking their 'as needed' medicines more regularly this was raised with relevant healthcare professionals and medicines reviews conducted to ensure people's medicines were suitable for their needs. Staff were knowledgeable about how to administer medicines in a safe way and described their practice in detail. Staff told us how they would respond to a medicines error such as a dropped tablet. One support worker said, "I'd put the dropped medicine in the plastic bag for returns and record it. I'd get another dose from the end of the blister pack and arrange for an extra dose to be delivered in time." Records showed the registered manager completed weekly medicines audits to ensure there were no discrepancies in medicines stocks or records. This meant the service ensured people's medicines were managed in a safe way.

Good

Is the service effective?

Our findings

Staff told us and records confirmed they received regular training and supervision from the provider. One support worker said, "I've had a lot of training. We get one to ones every couple of months. We talk about how we are getting on, any issues, how the clients are. It's a useful time." Records showed staff received training in order to meet the specific needs of the people they supported. This included training in dementia care, epilepsy, recovery models for supporting people with mental health conditions as well as training that applied to all care workers such as health and safety, infection control and record keeping. Supervision records showed staff spoke about the people they supported as well as their performance. Records showed where there were concerns about staff performance or attitude these were addressed through supervision and scenarios were considered as points of learning for staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 interest 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Where people lacked capacity to consent to their care and treatment appropriate DoLS authorisations were in place. In order to ensure the safety of people living in the home the doors were secured with a key pad lock. People who had capacity and were not subject to DoLS authorisations were free to come and go as they pleased and had access to the door codes where staff were assured they would not share them with people who were subject to DoLS authorisations.

People told us they were free to come and go as they pleased from the home and did not feel overly restricted. One person said, "I go out when I want." Another person said, "We do what we want, we go out." Another person, who required staff support to leave the home told us, "I have to go with staff when I go out. They come with me when I want." Records showed people had provided consent to their care. Where people had capacity they had signed records to show they had read and understood their care plans, risk assessments and medicines plans. Where the service looked after money for people there were records to show people had consented to these arrangements. When people were unable to understand written documents, due to language barriers or reading ability, records showed they had been provided documents in an accessible format to facilitate their understanding and ability to consent.

Staff demonstrated they understood that people's capacity to make decisions was decision and time specific and that although people may lack capacity to consent to live in the home, they should still be supported to make the choices they were able to. One support worker said, "Some of the people who live here are under DoLS so we have to go with them when they go out and look after their money because they don't understand how to do that. Other than that they can make all their own decisions. They choose what

to eat, when to do their laundry or domestic tasks. We can't tell them what to do." This meant the service was seeking consent in line with legislation and guidance.

People told us they liked the food and were involved in making choices about what they ate. One person said, "The food is good. They ask us what we want. They ask you what you want and they'll do us whatever we want. Sometimes we all have different things." Records showed people were supported to eat a wide and varied diet. The home encouraged people to eat a healthy diet and people living in the home had access to the provider's training system. One person had been supported to complete the training on healthy eating as this was recognised as an area for development. Care plans showed that people were encouraged to be involved in meal preparation and to develop their skills in preparing meals. Where people followed specific diets for religious or cultural reasons this was clearly recorded in their care plans. Records showed people were supported to shop for their own food and prepare meals that were culturally specific. People were supported to monitor their weight and to reflect on their diet in light of any changes to their weight. This meant people were supported to eat and drink enough and were encouraged to maintain a balanced diet.

People told us staff from the home supported them to maintain their health and attend healthcare appointments as required. One person said, "They take me to the doctors when I need." Another person said, "They're good with things like that, with the doctor. When I was [having specific health related symptoms] they were bang on it." Care plans contained details about people's physical and mental health conditions and the support people required to maintain their health. Records showed people were supported to attend appointments and any updates to guidance to enable people to maintain their health were included in care plans and communicated across the staff team through handovers. Records showed concerns about people's health were appropriately escalated to relevant healthcare professionals. This meant people were supported to maintain their health and access healthcare services as they needed.

Good

Is the service caring?

Our findings

People told us they were given the time they needed to build up relationships with staff working in the home. One person said, "I talk to [the staff]. There's a new one, and he talks to me. They all talk to you, we have a chat and go out." Another person said, "They take the time to talk to us. They talk to me nicely." A third person told us, "New staff are introduced. It's slow. [Registered manager] doesn't want to put too much on us so with the new ones we build it up."

Staff told us when new people moved into the home they spent time familiarising themselves with their care plans and talking with people to form the basis of strong relationships. One member of staff explained, "When new people move in we read the care plan, to know all about them, what things they might like and what areas they need support in. Then we have a good talk. When they arrive we're friendly, offer a tea or a coffee. We give them all different choices. The more we go on the more we get to know people."

Staff spoke about the people who lived in the home with kindness and affection and were very knowledgeable about people's individual preferences and interaction styles. Care plans contained information about people's pasts and significant relationships. People told us, and records confirmed, they were supported to stay in touch with their family members. One person said, "The staff help me stay in touch with my brothers." During the inspection we saw people's relatives visited and had time to spend in private with people. Although information about people's sexuality had not been captured in assessments and care plans, discussion with the registered manager demonstrated that this had been explored with people. Staff were positive about supporting people to develop relationships regardless of their sexual orientation. One member of staff said, "Oh yes, we'd support people if they wanted to form new relationships. They have a life to live! There's nothing wrong [with different sexual orientations]. I would certainly support it."

Care plans contained details of people's religious and cultural backgrounds. Records showed people were supported to attend religious services of their choosing. Where people were unable to attend religious services due to their health needs the home arranged for representatives of their faith to visit the home. A member of staff explained, "[Person] used to attend, but he's not been able to go recently so we've requested that [faith leader] comes and visits him here." Records showed people's cultural heritage was considered by the service. The home had recruited a member of staff with specific language skills in order to better support one person who lived in the home who did not speak English.

Staff told us they gave people private time when they wanted it and respected the importance of time alone for people living in the home. One support worker told us, "They all have private time. It's their choice. We'll check that they're OK but it's their privacy and we can't invade it." People confirmed that they felt they were given privacy and staff treated them with respect. One person said, "There's no disrespect from staff. They give us our privacy, they are never in your face." Another person said, "We get privacy."

Good

Is the service responsive?

Our findings

People told us they were involved in making decisions about their care and treatment. One person said, "We choose what we do. It's all different." The home operated a keyworking system where each person who lived in the home had a named worker who met with them regularly to discuss their care plans. One person said, "I have a keyworker. We talk about how things are going." Records showed care plans were outcome focussed and included goals focussed on supporting people to become more independent with various aspects of their lives.

Records showed that the registered manager completed a comprehensive needs assessment before people moved into the home. This considered people's needs across a variety of areas including physical and mental health, personal care, social needs, domestic tasks and finances. At the time of assessment the home collected as much information as possible about people's backgrounds. Records showed this information was used to evaluate if the service would be able to support people to achieve the aims of their support. Records showed care plans were reviewed and updated with progress made on a monthly basis. Where people required the support of external agencies, such as social services, to further their progress the home had made appropriate referrals and escalated people's views.

Care plans lacked details regarding precisely how staff should support people to achieve the aims of their support. For example, one person's care plan for daily living skills instructed staff, "Staff to start with small tasks and remain consistent." This did not provide clear information for staff about the nature of tasks or how to support people to build their skills. However, when this was discussed with both the registered manager and support workers, they were able to describe the nature of tasks and support provided in great detail. The provider submitted updated care plans after the inspection which contained the level of detail required to ensure staff knew the exact nature of support they were to provide. For example, the updated plan contained details of which tasks should be focussed on first, it stated, "Chopping vegetables, turning on the cooker, laying out food on the oven tray and how to use the cooker timer."

People were supported to attend a range of activities and local community groups of their choosing. House meeting minutes showed activities were discussed and people were encouraged to come up with new ideas for activities and agreed to share their skills with each other. For example, one person agreed to teach another a board game so they could play it together. The home encouraged people to use the skills they developed through these groups at the home. For example, one person attended a local gardening group and was involved in the development of the garden at the home. The walls of the shared areas of the home were covered in photographs of people who lived there and pieces of artwork they had made. There was an achievement board which included recent photographs of people doing things they were proud of. These included a recent event where one person had made a meal for the other people who lived in the home. People showed us their bedrooms and these had been personalised to people's preferences. For example, one person had visual prompts to help them to find their clothes in the correct places and another person had photos of their family in their rooms. People told us they had televisions in their rooms so they could watch whichever programmes they wanted in privacy. This meant people received personalised care from the home.

The provider had a clear and robust complaints policy and procedure in place. This included details of how to make complaints and how to escalate concerns if people were not happy with how they were resolved. Records showed people had been given copies of the complaints policy when they moved into the home. House meeting minutes showed that people were offered the opportunity to provide feedback and make complaints or give compliments in the meeting. There had been no complaints made since our last inspection of the home. People told us they would raise any concerns they had with the registered manager. One person said, "If there were any problems I'd tell [registered manager]." This meant people were confident their concerns or complaints would be listened and responded to.

Good

Is the service well-led?

Our findings

People and staff spoke highly of the registered manager. One person said, "[Registered manager] is very good. She makes sure I go out every day." Another person said, "[Registered manager] is good at getting things sorted out." A support worker told us, "[Registered manager] is fantastic. I've learnt a lot from her. She's supportive and friendly. She welcomes us and people when they move in. She works hard for us all." The registered manager knew people who lived in the home very well, and spoke about how to support people to achieve their potential with passion and enthusiasm. During the inspection people and staff approached her easily and the conversation style showed they were comfortable with her.

Records showed the registered manager carried out various checks on the quality and safety of the service. These included checks on the maintenance and safety of the building including fire safety checks and practice evacuations. Records showed any health and safety concerns were appropriately escalated and addressed. Records showed the registered manager completed checks on the quality of care plans and records of care to ensure support was provided in line with people's needs and preferences. The registered manager maintained a log of incidents and this showed clear action was taken in response to incidents and lessons learnt shared with staff in order to prevent recurrence.

Staff told us they had regular staff meetings. Records confirmed this and showed these were used to discuss staffing issues, annual leave, record keeping and handover processes. In addition, any changes to people's support or key information about how to support people well was discussed in staff meetings. The provider had conducted a staff survey which showed staff were happy working in the home. This was confirmed by staff we spoke with. One support worker said, "It feels like I'm part of Positive Community Care. They involve us with staff surveys. I love working here and I thank [nominated individual] for employing me. I love my job. It really feels like we are doing something worthwhile here." Another support worker told us, "This is a good organisation. If I didn't think it was a good organisation I would leave. If I had a family member who was unwell, I would want them to stay here."

The provider had recently introduced a new computer system to record care delivered, training and care plans. The system enabled the registered manager and provider to closely monitor people's progress and staff training and engagement. The registered manager received alerts and notifications when staff started and completed training courses. The system allowed the allocation of tasks to specific staff members which meant shifts were well planned in advance and handover of information was clear and robust. This meant there were robust systems in place to monitor and evaluate the quality of care provided.

The system included a website where information about activities and events at the home could be shared with people and their families. This included specific themes, for example, a recent piece of work around healthy eating had been shared, and families had been invited to a summer barbeque through this system. The provider produced a regular newsletter for people and their families which included details of key achievements people had made.