

Modus Care (Plymouth) Limited

Bull Point House & Annex

Inspection report

Bull Point House
Bull Point, Barne Barton
Plymouth
Devon
PL5 1ER

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Bull Point House & Annex (hereafter referred to as Bull Point House) is a residential care home providing personal and nursing care to five younger adults at the time of the inspection. The service can support up to five people. Bull Point House is a detached property in its own grounds set over two floors with views over the Tamar river. There is a separate self-contained building called "the annex" that has ground floor accommodation for one person in close proximity to the main building.

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. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. 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 receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were supported by exceptionally kind and caring staff. Staff went out of their way to ensure people were happy and could recognise their own goals and start to take steps towards achieving them. People were treated with dignity and respect by staff who were supported to reflect on their practice.

People had choices about what they did in a day, what they ate, and who supported them. People's living skills were developed, and we saw clear evidence of the service encouraging people to become more independent. People were involved in the day to day running of the service, helping with cooking, shopping, admin tasks and environmental checks.

There were enough staff to meet people's needs. Staff were recruited safely and given bespoke training, so they could develop the skills to meet people's unique needs. Medicines were managed safely. Risks were assessed and reviewed regularly by staff who knew people well.

The service linked in with key health professionals to ensure people's needs were being met. There was a positive behavioural support approach where interactions and behaviours were recorded and observed closely to look for themes and trends.

The service adapted the property around people to meet their individual needs. People's rooms were highly personalised and comfortable. People enjoyed the food and could choose what they wanted to eat.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff understood consent and asked people how they would like support.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People went out when they wished to and took part in individual and community activities.

The service was well-led, by a management team that were respected and invested their time effort and resources of the provider into creating a balanced, happy life for the people living in the service. Staff told us they felt supported and the ethos of the service was person-focussed and open.

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

Rating at last inspection

The last rating for this service was good (published 23 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bull Point House & Annex

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector completed the inspection.

Service and service type

Bull Point House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch, and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with three members of staff including the registered manager, deputy manager, and a senior care worker during the site visit.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested feedback from professionals and staff and received it from four professionals and four further staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of what abuse might look like and how and who to report it to.
- Safeguarding concerns were reported promptly and investigated in line with the service's policy.
- Staff attended training in safeguarding adults as well as specialist training in some of the needs and behaviours that people might present with. This enabled them to understand how to best support people and avoid the need for any physical intervention or restrictions.

Assessing risk, safety monitoring and management

- The unique risks that people faced were assessed and reviewed regularly. There were clear instructions for staff on how to support people and guidance on their behaviours and needs.
- People were supported to take positive risks they had struggled with in the past. The service was open and honest with people and helped them to explore triggers for certain behaviours where appropriate. This supported people to have better insight into some of their reactions and learned behaviours.
- Staff were aware of the risks that people faced and had a dynamic approach to risk management, changes were communicated and recorded, and positive behavioural support and risk management plans were updated.
- Environmental safety was monitored closely, with regular checks taking place for gas, fire, and building safety.
- People were supported to understand the risks they faced and take part in the management of them. One person was supported with the use of a social story, or image led process, to help them take part in the decision to put in a call bell system. This meant they could call for help if they were in distress.

Staffing and recruitment

- There were enough staff to meet the needs of people. Some people required the support of two or more staff when out in the community and this was provided.
- Agency staff were never used as the service's sister homes in Plymouth had trained, familiar staff on call if a staff member was sick or on holiday.
- Staff were highly visible in the service and the registered manager or deputy manager were available either in their office or communal areas.
- Recruitment processes were robust, with application, interview, referencing and DBS (police check). This meant the service had taken the steps necessary to ensure new staff were suitable to work with people in the service who were potentially vulnerable. Staff had been carefully recruited and offered different strengths and skills.

Using medicines safely

- Medicines were stored, administered, delivered and disposed of safely.
- Staff who administered medicines were trained and checked as competent before giving medicines to people.
- Where people required as and when medicines such as pain relief, there were protocols in place for staff to provide guidance on when it was appropriate to administer.
- Recording of medicines administration was clear and had no gaps.
- Audits took place regularly to ensure stocks and recording of medicines had no errors or gaps.

Preventing and controlling infection

- The home was clean and smelled fresh.
- There were facilities for and posters about handwashing.
- Staff had access to equipment that could reduce the spread of infections such as gloves and aprons.

Learning lessons when things go wrong

- The registered manager was open about where they felt mistakes had been made and how these could be rectified.
- Incidents were monitored and recorded, and patterns of behaviour were identified and acted upon.
- We saw clear evidence of learning from mistakes and how the service had improved as a result of this. For example, where staff needed to be rotated to work with different people more, and where the staffing culture had needed some further attention.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- Assessments were thorough and included people's emotional, physical and social needs. The service took time to get to know people before they moved in to ensure their needs could be met holistically.
- One professional said "They did a thorough pre-admission assessment and identified things which the hospital had not addressed which was a positive thing. Their care plans appear to reflect needs and wishes without being intrusive. They have also built some flexibility into these to account for when [the person] might display behaviour which is unusual to [them] – which I believe shows a great understanding of [their] individuality."
- Care was delivered with best practise advice behind it. There was guidance in the service on using the least restrictive means of support and human rights for people with learning disabilities. Medicines were managed in line with best practise guidance from the National Institute Clinical Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff felt supported through regular supervision and yearly appraisals.
- New staff completed a thorough induction which covered basic training, getting to know the service, shadowing and observed practise before working alone with people.
- Staff were skilled and from a range of backgrounds. There was a range of specialist knowledge in the group of homes owned by the provider.
- Staff had completed training in specialist areas to meet people's needs such as autism, and bespoke mental health training. One new staff member told us, "Staff are trained extensively on a variety of platforms... In my month of employment, I have been provided additional training on PBS, Autism, and Sensory Integration."

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

- People were provided with a healthy range of foods and could choose what they wanted to eat if they did not want what was on offer.
- People told us they liked the food. One person said, "Yeah it's nice, I help too." We saw one person helping to prepare a winter stew.

Staff working with other agencies to provide consistent, effective, timely care

- Feedback from external health and social care agencies was very positive. One professional said, "The whole staff team were very committed to the client, any guidance, advice and professional opinions were valued, listened to and undertaken by the whole team."
- When people moved in the service endeavoured to make the transition as smooth and as least distressing

for people as possible.

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

- The provider and registered manager had gone above and beyond to ensure people's accommodation met their needs. For example, large scale renovation had taken place to adapt the building so each person had a lounge area, bedroom and bathroom for their own use.
- Communal areas were neutrally decorated, and people decided how their flats were designed.
- Construction work and changes to the environment were carefully managed to limit the amount of distress they might cause. For example, appointments were booked at times convenient for people or when they were out if having a new person in their rooms would upset them.

Supporting people to live healthier lives, access healthcare services and support

- People could access healthcare services such as the dentist, GP and optician if they wished to and referrals were made promptly.
- Healthy choices were encouraged and lower sugar options available for sweet treats. The service supported one person to stop smoking.
- People's dental needs were assessed, and staff supported them to brush their teeth where needed. The service considered people's sensory needs and one person had been ordered softer finger brushes to encourage their good dental hygiene.
- People were encouraged where needed to link in with therapeutic services.
- Staff knew people's health needs well and could identify where a change in behaviour might indicate pain or a person coming down with a cold.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the MCA and consent.
- Staff asked people for consent and people made choices about their everyday lives. We saw two people decide where they were going for the day and what they would like to wear.
- DoLS were in place and authorised where required.
- There was clear information in care plans to explain assessments of people's capacity and ability to make specific decisions. Best interest decision making processes had been followed and recorded.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were fun and creative in involving people in the running of the service. One person was involved in weekly fire safety checks. Staff had created an easy read fire check sheet and ordered a vest and helmet for the person as they had indicated they would enjoy this. During our inspection they enjoyed instructing the staff member on how to perform the safety check and found their vest and helmet funny.
- One person, who was historically isolated, was invited over to the office once a week and they helped the registered manager with secretarial tasks. This made them feel valued and through staff perseverance and innovation this person was making new friends and contributing to the running of the service.
- People were asked daily how staff could make their lives better. One person said, "I love here, I choose." Relatives told us of the change in their loved ones since living in Bull Point House. One relative said their family member had lost lots of weight due to healthier eating and had come home for Christmas for the first time in several years because they felt stable and secure since moving into the service.
- People were encouraged to pursue their aspirations. For one person who loved Harry Potter, a trip was planned to the Harry Potter studios. Another person was supported to keep a dog in the home. They told us this made them happy and staff said they were now flourishing in the service with staff support and could approach male staff and talk to them. They had not been able to do this previously.
- People were supported by staff to review their care needs in ways individual to their needs. For example, for one person this meant reviewing small parts each week. This meant they could process information at a pace suitable to them and were able to give their view and consent for care they had designed.
- The service was open and encouraged people to feed back ideas and come up with suggestions. There was a light box that people could write suggestions on or ask staff to. This had another box next to it explaining what had been done about the idea. During our inspection people had asked for more Christmas decorations to add to the already festive environment. Staff obliged and went and bought more decorations.
- People were asked how they wanted to spend Christmas Eve. They had decided to have a pyjama party with movies and a takeaway meal. Staff who were not on the rota chose to come into the service to join in the festivities.
- One professional said the service was very good at "Advocating for the people in their care." We saw examples of this when people needed support engaging with health services and when out and about in the community.
- Relatives said, "They email me", and "They keep me updated" and "They are keen to keep me up to date."

Respecting and promoting people's privacy, dignity and independence

- Bull Point House believed in the potential of people living in the service. We saw fantastic examples of where the service had supported people to feel more confident and become more independent. Staff found small ways to make a big impact on people's lives. For example, buying miniature milk bottles so one person could pour milk on to their cereal without spilling it. Previously this person had been assessed as unable to complete these tasks.
- Bull Point House gave them the opportunity to be more independent by an imaginative staff team intent on preserving people's sense of dignity and self-worth. One person arrived at the service using walking sticks and a wheelchair and the service supported them over time to increase their confidence and strength. This person can now mobilise around the service without the use of walking aids and had a bounce on the bouncy castle during the service's summer fete.
- Another person had been prescribed a range of medicines that made them sleepy and lethargic. The service supported them to reduce and stop these medicines with medical support. The person was alert, happy and engaging when we met them, staff said they were unrecognisable from when they moved in. A medical professional told us the service was, "very on board with STOMP and helping me reduce and rationalise meds." STOMP is a national movement aimed at reducing the overuse of medicines for people with a learning disability or autism to control their behaviour.
- The registered manager led by example and made sure people were treated with the utmost dignity and respect. They said, "We make sure we are all trained... we talk about it in staff meetings, we treat everybody the way we want to be treated, this is their home."
- Every person had a key to their rooms which had been adapted to have lounges and bedrooms. This supported people to feel they were in charge of their personal space and gave them a taste of living more independently.
- The service had commissioned a new bespoke car for one person with specific needs, so they could go on longer journeys comfortably and safely.
- One relative said, "I'm really glad he is at Bull Point. It's the best I could possibly ask for. They knocked down a wall to create an ensuite bathroom to preserve his dignity, it's marvellous."
- One person said they did not like mobility equipment because of the way it looked. Staff were adapting their shower chair, so it was pink and glittery at their request, to encourage them to use it more.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were exceptionally committed, caring and creative in finding ways to make them happy and support them.
- Feedback from staff, professionals and relatives showed a service that was thoughtful, caring and invested in people's happiness. One staff member said, "We love our service users and want them to live fulfilled lives." A relative said of their loved one, "They like him there, it's a friendly little house, staff are enthused with their roles."
- Professionals said of the service "Outstanding", "Incredible", "They have been flexible and welcoming when I have visited, and the house is always calm but active" and "The whole service was very committed to 'getting it right' for the client."
- We heard lots of examples of staff going the extra mile. For example, coming in on their day off to help out at events in the home because they wanted to and enjoyed spending time with people.
- The service went over and above to make people feel special on their birthdays. For example, one person had the fire service visit them in their room and sing happy birthday. This was videoed, so they could look at it as often as they liked
- One person who had a love of cars was surprised by staff who had dressed up in vintage clothes and hired a Morris minor for them.
- The service made great efforts to get to know people before and when they moved in. The registered manager said, "When people move in we want to spend a good six months getting to know them and letting them know we love them. We need to build trust and deal with trauma."

- The service respected people's diverse needs and backgrounds. Staff were open minded and welcoming to people of all faiths. People protected under the characteristics of the Equality Act were protected against discrimination. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
- People said about the staff, "I love these beasts" and, "Staff are nice." We observed interactions with humour, banter and gentle encouragement depending on each person and their needs.
- People were supported to register to vote so they could exercise their rights to take part in an election if they wished to.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed, and person centred. The service was skilled at getting to know people and ensuring their preferences were recorded and acted upon.
- The service adapted their support style to meet the emotional, social and physical needs and preferences of people. Staff worked at the pace preferred by people living in the service.
- The service adopted an active support approach. Active Support is a person-centred way of working which enables and promotes: choice, participation and independence for people with learning disabilities.
- People's bedrooms were highly personalised, with décor and furniture to their tastes. One person had everything in their room blue as that was their favourite colour.
- A professional said, "They have spent time understanding his history and his family dynamics and very quickly got a good understanding of him and his preferences in life" and "The client I was working with had a very robust and person centred Positive, Proactive Support Plan."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The accessible information standard was met in Bull Point House by staff and managers who understood the nuances of people's communication, through speech, their behaviour and body language.
- There were documents available in easy read formats and images were used to convey meaning where required.
- Staff understood that some people had unique communication needs around echolalia or needed constant reassurance and adapted their communication style around this. Echolalia is where a person repeats another person's words.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities they enjoyed both inside and outside of the service. Some people went to a local disco and out shopping and to local sites of interest.
- The service had learned that some people wanted to go out on an impulse and if staff took a while to get them out the interest was lost. To resolve this, staff had a "go bag" for one person so it contained everything they would need at a moment's notice to take the person out whilst they expressed an interest to do this.
- People were supported to combat isolation, where people expressed a desire to connect with others,

through face to face, telephone or on the internet this was enabled. One person was supported with the first steps of their goal to meet a partner.

- Families were kept up to date and one person had a friend who regularly visited.

Improving care quality in response to complaints or concerns

- There was a complaints policy and process in place.
- Complaints were recorded and investigated.
- Relatives said, "If I've got anything to say I feel I can say it, they are always willing to listen to me" and "They are very open and listen. I'm happy to complain if I needed to."

End of life care and support

- People living in the service were young and not approaching the end of their lives, so it would not have been appropriate for this area to have been assessed in detail. Some preferences had been captured in care plans. However, two people had expressed they did not want to talk about end of life.
- The service had a shadow sheet document which supported staff to understand when a person might be approaching the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff were supported by an enthusiastic registered manager who had a great reputation amongst professionals. One professional said, "I feel with [name of registered manager] leading the team, they can only go from strength to strength and she is a credit to those she supports and to her employer."
- Staff morale was good, and staff showed they cared for people, by talking about them with fondness and demonstrating through the consistent compassionate care they provided.
- People were supported to achieve positive health outcomes such as losing weight and learning about healthy choices. People were supported to develop their daily living skills at a pace that was suitable for them.
- The culture was open and provided healthy challenge for people and staff to enable them to grow, learn and reflect.
- Staff said they felt supported by the management team and provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a clear staffing structure in the service and each staff member on duty understood what was required of them and what was planned for that shift.
- Quality processes were very robust. The registered manager and deputy manager were visible and monitored interactions and had good insight into and oversight of the day to day running of the service. The provider was supportive to the management team.
- Systems to assess the quality and safety of the service were in place and operating smoothly. Issues were flagged up either by staff or during routine audits and actioned promptly.
- The provider and registered manager understood their duty of candour. Any incidents, concerns or mistakes were flagged up with the appropriate people.
- The rating from the last inspection was displayed.

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

- People were engaged and involved in the running of the service, from which staff they worked with, what food was cooked and the décor of the service. People also helped with recruiting potential new staff.
- The service was aware of people's equality needs and how they could support people to integrate further

into the local community.

- The majority of staff told us they felt listened to and their ideas were taken on board and implemented. Staff were given opportunities to feed back in many ways, including through surveys.

Continuous learning and improving care; Working in partnership with others

- The registered manager said, "We are not staying still, but thinking about our approach." This approach was evidenced through the multiple examples we saw where people had been supported to try new things and developed their living skills. The registered manager was reflective and encouraged staff to reflect on their practise too.
- The service was part of the restraint reduction network and connected with other local services to pool resources and share ideas on how to best support people.
- Staff were encouraged to develop and attend further training, this benefitted the service as a whole.
- Feedback from external agencies was overwhelmingly positive, the service was held in high regard and communicated well with key stakeholders.