Peninsula Autism Services & Support Limited

Coolhaze

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?	Good

Overall summary

The inspection took place on the 22 and 28 April 2015 and was unannounced.

Coolhaze provides care and accommodation for up to three people. At the time of the inspection three people were living in the home. Coolhaze provides care for people with a learning disability and associated conditions such as autism.

At the time of the inspection the service did not have a registered manager. We were told that the previous registered manager had left the service approximately four months before the inspection and a new manager had been appointed to oversee the day- to- day running of the service. We were told an application had been submitted to CQC to register a new manager. Following the inspection a representative from the organisation contacted us to say that the new manager had left the organisation and the application to register with CQC would be withdrawn. The provider told us about the arrangements to manage the service whilst a new manager was appointed.

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.

We observed that people were relaxed and happy with the staff supporting them. People went to staff for

Summary of findings

company and reassurance, which showed people felt comfortable and safe. There was a calm and pleasant atmosphere in the home. Staff had clearly formed positive and trusting relationships with people they supported.

We saw many examples of caring staff, who respected and promoted people's privacy and dignity. We saw staff considered people's privacy when supporting them with personal care tasks and maintained their dignity at all times. Staff spoke to people in a way that made them feel valued and encouraged independence when possible.

Staffing levels had been organised in a way that met people's specific care needs and kept them safe. Staff said they felt there were sufficient staff to support people safely.

People's risks were managed well and monitored. Relatives said they felt improvements had been made in how risks were managed and this had resulted in people having increased opportunities to develop their skills and independence.

Medicines were managed safely and people were supported to have their health and nutritional needs met.

People were protected by safe and robust recruitment practices. When staff first started working in the home they completed a thorough induction process, which gave them the opportunity to get to know people and understand about the running and ethos of the service. Staff undertook regular training, which was specific to the needs of the people they supported. Opportunities were available for staff to discuss their practice and share ideas and experiences.

All staff demonstrated good knowledge on how to report any concerns and were able to describe what action they would take to protect people from harm. Staff and management understood the principles of the Mental Capacity Act and were aware of when people who lacked capacity could still be supported to make everyday decisions. The correct procedures had been followed when it had been assessed people lacked the capacity to make decisions. This helped to ensure people's rights were protected.

Staff responded quickly to any change in people's needs. People and those who mattered to them were involved in identifying their needs and how they would like to be supported. People's preferences were documented and understood by the staff team. People's life histories, disabilities and abilities were taken into account, communicated and recorded so staff provided consistent, personalised care and support.

People were encouraged to lead full and active lives and were supported to go out and use local services and facilities. Staffing arrangements were planned so people could go out and do the things they wanted.

Staff ensured consistency of care when people moved between services. Feedback from other agencies about a recent transition plan for one person was very positive. We were told that the transition planning was excellent and one of the best examples of joint working they had experienced.

Despite recent changes in management staff said they felt well supported and valued as part of a team.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents, complaints and internal monitoring was used to help drive continuous improvement.

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 how to recognise and report any allegations of abuse.

Risks to people were appropriately assessed, effectively managed and reviewed.

Safe recruitment practices were followed and staff were employed in sufficient numbers to meet people's needs and keep them safe.

People were protected by safe and appropriate systems for handling and administering medicines.

Good

Is the service effective?
The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences.

Staff received training and support to make sure they had the knowledge and skills to meet people's needs and carry out their role effectively.

People were supported to have their health and dietary needs met.

Good

Is the service caring?
The service was caring.

Positive caring relationships had been formed between people and staff.

People were supported by staff who promoted their independence and respected their privacy and dignity.

People were informed and where possible actively involved in decisions about their care and support.

Good

Is the service responsive?
The service was responsive.

Support plans were personalised and detailed people's specific care needs and personal wishes.

People were supported to lead a full and active lifestyle.

People were supported to maintain relationships with people who mattered to them.

Complaints were taken seriously and responded to appropriately.

Staff supported people to receive consistent and person centred care when they moved between services.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Despite a number of changes in management staff felt well supported by their colleagues and senior staff.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems were in place to drive improvement and raise standards of care.

Coolhaze

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 the 22 and 28 April 2015 and was unannounced. One adult social care inspector undertook this inspection.

People who lived in the home had limited verbal communication. It was therefore limited in how much they could tell us about their experiences of their care. To help us gather this information we spent time with people as they went about their daily activities and observed the care being provided by the staff team.

We spoke to the acting manager who was overseeing the day-to-day running of the home. We also met and spoke to the behavioural advisor for the organisation who was providing support to the staff team during the absence of a registered manager.

We spoke to six members of the care team, one relative and a representative from the specialist learning disability team in Plymouth. We looked at four staff files, which included the records of staff most recently appointed to work in the home.

We looked at the care records of all the people who lived at Coolhaze. These records included support plans, risk assessments, health records and daily monitoring reports. We also looked at policies and procedures associated with the running of the service and other records including, incident reports and quality audits.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

Good

Is the service safe?

Our findings

We observed people were relaxed and happy with the staff supporting them. We heard lots of friendly communication and laughter between the staff and people living in the home. We saw people remained happy and relaxed when being supported with intimate personal care needs, such as showering and using the toilet. One person was supported to have a shower independently, but called out a number of times to seek reassurance from the staff member who was close by. This showed people felt comfortable and safe with the staff team and those supporting them.

There were adult protection and safeguarding procedures in place. All the staff had undertaken safeguarding training as part of their induction and on-going training. Staff we spoke to were able to tell us about different types of abuse and how to report any allegations. Information about adult protection procedures and important contact numbers for reporting were clearly detailed on the staff notice board. We saw within the most recent staff meeting minutes that safeguarding had been discussed and staff reminded about reporting procedures and safe working practices.

Risks to people were appropriately assessed, effectively managed and reviewed. These areas of risk included any potential risks in the home environment, health, access to the community and behaviours that could challenge others. Staff demonstrated they knew the detail of these risk assessments and how to keep people safe. For example, risks had been identified for one person when out in the community. A plan had been put in place to ensure staff considered the time of day, location, staffing levels and emergency arrangements including carrying a mobile phone. These plans had helped ensure the person concerned was able to partake in their chosen activity whilst remaining safe and happy in the community.

Staffing levels had been organised for each person dependent on their assessed care needs. Support plans clearly described how these staffing levels were organised and the support required by each person. Staff said they felt staffing levels in the home were safe. Comments included, “Although staffing levels could always be better I do think they are safe, and protect people from harm”.

People were protected by the homes recruitment practices. Staff recruitment records showed appropriate checks were undertaken before staff started working in the home. Staff confirmed they had been invited to attend an interview prior to commencing work and had provided details of previous employment. Records confirmed staff were asked during interview about previous work experience and any issues, which could affect their ability to work with vulnerable adults.

Medicines were managed, stored, given to people as described and disposed of safely. Each person had a detailed plan of their prescribed medicines and how they chose and preferred these to be administered. A designated staff member had the responsibility of overseeing medicines and undertook regular audits and staff competency checks. Medicines administration records (MAR) were all in place and had been correctly completed. Each person had their own lockable facility for storage of their own medicines. The service did not routinely hold or manage controlled drugs but said they would purchase appropriate storage facilities if needed. Some people had been prescribed PRN ‘as required’ medicines for certain conditions such as anxiety and pain relief. The plans detailed when the medicines needed to be given, the dose and the maximum dosage in 24 hours. Staff were knowledgeable about people’s medicines and how and when to administer them. We observed one staff member supporting a person with their lunchtime medicines. The person concerned was very keen to be involved, and prompted the staff member a number of times to show them what they were doing and to talk to them about their medicines. The staff member was very aware of this person’s needs and wishes and ensured they talked through each step checking the person was happy and involved at all times. Systems were in place to ensure medicines were safely managed when people were outside the home. For example, a plan was in place for one person who had regular visits home. Guidelines had been written for relatives to ensure they had the information they needed to administer medicines safely. Staff had been appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

People’s needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people’s individual needs were known to staff and to emergency services, so they could be supported in the correct way.

Good

Is the service effective?

Our findings

We observed people being supported by staff. Staff had the skills and knowledge to be able to meet each person's complex care needs. Staff were able to tell us in detail about the care needs of people they supported and were confident in their ability to meet people's needs. We were told that the rota was organised where possible so that people had a preferred team of staff working with them. This meant that staff knew people well and worked alongside a small and mainly consistent staff team.

Staff were trained so they could meet the needs of all people in the home. The staff we spoke to had completed an induction programme and had annual updated training. Staff said they did not work alone with people until they had been assessed as competent and confident enough to do so. Training records listed a range of training opportunities relevant to the needs of people the service supported. Training mainly consisted of an on-line computerised training package, which staff had allocated time to complete. Some staff said that although training was frequently available they found this type of training difficult and it did not always provide them with the same skills and knowledge as previous face-to-face training. The deputy manager said they were aware of these concerns by staff and had started to source some local training opportunities for certain areas such as safeguarding and medicines management.

Staff said they had felt unsettled due to a number of changes in management during a six month period. However, they said they had been well supported by their colleagues and the deputy manager who had been overseeing the running of the service during this time. On the second day of the inspection we met the behavioural advisor for the organisation. We were told that they provided specific training for staff around the management of people's behaviours and would also be providing support to the staff team during the absence of a registered manager.

Formalised supervision arrangements were in place for all staff as well as six month and annual appraisals of their work within the service. In addition to these formal arrangements staff said they had opportunity to discuss practice issues with their colleagues during staff meetings and during de-briefs following any serious or untoward incidents. This helped ensure staff had the support they needed and the opportunity to share experiences and issues related to practice.

People, where appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005. (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct procedures had been followed. Health and social care professionals and family had been appropriately involved in this process. The outcome of the application was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights. The manager overseeing the running of the service had a good knowledge of their responsibilities under the legislation.

Staff showed a good understanding of the principles of the Mental Capacity Act. Staff were aware of when people who lacked capacity could still be supported to make everyday decisions. Information about people's capacity to make decisions and the need to promote choice and independence had been clearly documented as part of people's support plans. For example, one person's plan stated "I may need support from my family to make big decisions. I need support from staff for everyday decisions, though I can make some decisions myself when it comes to things I really like, such as, where I want to go out". This demonstrated that the service recognised that although people could lack capacity to make some decisions they must also be supported and encouraged to make choices and about their life and lifestyle whenever possible. Another person's record stated that the person's capacity should be assessed regularly and if there were any doubts about the person's capacity to make a decision a meeting must be held to ensure that decisions were made in the person's best interest.

People were supported to have a sufficient and well balanced diet. People were involved in decisions about what they would like to eat and drink. We were told that

Good

Is the service effective?

meals and mealtimes were flexible and planned to suit the needs and wishes of each individual. Each person had their own kitchen facility as well as access to a large communal kitchen if they wished. We saw one person being supported by staff to make their own lunch. The staff encouraged the person to make choices about their food as well as assist with the preparation as much as possible. The person concerned was clearly very happy to complete this task and particularly enjoyed eating what they had prepared. Staff understood any risks associated with eating and guidelines were in place in relation to any identified risks and specialist dietary needs. For example, one person had a specific plan in place in relation to diabetes and diet. A diabetic nurse had provided advice and guidelines to staff and visited the home regularly to undertake health checks and weight monitoring. Staff were aware of guidelines in relation to portion control and also experimented with healthy food menus provided to them by the diabetic nurse team.

People's health needs were met. People were supported to maintain good health and when required had access to healthcare services. Support plans included information about people's past and current health needs and staff were familiar with this information. When people had complex health conditions individual support plans were in place for that area of need. For example, one person had needs associated with diabetes. The plan included the roles and responsibilities of the service and health professionals, as well as arrangements for regular health checks such as eye screening and weight monitoring. Staff had a good understanding of people's health needs and understood the different ways people communicated when they were feeling unwell or in pain. For example, one person had sustained an ear injury and required frequent attention and reassurance. The staff member supporting them understood how to dress the injury and also provided regular reassurance to ensure the person concerned remained comfortable and happy.

The deputy manager said that they were in the process of developing 'hospital passports'. Hospital passports provide health services with important information about a person's health and care needs when they are admitted to hospital. This information is considered best practice by the NHS and helps ensure people's needs are met appropriately within a hospital setting. This information had not been completed at the time of the inspection.

Good

Is the service caring?

Our findings

People had limited verbal communication and it was therefore difficult for them to tell us if they felt well cared for by staff and the service. We spent time with people seeing how they spent their day and observed the care and support being provided. A relative said they really believed staff cared about the people they worked with. A representative from the specialist learning disability service in Plymouth said that staff had showed they really cared by ensuring a good transition for one person leaving the service.

We observed the atmosphere in the home to be warm and welcoming. The interactions between people and staff were positive. Staff treated people with kindness and in a caring and compassionate way. For example, one staff member supported a person to make their lunch; they praised the person throughout the process, which made the individual laugh and smile. The staff member also supported the person with personal care tasks. We saw that the staff member provided discreet and sensitive guidance, encouraging the person to perform the tasks independently, whilst checking that they remained happy and comfortable at all times. The staff member then supported the person to dress and apply aftershave, commenting how nice the person looked and smelt, which clearly pleased the person concerned. We observed that during all this support the staff member talked and sang songs creating a warm and happy atmosphere, which the person concerned clearly enjoyed.

People were supported by staff who had a good knowledge of them and knew them well. Staff were able to tell us about people's likes and dislikes, which matched what was recorded in individual care records. One person liked to talk about past events and people they had known at school and before they lived at Coolhaze. We observed staff spending time talking to this person about the things that were important to them. The staff were very aware that these discussions made the person feel happy and reduced feelings of anxiety.

Staff respected and understood people's needs in relation to loss and bereavement. Support had been sought from external agencies when it was thought that people needed specialist support when a person close to them had died. Staff had also considered the needs and feelings of all family members during this difficult time.

People's privacy and dignity were respected. We saw one staff member supporting a person with personal care needs. The staff member ensured that curtains were drawn to protect their privacy and towels and clothing were easily to hand to ensure their dignity was protected when moving from the bathroom to communal area. We observed that staff knocked and waited before entering people's private living space, and also informed them of any visitors in the home.

People had the opportunity to access support from outside the home if they needed people to speak on their behalf. For example, one person had regular visits from an advocate and was being supported to consider issues relating to their personal finances. This helped ensure the person had information and advice independent of the home and in private if they wished. It was discussed with the deputy manager that all people should have access to advocacy services. They said that an advocate was visiting the service the following day and they would discuss this matter with them.

Staff recognised the importance of people's family. Relatives were able to visit at any time, and support was provided for people to visit their family at home. One person visited their family at home on a regular basis. Guidelines were in place to help ensure these visits were a positive experience for all concerned.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs and personal wishes. Staff were able to provide clear and detailed information about people's daily routines and how they needed and preferred to be supported.

Care records contained detailed information about people's health and social care needs. They were written from the person's view point and provided good detail about people's likes, dislikes and how they chose and preferred to be supported. For example, one plan included a section with the heading, 'Information I would like the staff team to know about me in order to make me feel comfortable, cared for and enabled'. Staff were aware of this information. Comments from staff included "They enjoy listening to music and staff telling them favourite stories if they become anxious or distressed". The deputy manager said they believed further improvement could be made to make the records more personalised and accessible to the people being supported. They said that this would be looked at as part of on-going improvement of records within the service.

People's support arrangements were regularly reviewed and updated. People's care needs were regularly discussed within keyworker and staff meetings and information was updated as and when needs changed.

People received personalised care that was responsive to their needs. The layout of the home meant that people had their own facilities and did not need to share with other people in the home. Staff rotas were organised so that people had a staff team working with them and where possible this would be staff of their choice and preference. We observed one person asking staff who would be supporting them. Staff were able to provide this information, which clearly pleased the person and reduced their anxiety.

People were supported by staff who were responsive and met their needs in a timely manner. We observed that one person requested to have a shower following their lunch. The staff member did not hesitate in ensuring that this person's request was met when they wanted. The staff member said the person liked to feel clean and refreshed and also benefitted positively from the sensory experience associated with water. This demonstrated that staff understood and responded appropriately to people's needs and wishes.

People were supported to follow their interests. Individual preferences and disabilities were taken into account to provide personalised, meaningful activities. A relative said they felt the opportunities for people had improved and staff had become more active in taking people out to experience new opportunities in the community. One person went out with staff to visit some of their favourite places. Staff said they had a particular route they liked to take and would tell the staff which way they wanted them to drive in the bus. We saw that staff sat with one person planning their activities for the following week. Staff had a good knowledge of what the person enjoyed and used this information to consider activities and new opportunities. Another person spent time using the house computer and was also keen to tell us about their planned trip out to get something to eat. Staff said that some people had very clear ideas about what they wanted to do and would plan their week dependent on the staff supporting them. The deputy manager said that the staff rota was flexible and took into consideration these needs and particular staff preferences. Daily reporting confirmed that people were supported to go out nearly every-day and if they chose to stay at home consideration was given to activities which would occupy people's time appropriately.

People were supported and encouraged to develop and maintain relationships with people that mattered to them. For example, one person had regular visits home and staff provided support to help ensure this was a good experience for all concerned. Consideration had been given to supporting a person to maintain important friendships when they moved to a new service. Staff had requested that a ramp was installed in the new accommodation so that the person could have visits from a friend who required the use of a wheelchair. A relative we spoke to said staff had always kept them well informed about any important information and had provided support to family members when needed.

The provider had a policy and procedure in place for dealing with complaints. Easy read information about how to make a complaint had been provided for people who may not be able to read the written word. Staff said they used their knowledge of people they supported to regularly

Good

Is the service responsive?

check if they were happy or if they had any concerns. We saw examples of when a complaint had been raised about the service. Records confirmed the complaint had been taken seriously and handled appropriately in line with organisational policy and procedures.

Staff supported people to receive consistent, person centred care when they moved between different services. We saw a detailed transition plan in place for a person who was moving from the service to a new home. The plan had been developed with all relevant agencies and family members and had taken into account the person's needs and wishes. We saw that staff from Coolhaze had worked alongside staff that would be supporting the person in their new home. The new staff said that this had been really positive in helping them get to know the person and to understand their needs. Relatives we spoke to said that the transition had been carefully considered and would help minimise anxiety for the person concerned. Feedback from other agencies was very positive. We were told that the transition planning was excellent and one of the best examples of joint working they had experienced.

Good

Is the service well-led?

Our findings

We were told that during the 12 months prior to our inspection there had been a number of management changes within the home. Two registered managers had left the home and a new manager had started in January 2015 to oversee the running of Coolhaze and one other service, which was situated in the same area. The new manager was not present at the time of this most recent inspection. The service was being managed by the deputy manager who was also overseeing the day-to-day running of the other service.

On the day of the inspection we met the behavioural advisor for the organisation who had been asked to provide the deputy manager with support during the absence of a registered manager. Following the inspection we were told that the new manager had left the service and their application to register with the CQC would be withdrawn. The behavioural advisor told us that they would be providing management support to the service during this time and this information would be put in writing to CQC.

Staff said that it had felt very unsettled due to the number of management changes that had taken place. However, they said as they were a small and mainly consistent staff team they had still been able to work effectively to provide a good quality service. They said they had felt well supported by their colleagues and particularly by the deputy manager who had worked hard to ensure the home ran smoothly and continued to meet people's needs. Some of the staff we spoke to said they had some concerns about the ability of management to oversee more than one home and that this could result in important management tasks not being completed. We spoke to the deputy manager and other senior management about this concern and we were told this would be closely monitored by the organisation and any gaps in managerial tasks would be addressed.

Staff said they each had designated responsibilities, which made them feel valued team members, For example, one staff member was responsible for managing and auditing all medicines and this helped ensure that systems were safe and any discrepancies were dealt with in a prompt and timely manner. Another person had been given the responsibility of setting up 'Your Voice' meetings, which would develop ways of ensuring people were included in decisions about their care. Staff said they felt these roles and responsibilities made them feel valued and gave them the chance to consider best practice and ways of improving people's experience in the service.

Quarterly safety, quality and compliance meetings took place between senior managers and the homes management team. Minutes of the most recent meeting confirmed that safeguarding, serious incidents and health and safety had all been reviewed and discussed. We saw the service had given consideration to concerns raised as part of an inspection of another service, which was also part of the same organisation. Minutes of staff and management meetings confirmed that inspection reports and actions needed had been discussed and consideration given to any improvements that would also be needed within Coolhaze. The service had also been reviewed by Plymouth City Council quality team and an action plan confirmed they had addressed any recommendations made to them.

Staff meetings were held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice. Records confirmed team leader meetings were held and discussion had taken place about the quality of the service and day-to-day running of the home. The role of the team leader had been discussed to ensure that everyone understood their responsibility and role within the service.

The service had an up to date whistle-blowers policy, which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to management and were confident they would act on them appropriately.

There was an effective quality assurance system in place to drive continuous improvement within the service. Areas of concern had been identified and changes made so quality of care was not compromised. For example, following an incident that had occurred in the home the provider had taken action to ensure people's finances were protected. Systems had been put in place to audit finances more regularly so any discrepancies would be noted and dealt with promptly.

Systems were in place to ensure reports of incidents, safeguarding concerns and complaints were overseen by senior management within the organisation. We were told

Good

Is the service well-led?

this ensured appropriate action had been taken and any patterns or lessons considered for future practice. We saw incident forms were well detailed and encouraged staff to reflect on their practice.

The deputy manager had introduced spot checks of care staff during the day and night. This helped to ensure management had an overview of the quality of the service at all times and could address any concerns they found. A maintenance plan was in place to help ensure the quality of the environment remained appropriate and fit for purpose.

The views of people, relatives and other agencies were sought as part of the quality monitoring process. We saw that questionnaires had been sent to relatives and their views considered as part of an-going improvement plan for the service. Feedback from other agencies was positive particularly in relation to recent joint working as part of a transition plan for supporting one person to move from the service into a new home.

The provider undertook unannounced visits of the service and completed a detailed report of their findings. The most recent visit had included an audit of incidents and safeguarding reports as well as discussions with the staff team. An action plan had been completed with areas for improvement and timescales for when these improvements needed to be have been addressed.