HF Trust Limited

Ponderosa House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Ponderosa House is the local office base of a service which provides personal care and support to 47 people in 14 properties in the Newcastle, Northumberland and North Tyneside areas. A day centre is located below the office but we did not inspect this facility as it was beyond the scope of our registration regulations.

The inspection took place on 6 and 13 May and was announced.

A registered manager was in post who was supported by five "cluster" managers who each had responsibility for a number of services within the organisation. There were plans for the cluster managers to register with the Care Quality Commission and for the current registered manager to take on an operational management role. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There were safeguarding policies and procedures in place and staff knew what action to take if abuse was suspected. They had received training related to the protection of vulnerable adults. There were no ongoing safeguarding concerns at the time of our inspection and this was confirmed by the local authority safeguarding adults officer.

Robust systems were in place to support people to manage their finances safely. This meant that people were protected from potential financial abuse.

Risk assessments were carried out to ensure that people were protected whilst supporting them to remain as independent as possible. These included risks related to people's physical and psychological health, and assessments were reviewed regularly. Accidents and incidents were recorded and acted upon appropriately. Safety checks to the building, premises and equipment were carried out.

Medicines were managed safely. Procedures for the safe administration of medicines were in place and regular audits were carried out. People were supported to make choices about their medicines and information was available to them in an easy read format.

Safe recruitment processes were followed and people who used the service were involved in the recruitment of new staff. Suitable numbers of staff were on duty on the days of our inspection but relatives, staff and a visiting professional expressed concerns about the numbers of staff who had left the service in recent months. We found that recruitment had taken place and there were plans in place for the further recruitment of staff. We have made a recommendation to monitor staffing levels in light of the number of comments made.

New staff received an induction into the service and regular training was provided. Staff received regular

supervision and appraisals from their line manager.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. The registered manager had submitted DoLS applications to the local authority for authorisation. Capacity assessments were carried out, and decisions taken in people's best interests were appropriately recorded.

The health needs of people were met. We saw people had accessed a range of health services and hospital passports were provided to NHS staff who cared for people who used the service. These provided information about people's needs and how they preferred these needs to be met whilst in hospital.

People were supported with eating and drinking, and the level of support they needed was assessed and provided. There was an emphasis upon choice and independence around mealtimes, and healthy eating was also promoted. Allergies and special dietary requirements were recorded and catered for.

People were supported by staff to maintain cleanliness levels within their own homes. Assistive technology was used to support people if needed. Independence was promoted and staff treated people with kindness and respect. People told us they felt well cared for and we saw that they had good relationships with staff.

Care plans were personalised, detailed, and were reviewed monthly. People were involved in the care planning process. Specialist care plans such as those to support behavioural needs were in place and advice sought where necessary. The service operated a "Fusion Model" of support. This meant that the provider sought to bring together the best possible resources and interventions to provide an optimum level of care to people. An electronic [computer based] record of care and treatment was used in one service and this helped to identify any gaps in the level of support provided to people based on an analysis of their needs.

People had access to a range of activities and were supported to maintain their hobbies and interests. They attended clubs and organisations which catered for their specific interests.

A relative, staff and a visiting professional spoke highly of the manager and team leaders. Staff felt well supported and the registered manager felt listened to and supported by the wider organisation. There were plans for five cluster managers to register with CQC, and for the current registered manager to take on an operational management role. Some staff felt uncertain about how this might affect them in future but there were regular meetings held to support staff during this time.

Meetings with people, staff and managers took place on a regular basis. Quality assurance systems were robust and regular audits of the quality and safety of the service were carried out locally and by staff from head office.

We looked at notifications sent to CQC. We found one incident which had been dealt with appropriately by the registered manager but had not been notified to CQC in line with legal requirements. We clarified which incidents must be reported and the registered manager confirmed their understanding of this. They assured us that we would be notified of all such incidents in future.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safe recruitment procedures were followed which meant people were protected from abuse. Robust financial procedures were in place.

Risks to people were assessed and reviewed to ensure the safety and comfort of who used the service.

Medicines were managed safely and a procedure was in place to ensure the competency of staff administering medicines.

Is the service effective?

Good

The service was effective.

People's capacity levels had been considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

Staff had received regular training and supervision. Training relevant to the health conditions of people who used the service had been provided.

People were supported with eating and drinking, which included the promotion of healthy choices and lifestyle.

Is the service caring?

Good

The service was caring.

We saw that staff spoke kindly with people and treated them with respect.

Choices were promoted and people were supported to achieve their plans and aspirations.

People were involved in the running of the service where possible including in the interview process during the recruitment of new staff.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place and people were involved in care planning and reviews. Specialist advice was sought where appropriate to ensure the needs of people were met.

People were supported to maintain a variety of activities and interests.

An accessible complaints procedure was in place and people were encouraged to use the process to express their views on a regular basis.

Is the service well-led?

Good

The service was Well-Led

A registered manager was in post who was supported by five "cluster" managers who were going to register with CQC.

Robust quality assurance and auditing systems were in place to ensure the quality and safety of the service.

People who used the service were encouraged to participate in meetings about the services and share their views.

We clarified the registered manager understood which incidents should be notified to CQC in line with legal requirmeents.

Ponderosa House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 13 May 2016 and was announced. The provider was given 48 hours' notice because the location provides care to people in their own homes who are often out and about during the day. We wanted to be sure that someone would be in.

The inspection was carried out by one inspector. We spoke with six people who were supported by the service during our inspection, including one person by telephone. We spoke with one relative who we contacted by phone following our inspection. We spoke with local authority contracts and safeguarding officers. They told us that they were not aware of any concerns about the service, and there were no on-going safeguarding investigations.

We spoke with the registered manager, two other service managers, and a deputy team leader. We also spoke with the administrator and six care workers during our inspection.

We reviewed six people's care records. We looked at a variety of records which related to the management of the service such as audits and surveys. We also checked records related to the safety and maintenance of the premises and equipment and viewed electronic records of accidents and incidents.

Prior to carrying out our inspection, we reviewed all the information we held about the service. We did not request a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make. We also looked at notifications submitted by the provider in line with legal requirements.

Good

Is the service safe?

Our findings

A safeguarding policy and procedure, which informed staff about how to recognise and report suspected abuse or neglect, was in place. Staff knew what to do in the event of
any concerns being identified and told us, "We have completed training and would know what to do if we were worried about anything". We checked training records and found that safeguarding training was 96% completed. The registered manager told us, "It is company policy for safeguarding training to be delivered three- yearly. I book training two- yearly and include a face to face refresher". Safeguarding concerns had been raised by people which had been notified to care managers and addressed appropriately. There were no active safeguarding investigations during our inspection. Safeguarding concerns were recorded on an electronic system, which was monitored locally by the manager but was also reviewed nationally. The divisional director was safeguarding lead for the organisation and there was a dedicated safeguarding team at head office who reviewed all safeguarding information received from services. This gave them an opportunity to provide advice and guidance to services and to monitor for any trends.

We checked the procedures in place for the safe handling of people's finances, due to the vulnerability of people who used the service. Robust systems were in place which included separate wallets for people which contained passports, cash, cheques, and debit cards. Each time the item was removed, a seal was broken on the envelope which would be re-sealed after the item was returned. The new seal number was then recorded. Any discrepancy with the seal numbers were reported to the manager on call. Internal audits were carried out and cluster managers did not audit the services that they were responsible for. A further audit was carried out by external auditors employed by the organisation, and we saw that a recent audit had found financial procedures were being correctly followed.

Individual risks to people were assessed. We checked four people's care records and found they contained risk assessments related to choking, allergies, physical conditions including epilepsy, and behavioural support needs. Environmental risks were also assessed. We visited one service and saw that people had been supported to carry out safety checks in their homes. Risk assessments were also completed which related to extreme weather, ingestion of hazardous substances, use of electrical appliances and food safety. Gas and electrical safety certificates were up to date and a current Legionella risk assessment was in place. Weekly checks were carried out on equipment including vehicles, personalised technology such as epilepsy sensors, and door alarms. This meant that systems were in place to protect people from harm.

We checked the management of medicines. Appropriate procedures were in place for the administration of medicines. People were supported to make choices about their medicines and we saw information was provided in easy read format which explained what medicines were for, and how people could report side effects. Training was provided in the management of medicines and where staff had made any errors whilst administering medicines, it was the policy of the service for them to complete a higher level of training. Training was also carried out online [via computer] by the supplying pharmacist. The competency of staff to administer medicines safely was checked on a regular basis.

There were suitable numbers of staff on duty supporting people on day two of the inspection. We noted that

concerns had been raised by a number of relatives about the ability of the service to retain staff as a number had left in recent months. We spoke with six members of staff. Four told us that there were sufficient numbers of staff and two staff members felt that at times there could be a lack of regular staff. One relative we spoke with by telephone felt that their family member should be receiving additional support, but the service was operating within an agreed care package. A visiting professional said they had noticed that a number of staff had left but there remained some experienced staff members. They said they had discussed this with the registered manager due to the impact that changing staff could have on people using the service. They told us they had felt reassured by the plans in place to recruit more staff. We also discussed this with the registered manager who acknowledged that there had been difficulties with staffing due to a number of people leaving the service, but that this was improving as they had recruited more permanent and bank staff. The registered manager told us they preferred to use their own bank staff rather than rely on agency staff to help ensure continuity and quality of care. We checked exit interviews that had been held with staff and found that a variety of reasons were given for leaving, none of which related to complaints about the experience of working for the service.

Staff recruitment procedures were appropriate. Staff records showed that recent applicants had been screened by the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. DBS checks ensure staff working in the service had not been subject to any actions that would bar them from working with elderly or vulnerable people. This helped to protect people from abuse. Two references were obtained for each applicant and where there were unexplained gaps in employment dates these had been completed to ensure a full employment history was obtained.

Accident and incident records were maintained online. We found that appropriate records were retained and the system in place ensured that these were monitored and reviewed by managers. Where there had been a number of incidents involving the same person, appropriate action had been taken to ensure they received the support they needed.

Good

Is the service effective?

Our findings

We checked staff training records. We found that training was up to date and carefully monitored by the service administrator. Staff told us they received regular training and reminders that training was due were sent via text message. One staff member told us, "All my training is up to date. You can't forget about it because [name of administrator] is so on the ball. You can even access training online at home if you want to; it's sometimes easier to do that way. Some staff aren't as computer literate so they get a lot of support. The support from Ponderosa is first rate."

Training had been provided in key areas such as health and safety, moving and handling, nutrition and hydration, infection control and first aid. Training related to the specific needs of people was also provided such as autism and epilepsy awareness. Dementia training had been provided and one staff member told us, "I wasn't 100 percent sure about dementia so I mentioned it to the company and they got me the training the next week. That's how good they are." Staff also received training in "Person centred active support", and new staff were trained, observed and monitored to ensure they were delivering care in line with the organisational model. The registered manager told us, "I have worked for other agencies and I think their [the organisation's] training is spot on. They put a lot into it." Staff supervision and appraisals were carried out on a regular basis and staff told us they felt well supported.

Interviews to recruit new staff were values based. Values based recruitment is widely used in the NHS and other care settings to help with the recruitment of staff with desirable qualities. Interview questions were based upon the values of the organisation which helped managers to select staff who demonstrated those values. Applicants were also provided with a scenario and asked how they would deal with particular situations. This helped to assess how they would react in practice. Once recruited, staff also undertook mathematical and literacy tests to enable managers to identify any additional support or training needs. A three day induction programme was in place which covered areas such as; the history of learning disability, safeguarding, communication with people you support, professional practice and decision making, and managing conflict and difficult situations. We spoke with a member of staff from the positive behavioural support team who told us, "There have been a lot of new staff but they receive a good induction which is really helpful."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). 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. The application procedure for this in a supported living service is pursued through the Court of Protection. Staff had received training in The Mental Capacity Act and an application had been sent to the local authority for authorisation in line with requirements. Capacity

assessments were carried out and we saw that where decisions had been taken in the best interests of people who lacked capacity, these had been discussed with families, medical staff, care staff and care managers. For example, we saw that where safety restrictions were in place regarding the unsupervised use of domestic appliances, this was appropriately recorded.

People were supported with eating and drinking. One person told us, "The meals are good. I like Indian and Chinese food, milk shakes and ginger beer, and some healthy foods. The staff cook and I do the washing up!" Another person told us, "The food is good, I can cook spaghetti bolognese." Healthy eating was promoted, with prompts throughout the day to ensure people had thought about the amount of fruit and vegetables they had eaten. One person had been supported to lose a significant amount of weight through healthy eating and was very proud to be a runner up in a "healthy safe and well" initiative where this loss was celebrated. We saw that allergies and dietary restrictions were recorded, such as avoiding cranberry juice for people with specific health conditions.

The health needs of people were supported. Hospital passports were available to support people who might need a hospital admission, and detailed information was provided to advise staff how to care for the person in the way that they preferred. People were supported to access a range of healthcare professionals including a behaviour support service. The lead of that team told us, "They always seek help when they need to."

We visited the homes of people who used the service and found them to be homely and very personalised. People were supported with keeping their home clean and tidy, and specialist equipment such as epilepsy monitors were in place where required.

Good

Is the service caring?

Our findings

People told us they felt well cared for. One person said, "The staff are fine. I really like them, I like everyone." Another laughed and pointed to a staff member and said, "I like all the staff except her!" She giggled and told us her nickname for the staff member with whom she clearly had a good relationship. Staff treated people with dignity and respect and people responded with warmth and humour. The aspirations, goals and achievements of people were promoted and celebrated. We spoke with one person who had been supported to do a zip wire challenge for charity who said that the staff had helped them to arrange the necessary health checks and planning before the event. They had enjoyed it so much they said they might do it again. The care records of another person had recorded goals for each month. During the month of the inspection it was their goal to celebrate their birthday and records showed details of how they would like to spend the day. Achievements and special events featured in the organisation newsletter, which people told us they enjoyed seeing.

Independence was promoted. People were encouraged to independently clean their homes, and the amount of help they needed was clearly assessed. People were asked if they needed help, and staff respected the wishes of people. Structures and routines in place to support people were agreed with them where possible and appropriately documented. People were also included and involved where possible in the running of the service. They were included in staff interviews and choose their own questions to ask applicants.

One person who was supported by the service had become upset while attending day care. They sat in the office with a member of staff who helped them to relax and provided them with the attention and diversion they needed to feel better. Another person had been unwell but was very keen to attend the day centre. A manager told the person that if they became tired or felt unwell that she was available all day and would take them home straight away.

The organisation had set up a Family Carer Support Service to support family carers of people with learning disabilities, including the family carers of people who used the service. The group was provided with newsletters, contact details and information about benefits and support. Individual carers could be referred to the service for support. One relative told us, "[Name of manager] is very helpful and gives information about benefits."

Records were held confidentially and we saw that the privacy of people was respected and promoted. Staff sought permission from people before allowing us to visit them in their rooms or look at their accommodation. One person was attending the day centre but was particularly keen for us to look at their flat and asked staff to show us around in their absence. We enjoyed seeing their flat with all their pictures and ornaments.

We did not find that anyone was accessing formal advocacy services during the inspection but staff were aware of how to access this service should the need arise. People were supported to express their views and to communicate these by the provision of information in easy read formats and individual "chats" with staff.

They were supported to contribute to care plans and discussions and reviews about their care and treatment.

Good

Is the service responsive?

Our findings

People told us their needs were responded to. One person told us, "I like it here. It is much better than my last home."

The service operated a model of support they had called Fusion. The model promoted the delivery of care which contained a checklist of all the strengths and elements the provider believed to be essential to the provision of high quality person centred services. The model included the use of specialist skills, creative solutions, involvement of families and other partnerships, choice, communication, and maintaining health, safety and wellbeing. The use of personalised technology was also considered for individuals if there was a need, as part of their care planning. One person was having disturbed nights so a motion sensor was placed in their accommodation which monitored the level of activity of the person overnight. This enabled staff to ensure that they were receiving the appropriate level of support and interventions. We checked that capacity and consent issues were considered when using assistive technology and we found that they were.

We looked at care plans and found they contained individualised plans which were reviewed with people on a regular basis and presented in an easy read format entitled "My programme of support." They contained information about daily routines and preferences, and what could be done independently by people. 'Healthy safe and well' sections contained information about physical, social, emotional, cultural and spiritual needs of people. There were detailed behavioural support care plans in place which included early indicators that behaviours were escalating, and reactive plans were in place which followed a traffic light system. This meant that staff had clear signs to observe for and instructions about how to respond to people's needs to prevent or de-escalate behaviour that may be perceived as challenging. Specialist support with behavioural concerns was sought as necessary.

Innovative recording of support needs had begun in one property where the support people had received was recorded on an electronic computer tablet within a programme entitled the "Health equalities framework." This took the elements of the Fusion model described above and enabled staff to record the care and support people had received. People who used the service were also able to use the system to log their support needs which included elements of self- assessment. For example, in the social assessment it would highlight if someone lived alone but stated they felt isolated as opposed to feeling happy about that, which would flag a need to be met. Information captured using this system was then turned into data which was presented in graphs. This meant that any apparent gaps in the care needed or provided would be highlighted and information was used by senior managers in the organisation to monitor the level of care and support people received.

Choice was promoted. One person told us, "I like the staff. I go to bed about nine o'clock and get up at eight and I can go whenever I like." Staff made frequent reference to it being people's homes and therefore they should be able to make their own choices. One staff member told us, "It is all about choice so people feel in control. If you get on the bus with a person, you don't say "Shall we sit here?" You say "Where would you like to sit?" Another staff member told us, "People appear happy and fulfilled and have plenty of choices in their

lives. We have had successes reducing the behaviours of people through offering choices." This meant that staff recognised the positive impact of empowering people.

People took part in a range of interests and activities. We spoke with some people who used the service while they were attending the day centre based at the service office. We did not inspect the day service as this was beyond the scope of our registration regulations, but we took the opportunity to meet people who lived in a number of the properties run by the service. We saw that they were involved in a variety of craft activities and one person had baked cupcakes. One person told us, "I go out shopping every Friday and I'm going to Lightwater Valley [theme park] next week; I like all the scary rides. I go to two drama clubs and like watching TV and going on my laptop."

A complaints procedure was in place and was available to people who used the service. A complaints form entitled "Making things better" was available and staff said they actively encouraged people to use these easy read forms to express their views. We checked the responses to complaints received and found them to be detailed. Records demonstrated that complaints were taken seriously. Terms of reference were available which detailed what the investigations should focus on, and how support should be provided to people [for example, a parent or advocate]. We spoke with two people who had used the complaints procedure to complain about aspects of their care. Both people told us they were happy with the way their complaints were dealt with and that they had no further concerns.

We spoke with a relative who had made a complaint about the service who told us they were satisfied that most aspects of their complaint had been addressed which related to the premises but they remained dissatisfied with aspects of the care package of their family member. The registered manager was aware of this and had been in regular contact with the complainant.

Good

Is the service well-led?

Our findings

A registered manager was in post. There were also five "cluster" managers who managed services within the organisation. There were plans for them to register with CQC in the near future and for the current registered manager to take on an operational management role. Staff spoke highly of the manager and said, "I feel well supported by the manager. [Name of manager] is very approachable and makes time for you." A relative spoke highly of a team leader and said, "The team leader is first class. She's very good." A health care professional told us, "The manager is very collaborative and open and transparent. There is strong leadership within their services." Two staff told us they felt worried about the changes to the management structure and a proposed merger with another organisation as they were uncertain about how this might affect their role. The registered manager told us that when she had voiced any concerns to the senior management within the organisation, that she had felt listened to and well supported.

Quality assurance systems were robust and regular audits of the service were carried out. The registered manager reported to the divisional director and sent regular reports to head office. Cluster managers were responsible for auditing their own areas of responsibility and the registered manager sampled and checked these audits. An action plan was developed each month and the electronic [computer based] system used to submit the reports highlighted whether the services were compliant with the organisation's standards. There was an audit and compliance team based within the organisation who visited the service to carry out audits every three months.

Regular meetings were held with managers, staff and people who used the service. The registered manager attended meetings with their Divisional Director each month. Information was cascaded from the registered manager to cluster managers and then individual staff teams. Monthly minutes of meetings were available. "Voices to be heard" meeting supported people to talk about the things that were going well and things they were unhappy with in the service. There were also monthly tenants meetings in each service.

Surveys and questionnaires were provided to relatives and people who used the service. These were sent out locally by the service and from head office. We saw that there were mixed responses from relatives with some saying they were very happy with the standards of care, communication and staff continuity, while others felt that high staff turnover adversely affected their experience of the service and that communication could be improved. We spoke with the manager about this who told us that there were plans in place to address these issues including the recruitment of staff.

We spoke with the registered manager about statutory notifications. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We had noted that we had not received many notifications and checked the registered manager's understanding of notifiable incidents. We found one incident which concerned an allegation made by a person who used the service. The incident had been recorded and dealt with appropriately by the service, but CQC had not been notified of this incident in line with legal requirements. The registered manager had not realised that it should have been reported and they clarified that such

incidents would be reported in future.
A staff reward scheme was in operation. The "GEMS" scheme enabled managers to reward staff to recognise when they worked beyond expectation by issuing vouchers.