Mrs Amardeep Sura

PiCAS

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 10 February and 3 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. The provider has now moved office and their new address is 221 Aldborough Road South, Ilford, Essex, IG3 8HZ.

PiCAS is registered to provide personal care to people their own homes. At the time of the inspection they were providing a supported living service to 12 people. Supported living is where people live in their own home and receive care and/or support in order to promote their independence. Some people lived in a house that they shared with another person who used the service but most people lived on their own.

The service has a registered manager. 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. The registered manager is also the registered provider.

We found that the quality of the service provided varied between different supported houses.

Relatives were happy with the quality of care and felt that people had benefitted from the service provided to them. One relative told us that the service was marvellous. However, feedback from some health and social care professionals was that the service needed to improve to ensure people were supported safely in ways that met their needs.

Although people were encouraged to make choices and to have as much control as possible over what they did and how they were supported, systems were not in place to ensure that their human and legal rights were protected.

People did not consistently receive a safe service. Systems were not in place to ensure that people were protected from the risk of abuse. This was because although incidents were recorded they were not reported to the placing authority, to the local authority safeguarding team or to the Care Quality Commission.

The systems for staff summoning assistance in the event of an incident or emergency were not robust enough. We have recommended that these be reviewed and changed to ensure that help can be summoned when needed.

Systems were in place to ensure that people received their prescribed medicines safely and appropriately. Medicines were administered by staff who were trained to do this.

Staffing levels were sufficient to meet people's needs and to enable them to do be supported flexibly and in a way that they wished.

The staff team did not always receive the training they needed to ensure that they supported people safely and competently. We have recommended that the training programme be reviewed to ensure that staff receive all of the necessary training in a timely way.

People were protected by the provider's recruitment process which ensured that staff were suitable to work with people who need support.

People were encouraged to develop their skills and to be as independent as possible. One person said, "Staff have motivated me. I do what I want to do."

Systems were in place to support people with their nutritional needs. They were supported to shop and cook for themselves according to their ability.

The registered manager monitored the quality of the service provided and sought feedback from people about the service.

Staff told us that they received good support from the registered manager. They were confident that any concerns raised would be addressed. People who used the service and their relatives also felt able to talk to the registered manager and said that any issues were dealt with quickly.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and one of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service provided was not always safe. People were not protected from abuse because appropriate action was not taken to identify the possibility of abuse and prevent it from happening.

Staffing levels were sufficient to support people safely.

The systems for staff summoning assistance in the event of an incident or emergency were not robust enough. We have recommended that these be reviewed and changed to ensure that help can be summoned when needed.

People were supported by staff to receive their medicines appropriately and safely.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

Is the service effective?

Requires Improvement

The service provided was not always effective. The staff team did not always receive the training they needed to ensure that they supported people safely and competently. We have recommended that the training programme be reviewed to ensure that staff receive all of the necessary training in a timely way.

Systems were in not place to ensure that people's human and legal rights were protected.

People's healthcare needs were monitored and they were supported and encouraged to access healthcare services.

Systems were in place to support people with their nutritional needs.

Is the service caring?

Good

The service provided was caring. People were happy with the way staff treated them.

People were supported to be as independent as possible.

People's cultural and religious needs and wishes were identified and they were supported to meet these.

People were supported to maintain relationships with their friends and family.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. We found that some people were involved in activities within their home and in the community and were supported to do what they wanted and liked. However, for others activities were very limited.

People were encouraged to make choices about what they did and how they were supported.

Some aspects of people's care plans were detailed and gave a picture of how people wanted and needed to be supported. However, they did not give staff clear or detailed guidance about how to manage people's more complex behaviours that challenged.

People were supported and encouraged to raise any issues that they were not happy about.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Although relatives and staff were positive about the management of the service some health and social care professionals expressed their concerns particularly in relation to safeguarding incidents.

The registered manager had not made the legally required notifications to the Care Quality Commission.

The registered manager monitored the quality of the service provided and sought feedback from people about the service.

Staff told us that the registered manager provided clear guidance and that they were aware of what was expected of them.

PiCAS

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 10 February and 3 March 2016. The provider was given 48 hours' notice because the location provides a supported living service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. The inspection was carried out by one inspector.
The service met the regulations we inspected at their last inspection which took place on 14 August 2015 and was rated as good.

During our inspection we met four people who used the service and talked with one of them. We spoke with four members of staff, the care coordinator and the registered manager. We looked at four people's care records and other records relating to the service. This included recruitment, training and medicines records.

After the inspection we received feedback from six health and social care professionals and three relatives.

Requires Improvement

Is the service safe?

Our findings

People who used the service and their relatives told us that the staff from PiCAS provided a safe service. A person who used the service told us they felt safe with their staff. One relative told us, "Definitely safe. Staff are vigilant." Staff told us and records confirmed that they had received safeguarding adults training and were clear about their responsibility to ensure that people were safe. Staff, relatives and people who used the service were confident that any concerns would be listened to and dealt with quickly by the registered manager. However, feedback from a social care professional was that for one person, who received one to one support, unexplained bruising had been observed and recorded on more than one occasion but no further action had been taken to establish how these had occurred. We saw that this had been identified by health and social care professionals who had then raised the necessary safeguarding alerts. The provider had not reported these incidents to the person's social worker, the safeguarding team or the Care Quality Commission. People were placed at risk of abuse as appropriate action was not taken to identify the possibility of abuse and prevent it from happening. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of three members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who use services. People were protected by the recruitment process which ensured that staff were suitable to work with people who use services.

Each of the supported living houses had 24-hour staffing. Staffing levels for each individual were agreed with the placing authority before they received a service. The levels of support required varied greatly. Depending on their needs some people received continuous support from one or two staff and others were supported only a few hours each day. Staffing levels were sufficient to meet people's needs.

Medicines were securely and safely stored. We found that medicines were stored in locked cupboards in each person's house. Keys for medicines were kept securely by staff to ensure that unauthorised people did not have access to medicines.

People were supported to receive their prescribed medicines safely. All staff received medicines training to give them an understanding of the medicines administration process. In addition staff had received separate training to enable them to safely administer a specific emergency medicine for a person with epilepsy.

We looked at the medicines files for four people. We saw that they included the name of the person receiving the medicine, the type of medicine and dosage, the date and time of administration and the signature of the staff administering it. The records had been appropriately completed and all entries were up to date. We saw that during the handover period between shift changes medicines and medicines records were checked

to ensure that people had receive their medicines and that records were up to date. In addition the dispensing pharmacist carried out unannounced checks on medicines. The registered manager told us that the pharmacist contacted her after the visit to give feedback. The systems in place supported people to receive their prescribed medicines safely and appropriately.

Most staff worked alone with people and systems had been introduced to support them in the event of an emergency. Staff told us there was an emergency plan and that staff were all aware of it. They added that there was a list of all relevant contact numbers and that they were registered on a mobile phone forum and could use this to contact people for assistance. One member of staff told us that when they had required assistance this had been provided very quickly. However, shortly after the first day of our inspection there was an incident in one of the supported houses and due to the nature of the incident the member of staff was unable to use the telephone to summon assistance. They did find an alternative method to summon assistance and action was taken by the care coordinator to provide support. However this incident highlighted the potential shortcomings of the system in place. Some people had behaviours that challenged and robust systems needed to be in place to ensure that staff could summon assistance urgently. We therefore recommend that the procedure for staff summoning assistance be reviewed and changed to ensure that this is possible if staff cannot use the telephone.

Requires Improvement

Is the service effective?

Our findings

Feedback about the effectiveness of the service was mixed. Relatives and a person who used the service had confidence in the staff who provided support. A person who used the service said, "The staff are fine and yes they know what they are doing." One relative said, "They know [my relative's] behaviour and can cope. I believe they know what they are doing." Another told us, "They know the signs and symptoms and know what to do." All three relatives told us incidences of behaviour that challenges, that is behaviours that pose a risk of harm to the person, property or other people, had tremendously decreased since people had been using the service. One relative said, "The difference is staggering." However, feedback from some health and social care professionals was less positive. They expressed concerns about staff skills and experience and their ability to effectively meet people's needs. This was particularly with regards to managing behaviour that challenged and also specific health conditions. One healthcare professional told us that staff had not received any training to support one person's healthcare needs and did not have any knowledge about their condition. A social care professional told us that they felt staff had difficulty in managing people's complex needs.

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 by the Court of Protection. We checked whether the service was working within the principles of the MCA.

Although the registered manager and staff had received MCA training, systems were not in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty. The registered manager confirmed that the doors to most of the houses in the scheme were kept locked. Four people were able to go out independently and they had keys to their own door but the doors to other people's houses were locked, and keys kept with staff, to prevent them from going out. In some cases this was because they needed staff support to go out but for one person staff had been advised by a healthcare professional that it was not deemed safe for them to go out even with staff. The registered manager told us that there had been an assessment regarding one person's capacity and that they were waiting for the outcome. However, for the remainder of people, an MCA assessment had not been requested and 'best interests' meetings had not been held to agree what was required to ensure people were safe and that any restrictions placed on them did not breach their human rights.

Each person had a tenancy agreement with the landlord of the property they lived in. We found that people's capacity to understand these had not been assessed but some people had signed these agreements. One person's tenancy agreement had not been signed by them or a legal representative. Therefore systems were not in place to ensure that people's legal rights were protected. These are breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person was supported as far as possible by a small regular staff team who mainly worked with them in their home. The registered manager told us that due to circumstances outside their control they had in the last 18 months lost 12 regular members of staff. They acknowledged that this had an effect on the consistency of the service provided to some people as new staff had to be recruited, trained and introduced to people who used the service. This fact was confirmed by relatives. One relative told us, "There are five main carers so they all know [my relative]." Staff supporting this person also told us that the staff team had been consistent and that they covered any absences between them. Another relative said that staffing was fairly stable now but added that "they do come and go." The four members of staff we spoke with supported three different people and were all able to tell us about the individual needs and preferences of the person they worked with and how they were supported.

Staff told us that they had received an induction when they started work with PiCAS and that they received ongoing training relevant to the job they did and the people they supported. One member of staff, who supported someone on a one to one basis, said that they had received a lot of training. They added that when they started working with the person they had shadowed an experienced member of staff for two weeks and then the experienced member of staff had worked alongside them for a further two weeks before they worked shifts on their own. Another member of staff, who supported a person receiving two to one support, confirmed that in addition to induction and training they had shadowed a range of shifts for a two week period and then worked alongside a more experienced member of staff. They added that shifts were only given to staff who were confident working with the person.

We saw that staff had received a variety of training including safeguarding, fire safety, medicines, autism, mental capacity and managing behaviour that challenged. They had also received training to meet some of the specific needs of people they supported. For example, some staff had completed moving and handling training and others had attended training to administer specific medicines for a person with epilepsy. However, we also found that other staff supported a person with a degenerative condition and they had not received any training to support them to do so effectively. A health and social care professional working with this person informed us that due to the nature of the condition a more suitable placement was being sought for them to move to. The registered manager told us that they had expected the person to be with them for a short period of time and had therefore not sourced training about this condition. However, staff were supporting the person and should have received the necessary training to enable them to support the person's specific and changing needs. Systems were in place to provide staff with the training needed to support people who used the service, however, training was not always provided in a timely manner. We recommend that the registered manager reviews the training programme to ensure that it includes all of the necessary topics and that these are provided in a timely way. This will ensure that people are supported by staff who have the necessary skills to meet their assessed needs.

Staff told us that they received good support from the manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff told us that there was good teamwork and that staff met to discuss how best to support the person and to consider any new ideas. Another said that they got information from the communication book, other staff gave good handovers and that the management were always aware of what was happening and also updated them. Systems were in place to share information with staff including staff meetings and handovers. Therefore people were supported by staff who received support and guidance to enable them to carry out their duties.

People individually chose what they wanted to eat. Some people were able to shop and prepare their food but others needed staff to do this for them. People were supported with any dietary requirements in relation to their culture or religion. For example, one person had kosher food and another liked to include Nigerian

food in their menu. A healthcare professional told us that there had been an issue with the way in which one person's food was pureed. The healthcare professional had raised this with staff and given further guidance. The registered manager told us that this was now being followed. Systems were in place to support people with their nutritional needs.

People's healthcare needs were monitored and they were supported and encouraged to access healthcare services. They saw professionals such as GPs, psychiatrists and psychologists as and when needed. One relative told us that their relative went to their regular appointments with healthcare specialists and that if staff were concerned about anything an appointment was made with the GP. Another told us that staff took their relative to all their appointments and never missed any. They added that the person had been supported to lose weight and encouraged to mobilise more which had been of benefit to their health and wellbeing. However, due to staff lack of knowledge about a person's degenerative condition one healthcare professional expressed concerns that this person's healthcare needs were not being adequately met and a more specialist placement was being sought.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that they were happy with the staff that supported them. One person told us that they would recommend the service and gave the staff who supported them 'two thumbs up' indicating that they were very happy. A relative told us that [their relative] was well cared for and that their staff were 'marvellous'. Another said that staff were "alert and caring."

People were treated with respect. We saw that in a quality assurance survey one person had written, "They respect me and my family. I like them". One relative told us, "[My relative] is well respected and has a very nice quality of life." Another said that their relative was treated respectfully as a friend but with professional boundaries.

People were supported to be as independent as possible. This was a supported living scheme and people's needs were very varied. Some people needed continuous one to one support and others received only a few hours support from staff each day. Some people went out independently and others needed to be supported by staff when out. People's files showed that some did their own shopping, laundry, and made drinks or sandwiches. Others were encouraged to be involved in these processes, for example by carrying their laundry to the washing machine. One person told us that staff motivated them to 'do things'.

People's cultural and religious needs were identified and the service was provided in line with these. For example one person had a kosher diet and another enjoyed Asian food. Both people were able to say what they wanted to do and occasionally chose to go to religious services. People were encouraged and supported to maintain links with family and friends. For example, one relative told us that they were unwell and that staff now brought the person to visit them.

Requires Improvement

Is the service responsive?

Our findings

We found that people's care plans varied. Some had more detail than others but they were not always clear or easy to follow. The service had been working towards accreditation with the National Autistic Society for supporting people with autism. Autism support plans had been developed but the service had not achieved accreditation and these care plans had not always been updated. Some files contained other plans and it was not clear as to which information was current and which guidance staff were using. People had positive behaviour support plans in place to support staff to manage behaviours that challenged. However, these were not clear or detailed plans and did not contain sufficient information to enable staff to safely or appropriately respond. For example, one person's plan stated the action to take in the event of an incident and damage to the environment was that staff should notify the landlord of damages and the person was to pay for damages. Although the member of staff we spoke with was able to tell us how incidents were managed and the techniques used to deflect different behaviours this was not in the support plan and therefore would not be available to be shared with other staff. Therefore systems were not in place to ensure that staff had current information about how people wanted and needed their support to be provided.

The registered manager told us that care plans were reviewed and updated when needed. They added that there was a keyworker system and that, as far as possible, people had individual monthly meetings with their keyworker to discuss their support, needs and wishes. Information from these discussions would then be used to update care plans and risk assessments. However feedback from some health and social care professionals was that care plans were disorganised and lacking in detail.

People and their relatives told us about the activities that they did. One person told us that they went to the gym and to college. They added that they did what they wanted to do. A relative told us that [their relative] went out a lot and had been on holiday. Another said that [their relative] was supported with activities and that when college was not open staff helped them to find other things to do. However, feedback from some health and social care professionals was that whilst some people were supported to participate in activities, for other people activities were limited and that there was a lack of stimulation. This meant that people's social and leisure needs were not consistently met.

The above issues demonstrate that the service was not always appropriately responsive to people's changing needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As far a possible people who used the service and, if appropriate, their relatives were involved in developing and reviewing their care plans. Some people or their relative had signed these in acknowledgment and agreement with the contents. One person told us, "I've got a care plan. I look at it and staff read it to me." A relative told us that care plans and other information were sent to them to read, comment on and sign.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. We saw that as far as possible they chose what, when and where to eat, what they did, what they wore and what they spent their money on. One relative told us, "[My relative] exercises choice.

They show pictures of different foods and [my relative] chooses what they want." A member of staff told us that they could ask the person they supported if they wanted a drink and they could respond yes or no. They added that if the person did not want to get up this was respected by staff who would ask again later.

We saw that the service's complaints procedure was available and people said they knew how to complain and who to complain to. One person told us, "I would tell [the manager] if I was not happy and she would do something about it." A relative told us that it was very rare to have problems but if any occurred they were put right straightaway. We saw that complaints were recorded along with the action taken and the outcome of the complaint. Therefore systems were in place to receive and address people's complaints.

Requires Improvement

Is the service well-led?

Our findings

The provider was also the registered manager of the service. Relatives told us that they were happy with the way the service was run and felt that people had benefitted from the service provided to them. They told us that the registered manager was readily available and dealt with any issues straightaway. However, feedback from some health and social care professionals was that was that the service needed to improve to ensure people were supported safely in ways that met their needs.
This was mainly due to concerns about safeguarding issues not being appropriately reported, management of behaviour that challenges and limited activities for some people.

The registered person (provider or manager) must send notifications about incidents that affect people who use services to the Care Quality Commission (CQC) without delay. This includes safeguarding issues and incidents that are reported to the police. We found that there had been safeguarding issues within the service that had not been reported to CQC. One issue was only reported after the registered manager had been requested to do so by the local authority at a safeguarding meeting held to discuss the allegation. Also in the period between the start and finish of the inspection the police were called to one of the supported living houses as the result of an incident. The registered manager did not send a notification of this incident to CQC as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There were clear reporting structures within the service and staff told us that the registered manager and care coordinator were readily available for advice and support. One member of staff told us, "Things are going smoothly and are well managed." Another said, "Yes, it's well managed. They provide what is needed." A third told us, "[The manager] is clear as to how she expects people to be treated and would follow things through to find out what happened."

We found that the registered manager and care coordinator monitored the quality of the service provided. They visited the services weekly and spoke to people during that time. They carried out quality checks on 'paperwork and folders' to make sure that everything was up to date and appropriately completed. In addition they did spot checks at each house. These were unannounced visits to check that people were alright and being supported appropriately.

Systems were in place to get feedback about the service provided. This was by means of an annual quality assurance questionnaire sent to people who used the service, relatives, staff and other relevant people. The responses seen were all positive about the service provided. For example one person had said, "PiCAS has helped me a lot. I am happy with the service." An advocate had responded that the manager was helpful and always respectful and positive about people's needs. Relatives confirmed that they were asked for comments about the quality of care and support provided. One relative said, "They ask me what I think about the service."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified the Care Quality Commission (CQC) of incidents which had occurred within the service as required by the CQC (Registration) Regulations 2009. Regulation 18 (2) (e) & (f).

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Systems were not in place to ensure that people consistently received care and support that was responsive to their needs. Regulation 9 (1) (a) & (b) 9 (3) (a).

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's human rights were not protected as consent was not obtained from relevant people before care and treatment was provided. Regulation 11 (1).

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were placed at risk of abuse as appropriate action was not taken to identify the

possibility of abuse and prevent it from happening. Regulation 13 (1) (2) & (3).