

Modus Care (Plymouth) Limited

Bull Point House & Annex

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 27 February 2015 and was unannounced. Bull Point House and Annex provides care and accommodation for up to five people with learning disabilities who each have their own self-contained living accommodation within the home. On the day of our visit four people were living in the service.

The service had 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 2008 and associated Regulations about how the service is run.

We visited each person during the inspection. We observed people and staff were relaxed in each other's company and there was a calm atmosphere. When asked, people said; "yes - staff are kind." Some of the people who lived in the service were not able to fully verbalise their views so people used other methods of communication, for example signs, symbols and pictures to aid communication and make choices. People told us

Summary of findings

they liked living in the home. One person was able to say they spoke with to the registered manager and staff and were happy to talk to them about any concerns. Staff had the knowledge of the various communication aids used by people to support them effectively.

Staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff felt confident any incidents or allegations would be fully investigated.

People's medicines were managed safely. People received their medicines as prescribed and received them on time. Staff were appropriately trained and understood what the medicines were for. They understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, consultant psychiatrists and social workers. People were also supported by Modus's positive behavioural support team.

When people were asked about the care and support they received, they responded positively. People responded with a "yes" or "no" to questions asked or indicated with a smile that they were happy with the staff support. Care records were comprehensive and personalised to meet each person's needs. Staff understood people's individual needs and responded quickly when a person required assistance. People were involved as much as possible with their care records to say how they liked to be supported. People were offered choice and their preferences were respected.

People living in the service could be at high risk due to their individual needs and each person had two to one staff support. People's risks were well managed and they were monitored at all times to help ensure they remained safe. People lived full and active lives and were supported to sample a wide range of activities. Activities were discussed and planned with people's interests in mind.

People enjoyed the meals and they had access to snacks and drinks at all times. People were involved in planning menus and were able to say if meals were not to their liking.

People did not all have the capacity to make decisions for themselves, therefore staff made sure people had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff said the registered manager and management of the company were supportive and approachable. Staff talked positively about their roles. Comments included; "They (Modus management and registered manager) always put people first."

People were protected by safe recruitment procedures. There were sufficient numbers of staff on duty to support people safely and ensure everyone had opportunities to take part in a variety of activities inside and outside of the home. Staff received a comprehensive induction programme. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as Psychiatrists and GPs. Staff acted on the information given to them by professionals to ensure people received the care they needed to remain safe.

There were effective quality assurance systems in place. Any significant events were appropriately recorded and analysed. Evaluations of incidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the home. People met with staff on a one to one base and were able to raise concerns. Feedback was sought from people living in the home, relatives, professionals and staff.

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?

This service was safe. There were sufficient suitable, skilled and experienced staff to support people.

Staff had a good understanding of how to recognise and report signs of abuse. Staff were confident any allegations would be fully investigated to protect people.

Risks had been identified and managed appropriately. Systems were in place to manage risks to people.

Medicines were administered safely and staff were aware of good practice.

Good



Is the service effective?

The service was effective.

Staff had the training, knowledge and the skills to carry out their role effectively.

Staff understood the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People could access appropriate health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet.

Good



Is the service caring?

The service was caring.

People were treated with kindness and respect by caring and compassionate staff.

People were able to make choices about their day to day lives and the service used a range of communication methods to enable people to express their views.

People were involved in the care they received and were supported to make decisions.

Good



Is the service responsive?

The service was responsive.

People received individual personalised care.

People had access to a variety of activities within the service and the community. People were supported to take part in activities and interests they enjoyed.

People received care and support to meet their individual needs.

There was a complaints procedure in place that people and their families knew how to use.

Good



Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff were supported by the registered manager. There was open communication within the staff team. Staff felt comfortable discussing any concerns with the registered manager.

Good



Summary of findings

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Bull Point House & Annex

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 checked 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 was undertaken by one inspector on 27 February 2015 and was unannounced.

Prior to the inspection we reviewed all the 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.

During the inspection we met and spoke with all four people who used the service, the registered manager and 10 members of staff. We also contacted three relatives and two social care professionals who had all supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs, two records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People who lived at Bull Point House and Annex told us they felt safe there. One person smiled when asked if they felt safe. A relative commented; “Yes- [...] is safe there”. Health and social care professionals agreed that the service provided a safe environment for people.

People were provided with a safe and secure environment. Visitors were required to sign when entering and leaving the service. Staff checked the identity of visitors before letting them in. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Care plans included up to date personal evacuation plans and held risk assessments which detailed how staff needed to support individuals in the event of a fire to keep people safe.

The provider had safeguarding policies and procedures in place. Posters were displayed around the service and provided contact details for reporting any issues of concern. Staff were up to date with their safeguarding training and were fully aware of what steps they would take if they suspected abuse and were able to identify different types of abuse that could occur. Staff said; “Any concerns I would contact [...] (The registered manager) straight away.” Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately. Staff were confident that any reported concerns would be taken seriously and investigated. Staff said, “Modus Care makes sure we have the training to help keep people safe.” One social care professional told us the staff took appropriate action to resolve any concerns.

Care plans detailed the staffing levels required for each person to keep them safe inside and outside the service. For example, staffing arrangements were in place to help ensure each person had either two or three members of staff available to enable people to participate in activities in the community safely. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances. A senior staff member commented some people needed three to one staffing for some tasks or activities. They said; “We are able to provide the correct staffing levels to meet people’s needs and keep them safe.”

The registered manager and staff informed us they liaised with Modus’s Care positive behavioural support team to support people who displayed behaviour that could challenge others. Staff told us they managed each person’s behaviour differently and this was recorded into individual care plans

People identified at being of risk either inside the service or when they went out into the community had clear risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for managing these. People had risk assessments and clear protocols in place for the administration of medicines.

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. Incidents were recorded on “event forms” and these confirmed the service reviewed all incidences and made changes to ensure further incidents were not repeated. For example, as a result of an incident people were required to sit in particular seats when travelling in vehicles with staff. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. People’s care records recorded a section on; “Key areas to keep me safe.” Staff received training and information on how to ensure people were safe and protected.

People’s medicines were managed safely. There were safe medicines procedures in place and medicines administration records (MAR) had been fully signed and updated. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. Staff were knowledgeable with regards to people’s individual needs related to medicines.

The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults.

Is the service effective?

Our findings

People who lived in Bull Point House and Annex each had their own living area. One was a separate building, the Annex, and other people had separate living areas, divided into flats, within the main house. People were able to use other facilities within the main house, for example the activities room or the large dining area. The registered manager talked through recent upgrades in many areas of the home and further upgrades planned to ensure people lived in a suitable environment. The registered manager felt the home was suitable for the people that lived there with people having their own individual space.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff completed a full induction programme that included shadowing experienced staff and staff confirmed they did not work with individuals until they understood people's needs. The registered manager and staff told us they received ongoing training. Training records showed staff had completed appropriate training to effectively meet the needs of people, for example self-harm awareness. Discussions with staff showed they had the right skills and knowledge to meet people's individual needs. Ongoing training was planned to support staffs continued learning and was updated when required, for example training booked included autism and Asperger's. Staff said; "Modus Care behavioural team are really involved in supporting us." and "Good skill mix."

Staff received supervision with their line manager. Team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff members confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. 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. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The registered manager confirmed they continually reviewed individuals to determine if a DoLS application was required. The registered manager informed us each person had been subject to a DoLS authorisation and people were restricted from leaving the service to keep them safe. Each authorisation recorded the people involved in the decision making. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. Staff said when it came to more complex decisions such as people leaving the premises without staff supporting them; they understood a professional body would need to be consulted.

Records showed discussions had taken place with people about any possible risks for the person, and best interest meetings were held when needed. One relative confirmed a best interest meeting had been arranged to discuss a health concern and plan if a medical procedure was in the person's best interest. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

Staff sought people's consent before providing care. For example staff said they encouraged everyday choices if possible, such as what people wanted to wear or eat and they were aware when to support people who lacked capacity to make every day decisions. For example we observed staff asking a person if they would like their hair washed before they went out.

People made choices on what they wanted to eat and drink. People were encouraged to partake in preparing snacks and drinks. We heard staff offering a person a choice, via a picture format, of food for their lunch. People's weight was monitored and how much food and fluid they ate and drank were recorded when needed. Staff were familiar with the nutritional requirements of people.

People had access to local healthcare services and specialists including consultant psychiatrists. When people's needs changed, the staff made referrals to relevant health services for support. Health and social care professionals said that staff kept them up to date with changes to people's needs and contacted them for advice. Healthcare professionals also confirmed they had regular

Is the service effective?

contact with the service and were kept informed about people's wellbeing. This helped to ensure people's health was effectively managed. Care records held information on people's physical health and detailed people's past and

current health needs as well as details of health services currently being provided. Health plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups.

Is the service caring?

Our findings

We visited each person living in the service and people looked relaxed with the staff. Staff treated people with patience and understanding. Staff spoke with people when they provided care and asked people if they were happy and comfortable with the support being given.

We observed staff providing care and support to one person. The staff member told them what they were doing at every stage and ensured the person concerned understood and felt cared for. People, when asked if the staff were kind, said “yes” or smiled to indicate they were happy.

Relatives told us they were happy with the care and support people received. Comments included; “I’m happy with the care.” People had the opportunity to spend time with their families in their private living areas or go out with their families with staff support. A social care professional said the staff involved people as much as possible with all aspects of their care and had found the staff to be caring.

People were supported by staff who had the knowledgeable to care for them. Staff understood how to meet people’s needs and knew about people’s lifestyle choices to promote independence. Regular meetings were held involving people and their own support team which helped to develop positive relationships.

People’s behavioural needs were clearly understood by the staff team and met in a positive way. For example, one person who was anxious was provided with additional support and information to prepare for their trip.

People were supported to express their views and be actively involved in making decisions about their care and support. People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA) and advocate services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned. People were encouraged to be independent. We observed one person self-administer their own medicines with staff support. This was to promote this person’s independence in preparation for moving into more independent living in the future. One staff member said, “We promote people’s independence and give people information to make decisions.”

People were supported to maintain relationships with family members who visited regularly and were very much involved in people’s lives. People had access to the internet that enabled them to email relatives. Relatives confirmed they visited and received phone calls from their relatives.

People’s privacy and dignity were maintained. Staff understood what privacy and dignity meant in relation to supporting people. For example, people liked to spend time on their own and this was respected. One staff said, “[...] always likes time on their own and this is respected.” We observed the staff respecting people’s privacy by knocking on entry doors to people’s private space.

Staff showed concern for people’s wellbeing. For example, one person chose not get out of bed until later in the day. Staff provided regular snacks and fluid to this person. Staff were attentive and responded quickly to people’s needs, for example people who became agitated received support from staff.

Is the service responsive?

Our findings

People had care plans which held information about the person's needs and how they chose and preferred to be supported. People had guidelines in place to help ensure their individual care needs were met in a way they wanted and needed.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Care plans were personalised and reflected people's wishes. For example, one care plan recorded how staff were to communicate with them. Another recorded; "What staff need to do and how to do it." Staff confirmed they supported this person to choose their clothes. Staff got to know people through reading their care plans, working alongside experienced staff members and the person themselves. Staff knew what was important to the people they supported such as their personal care needs and about people that mattered to them. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People were involved in their care planning as much as possible. Care plans included a section on, "Things that make me happy", "My routines" and "How you need to communicate with me." Each section told a brief story about the person, their life, their interests and how they chose and preferred to be supported. People had clear guidelines in place to support staff in managing people's needs. For example there were guidelines for many areas of people's lives including travel and activities. Staff said plans had been put together over a period of time by the staff who worked with the person who knew them best. Regular reviews were carried out to ensure staff had updated information on people.

People participated in activities that were individual to their needs. People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People went out throughout the day of our inspection for example, to a local college. Staff told us of activities people attended, for example swimming and bowling. One person told us of the planned trip out on the evening of our visit. Relatives told us; "Sometimes I think more variety of activities could be arranged." Another said; "[...] does do a lot of different activities."

People with limited communication were supported to make choices. One person was shown pictures of food they may wish to have. This person used hand gestures to make their choice. Staff knew how people communicated and encouraged choice when possible. For example, people had photos/symbols to help them communicate decisions about activities they would like to take part in during their day.

Staff interactions with people showed they understood people's communication needs and we observed staff communicating with people in a way they understood. Care plans included information about how people communicated and what they liked and did not like. For example, people had regular meetings with the staff team working with them. Staff knew when people were upset or becoming agitated and responded by following written guidance to support people for example leaving people to have private space.

People were supported to go to local areas and maintain links to ensure they were not socially isolated or restricted due to their individual needs, for example one person attended the local church. People had photos displayed to show places they had visited and enjoyed such as visiting an animal sanctuary.

The complaints procedure was displayed in a picture format so people could understand it. Complaints had been responded to promptly and thoroughly investigated in line with the service's own policy. Appropriate action had been taken and the outcome recorded and fed back to the complainants. The registered manager told us people were encouraged to raise concerns. One person confirmed the registered manager listened to their concerns and always responded to them straight away. A relative told us; "I made a complaint and it was addressed very quickly and I was satisfied with the outcome." Social care professionals agreed any concerns they raised were responded to and resolved to their satisfaction.

People had personal communication books between them and the registered manager which enabled people to share their views and experiences of the care they received. For example, in one book we read a person had recorded a concern which was personal to them. In another book we read a person had written; "What I would like them (the staff) to remember about me." In both cases the registered manager had acknowledged the comments and responded. Any issues raised were thoroughly investigated

Is the service responsive?

and then fed back to staff so learning could be achieved and improvements made to the delivery of support. Staff confirmed any concerns made directly to them were communicated to the registered manager and were dealt with and actioned without delay.

Is the service well-led?

Our findings

The service was managed effectively and had clear values including independent living environments that suited people's needs and wishes. This helped to provide a service that ensured the needs and values of people were respected. These values were incorporated into staff training and induction. The registered manager told us the area manager for the company visited regularly to support them.

The registered manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure. For example the senior managers visited the home regularly to support the registered manager. Staff told us the registered manager was available and approachable. Staff were able to raise concerns and agreed any concerns raised were dealt with straight away. Staff agreed there was good communication within the team and they worked well together. Staff felt supported. Staff said; "The management are available night and day" and "Modus Care are approachable as a company."

Social care professionals told us the management communicated with them regularly and the service was well managed. They said the registered manager and staff worked well with the people living in the service and were supportive to people.

People were provided with information and were involved in the running of the home. One person told us about the communication book they had between them and the registered manager. They said; "[...] (registered manager) reads what I have written and always answers me". Another person said "yes" when asked if they could talk to the registered manager.

Regular staff meetings were held to allow staff to comment on how the service was run. This enabled open and

transparent discussions about the service and updated staff on any new issues, and gave them the opportunity to discuss any areas of concern and look at current practice. Meetings were used to support learning and improve the quality of the service. Staff said; "Modus Care and [...] (the registered manager) are approachable as a company and will accommodate you when possible, for example if you need to work particular shifts" and "I feel listened to and supported." Shift handovers, supervision and appraisals were seen as an opportunity to look at improvements and current practice.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care plans. The registered manager sought verbal feedback regularly from relatives, friends and health and social care professionals to enhance their service. A relative told us they were asked their opinions and encouraged to make suggestions that could drive improvements. The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

The manager had signed up to "Cornwall People First Quality Checkers". Their purpose is a "user-led self-advocacy charity for adults with learning disabilities. We support people to speak up for themselves and work closely with the services they receive to improve things, helping people to achieve the life they want." The registered manager said they had signed up to this as they supplied "Quality Checker" teams that employed people with learning disabilities to check services for people with learning disabilities. The registered manager felt this gave people additional support and helped ensure they were providing a better service for people. The visiting team will talk and listen to the people who use services and talk to the staff who work there. People who use the services will be sent a letter to explain what they do and asking if they would like to take part.