

Aaban Partnership Ltd

Providence House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Providence House is a residential care home providing personal and nursing care to up to 10 people. The service provides mental health support to young people aged between 13 and 18 years old. We are still looking at the registration status of this home as identified in the last inspection report (published) 7 Jul 2022.

Throughout the report we have used the term young people to represent those using the service. At the time of our inspection there were 8 young people using the service.

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

Young people told us this was the best placement they had experienced. However, young people also told us they did not feel safe all the time. We found some evidence of a closed culture in relation to the practice of some staff. We define a closed culture as - a poor culture that can lead to harm, including human rights breaches such as abuse.

Young people were supported by enough staff, who had been recruited safely.

Young people were supported to consider and understand risks. The provider followed comprehensive risk assessment and management procedures. However, we found not all decisions had been recorded in sufficient detail to evidence the decisions made.

Young people had been fully involved in decisions about how they were supported and praised the quality of their care plans which were written clearly.

Legal authorisations were in place where young people had restrictions on their liberty. Young people were aware of restrictions on their liberty and their views had been considered and recorded.

Management oversight had improved, however further improvements were needed to ensure the improvements had been fully embedded. The manager in post was committed to achieving optimum oversight of the service to help ensure consistent high-quality care.

Young people praised the impact the new manager had on the service and the changes they had started to make. Young people said they felt more confident about being listened to and feeling safe.

Staff felt well supported and valued by the manager and management team. Staff were proud to work in the home and were committed to the provider's values.

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

Rating at last inspection

The last rating for this service was requires improvement, (published) 7 July 2022.

Why we inspected

This inspection was prompted due to concerns we had received about; the use of restraint with young people, some staff interactions with young people, adherence to risk management plans and the availability of food and drink. A decision was made for us to inspect and examine those risks. We looked at the key questions of Safe, Effective and Well-Led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Providence House on our website at www.cqc.org.uk.

The overall rating for this service has remained as requires improvement.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to; Safeguarding people from abuse, and Governance. We have also made a recommendation in relation to recording risk management decisions.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-led findings below

Providence House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by two inspectors on 19 October 2022 and one inspector on 21 and 27 October 2022.

Service and Service Type

Providence House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Providence House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a manager in post who had applied to be registered with us.

Notice of inspection

This inspection was unannounced on the first and third day, and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all

this information to plan our inspection.

During the inspection

We spoke with 5 young people who used the service and the relatives of 2 young people. We received written feedback from 18 staff who completed questionnaires we provided. We spoke with the manager, service director, positive behavioural support lead, restraint reduction lead and clinical practitioners. We reviewed a range of records including assessments, care records, records relating to medicines, staff recruitment, training and supervision, accident and incidents and safeguarding logs and infection control policies. A variety of records relating to the management of the service, including audits and policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At our last inspection, (published 7 July 2022) this key question was rated good. At this inspection this has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Young people were not protected from the risk of abuse and improper treatment. We found some evidence of a closed culture.

- Some young people living at the home raised concerns with us about improper restraints. Some young people raised concerns about how some staff spoke with them during incidents. A relative we spoke with also raised concerns about the way staff spoke with their relation.

- Some opportunities to learn from incidents had been missed because staff had not always followed the providers system for recording debriefs including after restraints.

- Staff had received safeguarding children training. Further training had been planned.

The systems for ensuring young people were protected from the risk of abuse were in place but were not robust enough to keep young people safe. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the manager and other members of the management team. They had not been aware of all the concerns we raised, however they had already responded robustly to a previous concern raised by young people.

- The manager developed an action plan in response to the concerns we raised to address the risks associated with closed cultures. This had included all staff receiving professional boundaries training and a safeguarding lead being appointed. Young people we spoke with told us they felt things were improving. We will review how effectively this has been embedded when we next inspect.

Assessing risk, safety monitoring and management

- Young people were supported by staff to understand and manage risks in their daily lives. A multi-disciplinary team completed regular reviews of young people's safety needs and how to support them.

- However, we found some examples where decisions had been made but the care records did not include evidence of how the decision was made and how the potential for harm would be managed. A relative we spoke with also had concerns about risk management. We discussed this with the manager who acknowledged the concerns and was committed to addressing this.

We recommend the provider follows best practice guidance in relation to the recording of risk management decisions.

- Feedback from one young person's social worker was positive about the clear risk management plans in place which had led to increased independence for the young person they supported.

Staffing and recruitment

- Staff had been recruited properly. The provider followed safer recruiting guidelines, which is good practice in relation to staff who support children and vulnerable adults.
- All necessary pre-employment checks had been completed before staff started work.
- Young people were supported by enough staff. This had been difficult to achieve due to sector wide difficulties recruiting staff. The reliance on bank staff had reduced.

Using medicines safely

- Young people received their medicines as prescribed.
- Staff responsible for administering medicines had received training and, their competencies had been checked.
- Medicines were stored properly and medicine records were accurate.

Preventing and controlling infection; Visiting in care homes

- Young people were protected from the risk of infection. Staff and young people ensured the home was clean and tidy.
- Personal protective equipment was available. Risk assessments in relation to COVID-19 had been completed.
- There had been a recent outbreak of COVID-19 in the home which staff managed in line with current guidance.
- Visiting was facilitated by the provider in line with current government guidance.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we found care records did not have enough detail about what was important to the young person and the language used was professional which could be difficult to follow. Information about positive behavioural support had not been readily available to guide staff. This had been a breach of Regulation 9 (Person Centred Care). At this inspection, enough improvement had been made and the provider was no longer in breach of the regulation.

- Young people told us their care plans were the best they had had. Care records had been developed to fully include young people to identify their needs and, what was important to them about how they were supported.
- Young people's education, health and care plans (EHCP) were in place for some but not all young people.

Staff support: induction, training, skills and experience

- Young people were supported by trained staff who had completed the provider's robust induction programme and mandatory training. This included training in relation to physical interventions and restraint.
- Support workers also completed a range of child specific eLearning modules. These helped ensure staff had an awareness of some of the complexities of caring for children and young people although they are non-mandatory and not all staff have undertaken these modules.
- Not all staff had completed safeguarding children training to the level required. We have addressed this in the safe domain of this report.
- Staff received regular supervision from senior staff. Staff told us they felt fully supported and able to approach managers and clinical staff for support.

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

- We had received concerns about there not being enough food and drink in the home. We saw some photographic evidence of empty cupboards. However, during the inspection we found the cupboards, fridge and freezer to be full. Young people had access to a broad range of food which reflected their taste. The manager acknowledged that on occasion, shopping could be better organised.
- Young people were supported to maintain their nutrition and hydration needs.

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

- Young people were involved in regular meetings with other professionals involved in their care. Care records showed the provider worked closely with other agencies and professionals.

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

- The home was spacious and well maintained throughout.
- Young people were encouraged to personalise their own rooms.

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

- Young people were supported to maintain their health and wellbeing needs, this included; support with making and attending appointments and support with accessing exercise.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the requirements of MCA.
- Where appropriate, deprivation of liberty measures were in place as part of orders from other relevant courts for those people under 18 who faced restrictions on their movements in their best interests. We found some of the court orders contained minor inaccuracies which the manager will raise with the responsible local authority commissioners.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection this key question has remained as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found systems for assessing, monitoring and improving the quality and safety of the services provided in the carrying out of regulated activity were not always effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, though we found some improvements had been made these had not been fully embedded and the provider remained in breach of this regulation.

- The providers oversight had not identified the concerns we found in relation to the risks of a closed culture. Risk management records were not completed sufficiently to identify how decisions had been made.
- Oversight of the recording of incidents including restraints had not always been robust. We found debriefs after incidents to support staff and learn from incidents had not been recorded consistently.

Systems for assessing, monitoring and improving the quality and safety of the services were not always effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Good quality person-centred and an empowering culture was at the heart of the service. Staff praised the quality of the manager and were proud to work in the home.
- Young people also praised the quality of the service and some told us this was the best place they had been. Young people felt they were supported to achieve their goals.
- We had found evidence of some elements of a closed culture which we have discussed in the safe domain of this report.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their obligations to be open and honest. There were clear procedures in place to ensure these obligations were met.
- Managers and staff were open and transparent during the inspection.

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

- Young people praised the level of engagement the staff had with them. Staff consulted with young people regularly in both formal and informal ways.
- Staff were very satisfied with the level of consultation and engagement managers had with them. Staff felt fully involved and able to raise any concerns. The provider had begun to extend reflective practice and consultation to staff on nights.
- A relative we spoke with had concerns about the quality of updates from the service about their relation. We have raised this with the manager who assured us this would be addressed. Another relative told us they felt they were kept up to date and informed of any concerns.

Continuous learning and improving care; Working in partnership with others

- The provider supported staff to engage in continuous learning and reflective practice. This helped improve staff care practice and staff knowledge.
- The provider and staff team worked alongside other professionals involved in young people's support.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Young people were at risk of abuse or harm because the systems for ensuring young people were protected from the risk of abuse were in place but were not robust enough to keep young people safe.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems for assessing, monitoring and improving the quality and safety of the services were not always effective.</p>