Care Quality Commission

Community Homes of Intensive Care and Education Limited

Peppard 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

This was an unannounced inspection which took place on 23 February 2016.

Peppard House is a residential care homes operated by Community Homes of Intensive Care and Education Limited (CHOICE). It is one of a number of services run by the provider. Peppard House is registered to provide care and support for up to seven people who have learning disabilities. They may be living with associated conditions, such as autistic spectrum disorders and behavioural difficulties. There were six people living in the service on the day of the visit. The house is built over two floors. Everyone who lives on the first floor of the home is able to negotiate stairs safely.

There is a registered manager running the service. 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.

People who live in the service, staff and visitors were kept as safe from harm, as possible. Staff were trained in the protection of vulnerable people and knew how to keep them safe from any form of abuse. Staff were trained in and understood health and safety and followed the relevant policies and procedures to keep people as safe as they could. The service identified any individual or general risks and action was taken to minimise them. There were enough staff to look after people safely. The recruitment procedure was designed to make sure staff were safe and suitable to work with the people who live in the home. Medicines were given safely by properly trained staff.

People's health and well-being was maintained and improved by staff following effective care plans and responding to people's needs. The staff team sought advice from and worked closely with health and other professionals, as necessary, to meet people's needs in the best way. People's physical and emotional needs were met to ensure people were able to enjoy their lives as much as possible.

People were supported to make as many decisions and have as much control over their lives as they were able to. Peoples' human and civil rights were understood, and upheld by the staff and registered manager of the service. The service understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who may not have capacity to do so.

People's care was provided by a committed staff team who knew people and their needs well. Staff were attentive, knowledgeable and responsive to changes in people's needs and wishes. People's equality and diversity was respected by staff who fully understood individualised (person centred) care. People were provided with a variety of activities, according to their needs, abilities and preferences.

The service was well-led by an effective, supportive and knowledgeable registered manager and management team. The registered manager had an open management style and encouraged people, staff and others to express their views and opinions. The quality of the care provided was regularly monitored. Improvements had been made and further developments were ongoing.

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.

Staff had been trained in health and safety and safeguarding and understood how to protect people in their care, themselves and others. They knew what action to take if they identified and form of abuse or harm.

All risks were identified and any necessary action was taken to make sure they were minimised, to keep people and others as safe as possible.

Staff were appropriately trained to look after and give people their medicine safely.

There were enough staff, who had been recruited safely, to meet people's needs and keep them safe.

Is the service effective?

Good

The service was effective.

Staff knew how to help people make as many choices and decisions about their daily lives, as they could.

If people were not able to make certain decisions the service took action to make sure their rights were upheld and they acted in their best interests.

People were helped to keep themselves as healthy and happy as possible.

Staff were provided with general and specialised training to ensure they could meet the specific and individual needs of people in their care.

Is the service caring?

Good

The service was caring.

People were cared for by a kind and committed staff team.

People's privacy and dignity was maintained and they were treated with respect, at all times.

People's individuality, specific needs, preferences and lifestyle choices were recognised and respected.

People were encouraged to build relationships with staff members and keep relationships with families and others who were important to them.

Is the service responsive?

Good

The service was responsive

People's care needs were assessed and care plans were regularly reviewed to make sure staff were giving care which responded to any changes in individuals' needs or lifestyle choices.

Opportunities to participate in a variety of activities were provided. People's ability to choose activities they liked helped them to enjoy their lives, as much as possible.

People, their families and others had access to a robust complaints procedure. No-one had any concerns about the care the service offered.

Is the service well-led?

Good

The service was well-led.

People lived in a well-managed service. The registered manager was described as caring and supportive and was knowledgeable about the needs of the people who live there.

People, staff and others involved with the service were listened to and their ideas and views were acted upon, as appropriate.

The quality of care the service was providing was monitored and the service was continually developed and improved.

Care Quality Commission

Peppard 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 was unannounced and took place on 23 February 2016. It was completed by one inspector.

Before the inspection the provider sent us an information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We had received no safeguarding notifications in the previous 12 months.

We looked at the six care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition we looked at a sample of other records related to the running of the service. These included a sample of staff records, training information and communication systems. The registered manager sent us further information we requested after the inspection visit.

We spoke at length with one person who lives in the home and a further two people spoke to us very briefly. Visiting family members spoke with us and others sent written comments about the care their relative received. We spoke with three staff members, the registered manager, two senior managers from the organisation and visiting professionals. We asked for comments from seven local authority and other professionals and received three responses.

We looked at all the information held about the six people who live in the service and observed the care people were offered throughout the duration of our visit.

Good

Is the service safe?

Our findings

A person and a relative of a person who lives in the service told us people were, "kept safe". A family member told us staff were totally aware of their relative's vulnerability and made sure they kept them safe in all situations. They said they would not allow their relative to remain if they did not believe this was the case. Some people were not able or willing to tell us if they felt safe. However, staff were able to tell us how they interpreted behaviour and body language to gauge whether people had any degree of distress or unhappiness. A professional told us, "on the occasions that there are any safety issues – Interventions or aids are implemented in a very prompt manner. Risk assessments are up to date and reviewed regularly".

The staff team kept people safe from any form of abuse, harm or poor care practice. Staff received training in safeguarding adults and understood their responsibilities with regard to protecting people in their care. They described how they would deal with a safeguarding concern or incident. The safeguarding procedure was displayed in a prominent place in the office. Staff were fully aware of the provider's whistle blowing policy and told us they would not hesitate to use it, should it be necessary. They told us they could access the provider's anonymous whistleblowing website or report incidents outside of the organisation, as appropriate. However, they had total confidence in the registered manager and said she would take immediate action to ensure the safety of people who live in the service.

The service had robust health and safety policies and procedures. These were followed to make sure people, the staff team and visitors to the service were kept as safe as possible. Regular health and safety checks were undertaken at specified intervals to make sure equipment and the environment were safely maintained and that staff adhered to safe working practices. Checks and tests included water temperatures being taken and recorded before baths were used. Generic hot water tests were taken daily (to minimise the risk of scalding) and cold water checks weekly (to minimise the risk of legionella bacteria living in pipes). Up-to-date risk assessments which covered all areas of health and safety were available in the service. The service had an emergency contingency plan which covered areas such as a full service evacuation, staff sickness and adverse weather conditions.

People's care plans included assessments which identified risks to the individual. The risk management plans were incorporated into the care plan. They detailed how to support the person in a way which minimised the risks to them, the staff and others. Risks identified included seating in the vehicle, refusal of medicines and use of a bath seat. Additionally, very detailed risk assessments were completed for special occasions or activities such as holidays, cycling and access to the community.

The service kept a record of all accidents and incidents. The registered manager monitored accidents and incidents which were cross referenced to risk assessments, care plans and behaviour support plans. Learning and action was taken from accidents and incidents, as appropriate. An example included an incident of a person having a choking incident. The staff team completed a new risk assessment and referred the individual to the speech and language team. Additionally they supported the individual to have a hospital check to ensure they had not breathed in any food particles. The actions taken, to minimise the risk of recurrence, were taken and concluded quickly to ensure the person's immediate and ongoing safety.

Any learning form incidents was discussed at staff meetings. Accidents and incidents were added to the provider's computer system. This ensured any 'lessons learnt' from an incident or accident were shared across their services to try to prevent any recurrence in any of them.

Staff followed robust policies and procedures to ensure people were given their medicine safely, in the correct doses and at the right times. Staff received training to enable them to administer medicines. Their competency to complete this task was tested before they were allowed to carry out this duty and at yearly intervals. Two staff administered all medicines. The service had recorded two medicine administration errors in the previous 12 months. These had not resulted in any harm, all appropriate actions had been taken and learning taken from the errors made.

The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. People had guidelines for the use of any PRN (to be taken as necessary) medicines. The service occasionally used PRN medicines to assist people to control behaviours. There were detailed guidelines in place which instructed staff to follow the individual's behaviour plan to try to avert any harmful and distressing behaviour. PRN medicine was used as a last resort and the registered manager or a designated senior member of staff had to approve its use before it could be administered.

People's care plans included a financial profile and contract. However, it was not always clear who was in control of people's finances and how they were supported with their money. There was some confusion with regard to whether applying for a power of attorney (legal permission to deal with someone who lacks capacity's finances) concerning people's money was necessary. The registered manager undertook to clarify who had a legal right to administer people's finances if people lacked the capacity to give permission for others to act on their behalf.

People's finances were looked after in a variety of ways. The local authority acted as a court of protection appointee in some cases, families acted on people's behalf and the provider had 'corporate appointeeship' for others. (Appointees take responsibility for people's finances). The service had a robust system of recording the money they held on behalf of people. The system was checked by external auditors at least once a year. People paid for staff's meals while they were being supported in the community or on holiday. It was not clear if this had been noted in the contracts. The registered manager undertook to review this practice and how it was operated to ensure the system did not create opportunities for potential financial abuse.

People were cared for by a team of staff in adequate numbers to provide safe care. The minimum staff on duty were four per shift during the day and two waking night staff. The staff team were supported by an activity co-ordinator who worked between 9 am and 4.30pm.The management team did not always work as part of the four staff care team so were able to offer additional support. The number of staff was calculated by assessing the care needs of each person, calculating the amount of care hours individuals needed and providing those staff hours. Additional staff could be deployed in the event of special occasions or emergencies such as hospital admissions. Staff members felt staffing ratios enabled them to offer effective and safe care.

The recruitment procedure ensured staff had been recruited as safely as possible to ensure they were suitable to provide care to vulnerable people. The provider completed the necessary safety checks on prospective applicants. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults.

Application forms including full work histories were completed and interviews were held. Appropriate references were taken up and verified prior to candidates being offered a post.

Good

Is the service effective?

Our findings

Relatives told us staff looked after people very well. People told us or indicated by nodding and smiling that they thought they were looked after properly.

Care plans clearly described people's individual needs. The plans were very detailed, well presented and up-to-date and made sure that staff knew how to meet people's identified needs. They were called, "my profile and care plan" and included all areas of care such as daily living skills, routines and communication. The support plans included a pen picture which described more briefly people's needs and drew staff's attention to vital areas (for the individual) of the more detailed plans. An example included necessary restrictions. These gave staff quick and easy access to important information about individuals.

People's health and well-being needs were identified and met. People had a detailed, "my health action plan" which clearly identified people's medical and well-being histories and current needs. They described any special health needs and incorporated an action plan, who was responsible for the action and by when it should be done. For example if someone was diabetic it would describe how often blood was to be checked, by whom and how often they needed medical check-ups. Follow up appointments, the outcome of health visits and further actions to be taken were clearly recorded and completed, as appropriate. The service worked with other health and well-being professionals in the best interests of the individual. People had regular check-ups such as annual psychology reviews, annual health reviews and dentists appointments, as required. Additionally, people had a hospital assessment which provided information to hospital staff in the event of an individual needing an admission.

People were supported to make as many decisions and choices as they could. Staff were able to tell us how they encouraged people to do this. They described offering one of two alternatives, using pictures and using people's communication methods to find out what their choice was. Staff were knowledgeable about people's communication methods and were able give them the best opportunities to make choices about their lifestyle and daily living. Care plans included sections such as, ''what is important to me'', ''what do I prefer or enjoy'' and, ''what do I dislike''. Plans included people's consent to care and described how it would be explained to them, if they lacked capacity. It included how other people would be involved in making changes to the plan, if appropriate.

The service supported people's rights under the Mental Capacity Act 2005 (MCA). 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 the least restrictive option. 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 procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). The registered manager understood DoLS and made appropriate applications to the local authority. Staff had received Mental capacity Act 2005 and DoLS training. They had a good understanding of what constituted a deprivation of liberty, what restraint was and when a DoLS referral may be necessary. Best

interests meetings were held, as necessary and included areas of care such as health interventions and medicines. A professional commented, "all communication in relation to best interests decisions of the service user have been appropriate and timely".

Some people were, on occasion, supported to control behaviours that could cause distress or harm to themselves or others. Behaviour plans were developed to meet people's specific needs. They were produced with the help of the provider's behaviour management team, which included a psychologist. The main focus of behaviour plans was recognising the signs of distress or agitation and taking early action to distract and divert people from harmful or distressing behaviour. Physical intervention could be used as a last resort. Staff were provided with specific training and support, as necessary. The service kept a book to record all physical interventions which had to be 'signed off' by the registered manager and was monitored by the area manager every month. However, staff used physical interventions as infrequently as possible and had not used it since April 2015.

People's nutritional needs were assessed and any individual needs for a healthy and balanced diet were included in their care plans. People were weighed regularly and records were kept, if necessary. The support of the dietician and speech and language therapy services was sought, as required. Menus were developed with people and produced according to their food preferences. Food was provided in the way which was safest for people to eat. This included soft diets and food cut into small portions for them. The amount of staff support needed to assist people with meals was described in care plans.

Staff had been appropriately trained to meet people's diverse needs. Training was delivered by a variety of methods which included computer based and classroom learning. Staff told us they had, ''very good training opportunities''. 15 of the 19 permanent staff have completed a qualification, relevant to their work, and a further three are currently studying for one. Staff told us they were encouraged to complete management and other training and qualifications relevant to their role. The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool. Staff received one to one supervision six times a year and an annual appraisal once a year. Staff told us they felt supervisions and appraisals were, "motivating and encouraging". They explained that they highlighted good performance but identified any training or learning needs. The Registered manager was described as, "very knowledgeable", "understanding" and, "very supportive". Additionally staff told us she was not afraid to take any necessary action to improve things for people and gave the example of disciplinary reviews. Staff said, "she is firm but fair".

Good

Is the service caring?

Our findings

People told us, "I like it here, it's a good place to live". They described staff as, "kind and cheerful". Staff told us the registered manager insisted upon, "totally person-centred care". They said that the people who live in the home are the absolute priority of their work. One staff member said, "the hoovering can wait, if need be, meeting people's needs is far more important". A professional commented, "from my visits my service user seems relaxed comfortable" and, "staff treat all with dignity and respect". Relatives and professionals noted very good communication with the service.

People were actively supported to maintain and build relationships with family and friends and keep in contact with anyone who was important to them. A relative told us how the staff worked closely with them, in the best interests of their family member. They gave an example of joint working to lessen the stress of a hospital visit. Relatives told us the staff were always respectful to them and their family member and could not be, "more caring and understanding". One person had the support of an external professional, who he had worked with for several years. This person visited the individual regularly to assist him to feel comfortable in his new surroundings and provide some continuity of care.

People's equality and diversity was respected. Staff had received equality and diversity training which was reflected in the care planning and their everyday work. Care plans included an area called, "my story" which was a summary of the individual and their past history. The staff team identified and met any special needs as part of the culture of equality and diversity. Any support needs people had with their religion, things that were important to them or things they disliked were noted on their care plans. For example the religion part of the plan asked questions such as, " do I celebrate Christmas or other religious festivals", "do I give presents and cards" and "do I follow any specific aspects of my religion". People were provided with activities, food and a lifestyle that respected their choices and preferences.

People and their families were as involved in their care planning and reviews, as they chose to be and was appropriate. Their involvement in the review and decision making process was clearly recorded. People were supported to express what they felt about the service and their lifestyle. The service used a variety of methods to find out what people thought about the care they were offered. For example people's key workers met with them once a month to discuss their care plans. Discussions included goals, activities and general living issues. The monthly meetings were recorded and included how the person had expressed themselves. For example the staff member noted the look on the person's face and their body language when asked specific questions.

The service had developed individual communication plans which assisted staff to interpret people's mood and behaviour. They also allowed staff to communicate effectively and positively with people. Specific ways of communicating were particularly valuable when dealing with behavioural incidents. The service used communication methods such as photographs, simple English and symbols. People and staff were communicating continually during the inspection visit. Staff understood what people were saying to them and vice versa. Staff used humour and appropriate touch to enhance their communication with individuals. All people related paperwork, such as care plans and health action plans, were produced in formats which

gave people the best chance to understand them.

Staff respected people and maintained their privacy and dignity. Most people needed some assistance with intimate care tasks. How staff were to support people respectfully and in a dignified manner was described in their personalised care plans. Staff were able to tell us how they helped people to maintain their privacy and dignity.

Good

Is the service responsive?

Our findings

During the inspection visit staff responded quickly to people's needs and requests for attention or assistance. Some people had one to one support, this was provided in a discreet and positive way. A professional told us that the service was responsive to people's needs. They gave us an example of a handrail being provided in a short time frame in response to someone's deterioration in mobility.

A full assessment of people's needs was completed before they moved in to the service. Families, other professionals and any other relevant people were included in the assessment process. People, wherever possible, had a planned admission. This involved visits to the individual in their current accommodation and them visiting the service for short stays. Preparations such as organising people's bedrooms were then made before they moved in. A care plan was written and agreed with individuals and other interested parties, as appropriate. Care plans were reviewed by the key worker with the individual, in monthly key worker meetings and a full review of the care package was held a minimum of annually. However, a review, involving the appropriate professionals and others, was held immediately if a change of need was identified.

People were given care by staff who were very knowledgeable about the care they were offering and why. They were able to offer people individualised care that met their current needs. The staff team communicated with people, relatives, the management team and each other in a variety of ways. Staff used systems such as daily diary entries, a communication book and handovers. The staff team were committed to working together to offer the best possible care to people. Relatives, staff and other professionals told us the service responded to any ideas or comments and always worked in the best interest of people.

Staff ensured that people were provided with person centred (individualised) care. The staff team's commitment to individuals' well-being was reflected in their daily work. The staff team met people's diverse care needs with little or no delay. The registered manager could increase staffing ratios temporarily to meet any identified needs in response to issues such as illness or additional support with behaviours.

People were able to participate in a large variety of activities. The service had an activity co-ordinator who worked from 9am to 4.30 five days per week, including weekends. They worked hard to access new and diverse activities to try to ensure everyone had opportunities to participate in activities they enjoyed. Activities included swimming, horse riding and cycling. People's activity programmes reflected their needs and preferences. They were changed regularly as people were provided with new experiences on which to base their choices. Daily activities such as domestic chores formed part of some people's activity plans. These activities supported some people to maintain and enhance independence.

People were supported to participate in holidays, if they wished to. People were able to choose who they went on holiday with and where they wanted to go, dependant on their finances. The provider made a substantial contribution to holiday costs to ensure everyone had this opportunity. One person told us he had been abroad to meet with family members he had not met at all and some he had not met for many years. Staff had worked very hard to make sure he was able to make the trip. The service made a variety of

holidays available which were 'costed' and risk assessed to ensure they met people's individual needs, preferences and resources.

The service had a robust complaints policy and procedure which was produced in an easy read format. Some people were unable to make a formal complaint without assistance and would need the support of staff or families. Staff described body language, expressions and behaviours which people would use to let staff know when they were unhappy. The service recorded all complaints, actions and outcomes. There had been one complaint about the care provided by the service during the previous 12 months. This had been dealt with appropriately and satisfactorily resolved. Four compliments had been recorded over the same time frame. Relatives, other professionals and people told us they had no concerns or complaints about the service.

Good

Is the service well-led?

Our findings

Staff members told us they received, ''very good support ''. The registered manager was described as open and approachable. One staff member said, "she motivates the staff team by modelling good practice and making clear her high standards which we have to meet". Staff members said they felt valued, were listened to and were encouraged to express their views.

People, staff and other interested parties were asked for their views and opinions which were taken into account by the service when providing care. People had regular reviews which they and their families, if appropriate, were invited to attend. Everyone's views were discussed and clearly noted on records. Keyworkers met with people every month and recorded people's views and satisfaction (or otherwise) with their care plan and daily living routines. Support plans were amended to improve things for people, if appropriate and necessary. The service held and recorded residents meetings every month. Annual surveys were sent to people, their families, friends and other interested parties. The results were used to contribute to the completion of the annual development plan. Improvements made as a result of listening to people and others included increasing the diversity of activities and keeping families more involved.

The service provided people with consistently good quality care. The standard of care was continually monitored and assessed to make sure that quality was maintained and improved. Various monitoring and auditing systems were in place. These included an 'expert' auditor (someone who lived in another of the provider's services) visited and wrote a report on people's experience of living in the home. The area manager completed a monthly monitoring visit and random out of hours inspections were conducted by area managers from other regions. The registered manager completed a variety of audits at different intervals. These included medicines, finances, care plans and health and safety audits. Additionally an annual health and safety audit was completed by an external specialist. An annual development plan was produced every year. This detailed what improvements would be made by when and who was responsible for taking the actions. The last development plan was dated December 2015, several of the actions had been completed.

Staff were kept up-to-date with care practice in residential care and care for people with specific needs in a number of ways. These included staff meetings, specific training, supervision and appraisal. The service listened to families and 'experts' on particular special needs. For example a staff member was allocated to attend the annual conference which related to a specific condition a person lived with. They collected new ideas and up-to-date thinking of how to care for and treat people with the condition and shared the information with their colleagues. They attended the conference with a relative of the person and worked together to ensure the individual was receiving the best and most up-to-date care possible.

People's records accurately reflected their individual needs and how they were to be met according to their preferences and best interests. They were of good quality, informative, fully completed and up-to-date. Additionally, records relating to other aspects of the running of the service were accurate and up-to-date.