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Person Centred Care Homes Supported Living

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 inspection took place over one day on 17 May 2016. This was the first inspection since the service opened in August 2015.

Person Centred Care Homes Supported Living is registered to provide personal care to people living with learning difficulties and mental health. The service currently provides 24 hour care to one person living in their own home.

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.

Relatives told us that they felt their relative was safe within at the service and well supported by staff. We saw positive and friendly interactions between staff and people.

Staff understood people's individual needs in relation to their care. People were treated with dignity and respect.

Procedures relating to safeguarding people from harm were in place and staff understood what to do and who to report it to if people were at risk of harm.

Staff had an understanding of the systems in place to protect people who could not make decisions and were aware of the legal requirements outlined in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Care plans were person centred and reflected individual's preferences. Relatives were involved in planning care and had input into review meetings.

People were supported to maintain a healthy lifestyle. Medicines were administered safely and on time.

Staff training was updated regularly and monitored by the manager. Staff received specialist training on working with people living with autism and learning difficulties. Staff had regular supervision that helped identify training needs and improve the quality of care.

People were supported to have enough to eat and drink. Staff were aware of people's dietary routine and their likes and dislikes.

There was a complaints procedure as well as an accident and incident reporting. Where the need for improvements was identified, the manager used this as an opportunity for learning and to improve care practices where necessary.

There were no audits completed specific to the supported living service. However, these were being planned.

There was an open atmosphere within the service. The management encouraged a culture of learning and staff development

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 were able to tell us how they could recognise abuse and knew how to report it appropriately.

There was sufficient staff to ensure people's needs were met.

People were supported to have their medicines safely.

The risks to people who used the service were identified and managed appropriately.

Is the service effective?

Good ●

The service was effective. Staff had on-going training to effectively carry out their role, including specialist training in autism and learning difficulties.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS).

Staff received regular supervision.

People's healthcare needs were monitored and referrals made in conjunction with relatives when necessary to ensure wellbeing.

People were supported to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring. Staff understood individual needs, likes and dislikes.

People were treated with respect and staff maintained privacy and dignity.

People were encouraged to be as independent as possible and supported to make decisions about the care they received.

Is the service responsive?

Good ●

The service was responsive. People's care was person centred

and planned in collaboration with them and their relatives.

Staff were knowledgeable about individual support needs, their interests and preferences.

People were encouraged to be independent, be part of the community and maintain relationships.

People knew how to make a complaint. There was an appropriate complaints procedure in place.

Is the service well-led?

Good ●

The service was well led. There was good staff morale and guidance from the manager.

The home had a positive open culture that encouraged learning. Best practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

Person Centred Care Homes Supported Living

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 17 May 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure that the registered manager would be available. The inspection was carried out by one inspector.

Before the inspection we looked at information that we had received about the service and formal notifications that the home sent to the Care Quality Commission (CQC). We looked at one person's care records and risk assessments, five staff files, one person's medicines charts and other paperwork related to the management of the service.

We were unable to speak with the person that used the service due to their learning difficulties. However, we spoke with three staff and two relatives. We observed interactions between staff and the person who used the service.

Is the service safe?

Our findings

Family members told us that they felt their relative was safe. One relative said, "He's very safe, it's very secure. It has to be secure because [the person] has no sense of safety. He has a garden he can go into which is safe and gives him a degree of freedom."

All staff members that we spoke with were able to explain how they would keep people safe and understood how to report any concerns where they felt people were at risk of harm. Staff were able to explain different types of abuse and how to recognise it. One staff member told us that safeguarding was, "Making sure that they [people] are always safe. That they don't suffer from any type of abuse, social, financial and so on. I would report it straight away." Another staff member said, "It [safeguarding] is about abuse and recognising it." Staff told us and records confirmed that they had been trained in safeguarding as part of their induction.

Staff understood what whistleblowing was and knew how to report concerns if necessary. There was information displayed on the office notice board giving staff guidance on how to whistle blow and who to contact.

Risk assessments were person centred, detailed and provided staff with guidance on how to mitigate known risks in the least restrictive way. The risk assessment covered all areas of the person's well-being including, going out, using electrical equipment, medicines and ensuring that issues that could trigger challenging behaviour were mitigated against. Staff that we spoke with had a detailed knowledge of the person's risks and how they worked effectively with them. Relatives told us that they had been involved in creating the risk assessments before the person began receiving care from the service.

Records of accidents and incidents showed that staff knew what to do if someone had an accident or sustained an injury. Records were detailed and noted the issue, if there had been any investigation, the outcome and any learning from the accident or incident. The registered manager told us that any accidents or incidents were discussed at team meetings to provide an opportunity to learn. Staff meeting records showed that incident and accidents were discussed at team meetings. All incidents were reviewed by the local authority learning difficulties team every six months. Reviews allowed the registered manager and the placing authority to ensure that staffing levels were appropriate and gave the person enough support to maintain as much independence as possible.

The service provided one to one care for the person using the service. When the person was out in the community the service provided two staff members to support them. Staff told us, and rotas confirmed that the same staff members worked with the person to ensure continuity of care. Relatives confirmed that the same staff worked with the person, "It's always the same staff, if there is a change they let us know and tell [Name of relative]."

The service followed safe recruitment practices. Staff files showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, their application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared

for by staff who were inappropriate for the role.

The service had a clear medicine administration policy which staff had access to. The person had a locked medicine cabinet in their home which only staff had access to. The registered manager told us that the person's relatives dealt with their medicines, ensuring they were ordered and any reviews that were necessary took place. Staff providing care administered medicines. Medicines were recorded on Medicines Administration Record (MAR) sheets. There were no omissions in signing the MAR sheet and medicines were administered on time.

There were records for 'as needed' (PRN) medicines. As needed medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious or may be in pain. However, there were no protocols in place for PRN medicines that gave staff guidance in what circumstances PRN medicines should be given. We discussed this with the registered manager who told us that this would be put in place.

We observed a staff member administering morning medicines. Staff dispensed the medicines and handed them to the person. Staff had good communication throughout this process and ensured that records were signed. One staff member told us, "We have had medicines training and been signed off as competent. Everything [medicines for the person] is liquid. [The person] knows the times and he will ask for his medication."

The person lived in their own property. Maintenance issues were dealt with by the landlord. However, the registered manager told us that staff and relatives noted any issues and supported the person to contact their landlord when necessary. Staff supported the person to keep their home clean and tidy.

Is the service effective?

Our findings

People were supported by staff that were able to meet their needs. Staff told us and records confirmed they were supported through regular supervisions. Staff told us that they received supervision every three months. One staff member said, "It [supervision] is a good time for me to come together with my manager and discuss how I am doing. We talk about development, training, objectives and the future." Another staff member said, "We talk about areas of development, how you are, the person we are supporting and any challenges we may have." Staff had not yet received an appraisal as the service had not been open for a year.

Staff received a comprehensive induction when they started to work at the service. This included, getting to know the person they would be supporting, understanding policies and procedures, medication training and specific learning difficulty and mental health awareness training. Training records showed that staff received regular training that supported them in their role.

The registered manager told us, and records showed, that care staff received regular specialist training in working with people living with autism. This was provided by the local authority. Relatives were aware that staff had received this training and one relative said, "The staff here are all trained in autism and learning difficulties, it means that staff really understand [the person] and how to work with him."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the courts with the support of the person's local authority care team. We observed that the person's front door was kept locked and they were accompanied in the community at all times. The registered manager told us that the service was in the process of applying for a judicial DoLS to ensure that the person was kept safe.

Staff had received training in the Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA). One staff member told us, "It [the MCA] is all about decisions and choices. Sometimes the people we look after lack capacity, you would need an assessment to make sure their best interests were met." Another

staff member said that the MCA was, "Where you are or are not able to make decisions for yourself. It is decision dependant, individual decisions such as, I know what I want to eat today. We promote a lot of independence and follow the care plan but if they can't make a decision we need best interests meetings."

The person had a specific routine around what type of food that they ate and how it needed to be prepared and served. This was documented in their care plan and staff were aware of what the person liked. One staff member said, "[Name of person] is particular with bread, white in the morning, straight cut not triangles. Brown bread in the afternoon." Staff were aware that the person required a specific routine. Another staff member commented, "[the person] is able to tell me exactly how they like their meals, I know his routine." The care plan detailed what the person ate on a daily basis and what foods should be avoided. Staff prepared meals for the person. However, staff were looking at beginning to encourage them to becoming more involved in meal preparation to promote independence.

The registered manager told us that the service did not attend healthcare appointments with people and that this was generally managed by the family. However, staff told us that if a person required support they would ensure that this was provided.

Is the service caring?

Our findings

People were treated with respect and their views about their care were understood and acted on by staff. Relatives felt that staff were, "Very respectful towards [Name of person]" and that, "Everything is followed to a T. All the staff know [the person] ways here. It's perfect, this is his world and we can't fault it."

The person had a keyworker and relatives were able to tell us who this was. A key worker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed.

Staff treated people calmly and with respect when they became anxious or showed behaviour that challenged. Staff told us that they knew the person well and understood their individual needs when they became distressed. This had been recorded in the person's risk assessment and there was guidance for staff on how to work with the person. One staff member said, "I can read the triggers [that could cause behaviour that challenges] he will ask me to leave his room, usually after five minutes he will allow you to assist him. It's about giving him the space he needs."

Staff told us that they always tried to ensure that the person was supported to do as much for themselves as possible. This was to ensure that they did not become de-skilled. One staff member said, "I try and make sure that [Name of person] does as much as they can. He will tell us what he is able to do."

Staff members told us about the importance of treating people with dignity and respect and making sure people were seen as individuals and had their needs met in a person centred way. One staff member said, "For example, when [Name of person] comes back from day centre, I will be in his room at 15:00, I will turn on his computer and television and escort him there as this is his routine. With regards to personal care, I knock on the door and wait for him to respond. I use his name and make sure he knows it is me." Another staff member told us, "It's [dignity] about respecting the individual. If we are supporting with personal care, we make sure the curtains are shut and close doors."

Staff were positive about working with people who identified as gay, lesbian, bisexual or transgendered. Staff told us that this would not make any difference to how the person was treated. One staff member said, "Someone's sexuality makes no difference in care or the care that I would give."

Staff do carry out personal care as part of the person's support. The person's care plan noted if they needed prompting with their personal care and how the person liked to be prompted. We observed a staff member encouraging the person to maintain their personal care before going out for the day. Staff gently reminded the person to have a wash and shave. The person responded well and said, "I know."

Is the service responsive?

Our findings

Care plans were detailed and tailored to the individual. The manager told us the person received six monthly reviews by the local authority learning difficulties team. The care plan was updated following each review if any changes were identified. Updates were clearly recorded on the care plan.

The service was very aware of the importance of routine to the person that they were supporting. The registered manager told us that the care plan had been written with input from the family as, "They knew their loved one well and how he liked things done." Relatives confirmed that they were fully involved in care planning. The care plan included the person's likes and dislikes. There was a section called, 'Personal care profile' This gave staff detailed guidance on how to work with the person on a day to day basis including, what the person liked to wear, how the person wanted their personal care delivered and how to appropriately prompt them.

At the front of the care plan there was a 'pen picture profile'. This gave staff an overview of the person and what their needs were. There was a copy of this in the person's home. The registered manager told us, "If staff didn't know [Name of person] they would be able to pick this up and it will have all the information they need to be able to work with him."

Staff were aware of how the person was able to communicate. The care plan gave detailed guidance for staff on how to communicate effectively and what could trigger behaviour that challenged. There was a white board where the person and staff recorded what the activity was for the day. This was an important part of the person's routine and staff ensured that it was completed. If there was a change in staff members for the day, this was documented on the whiteboard so that the person knew what was happening. Relatives told us that this was an effective way of working with the person and helped ensure that their routine was not disrupted.

There was an activity plan in place including attending a day centre five days a week. At weekends staff supported the person in the community including going swimming and shopping. Family members told us that they saw their relative every day and often supported him. Staff were aware of the importance of the family relationship and actively promoted it by engaging with them and ensuring that the person could call their family when they wanted to.

The service had a complaints procedure that was available for staff and people to read. A relative told us, "Any problem, we ring up but there's nothing to complain about. They gave us a pack when [Name of person] moved in. They told us to call them if we have any problems." There were no complaints documented since the service opened.

Is the service well-led?

Our findings

Staff said that the registered manager promoted an open and inclusive environment. One staff member said, "[The registered manager] is fine to be honest. She's been a good change within the service since she had been here care has improved as well." Another staff member told us, "So far so good. She's very open minded, not judgemental and always there to help us and improved our skills." One relative said, "[The registered manager] is brilliant, so helpful. We've been to annual review meetings and the way that she [the registered manager] speaks up for [Name of person] is great."

Staff said that they felt comfortable raising issues during supervision sessions but would not necessarily wait for supervision if they needed to raise something sooner.

Records showed that staff had regular team meetings. Staff told us, "They [staff meetings] are every three or four weeks. They are very helpful. We discuss any issues in the team, supporting people and ideas."

The registered manager told us that the management team have weekly management meetings. These meetings discuss the providers different care services including the supported living service. They look at how things are going and if any changes need to be made. The registered manager told us that the provider was very involved in the service and aware of any issues. The registered manager said that she felt supported in her role by the provider, "I do feel supported, yes. I like working for this organisation. It is a challenge and there is room for me to develop."

There were no auditing processes in place for the supported living service. The registered manager told us that she was relatively new to the role and that this was something that she would be implementing. However, the registered manager completed informal reviews on staff files and care plans and had developed an action plan of what needed to be implemented over the next few months.

The registered manager had oversight of staff training and there were systems in place to ensure that staff training was up to date. Training records showed when staff needed to refresh training. Supervision records showed that staff were able to identify and request training. We saw that where a staff member identified training that would improve their care practices, this was provided.

Records showed joint working with the local authority and other professionals involved in people's care. The manager told us that they work closely together to make sure that people received a good standard of care.