

Green Light PBS Limited

Bigwig House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of Bigwig House on 26 and 27 January 2017. The inspection was unannounced. The service was last inspected in July 2014. The service was meeting regulations at that time.

Bigwig House provides accommodation and personal care for up to three people who have autistic spectrum disorders. It is part of the Greenlight group which offers care and support to people with learning disabilities and autistic spectrum disorders living in Cornwall. At the time of the inspection three people were living at the service.

There was a registered manager in post. 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.

The service had not gained consent in respect of a person's care and support. The service had introduced a reward system for carrying out daily tasks. However it also imposed penalties for behaviours which challenged the service. There was no evidence to demonstrate this had been developed and discussed with the person or a best interest meeting arranged before the plan was started, in order to give them choices and consent to the design of their care and support.

Risk assessments were completed and regularly reviewed. However, we found instances where appropriate risk assessments had not been completed.

Where appropriate people were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA).

There was a positive culture within the service as demonstrated by how staff interacted with the people they supported and what we were told by staff when we spoke with them. Staff felt empowered by the organisation to support people as individuals and encourage and help them to reach the goals they set for themselves in their lives.

The service was organised to suit the needs of the people who lived there. One professional we spoke with, who knew the service, commented positively about how the service ran, "Bigwig are very proactive in their communication and are always keen to try new ideas and feedback on progress. Staff are very attentive to people's needs and interact appropriately with residents."

We observed that people were relaxed and comfortable during the inspection. Staff interacted in a friendly manner and supported people as they needed whilst encouraging them to be independent. Staff demonstrated a caring attitude towards the people living at Bigwig House. People were supported to

maintain strong relationships with their families. People's preferred method of communication was taken into account and respected.

Staff recognised the importance of family relationships and friendships. People were encouraged and supported to develop and maintain social networks. People had access to a range of activities which supported them individually. All three people took a holiday in the summer months and were supported by staff to choose where to go and plan the holiday. People were supported by two staff members when they went on holiday due to their level of need. People had been able to fulfil long term goals, such as visiting historical sites in the UK and abroad which had brought them much pleasure.

Care records were person centred and contained detailed and specific information to guide staff who were supporting people. There were some parts of the care plans which included information about the person in a format which was meaningful for people. This included large print and pictorial information. Care documentation was regularly reviewed and updated to ensure it reflected the current situation for each person who lived at Bigwig.

Staff were supported by a system of supervision and training. New staff were required to complete a formal induction programme, introducing them to the service's policies and procedures as well as working with other staff before working alone. Staff also undertook the Care Certificate within their first 12 weeks of employment if new to the role. Annual appraisal and professional development opportunities were provided to all staff. Regular staff meetings were held and staff commented that they felt, 'very supported' by management at the service.

Staff completed a recruitment process to ensure they had the appropriate skills and knowledge to carry out their role. Clear information was available to ensure there was a clear audit of when a Disclosure and Barring Service check (DBS) had been received and when the staff member had commenced employment.

The service was well led. Accidents and incidents were appropriately recorded and analysed. There were robust quality assurance systems in place including gathering the views of people who used the service as well as their families, advocates and other professionals who worked with the service. People's views of the service were positive.

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 remains safe.

Is the service effective?

Requires Improvement ●

The service was not entirely effective. Restrictive practices were in place without evidence of consent or adequate consultative assessment.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

People had access to other healthcare professionals as necessary.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remains well led.

Bigwig 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 took place on 26 and 27 January 2017. The inspection team consisted of one adult social care inspector. Before the inspection we reviewed the provider information return. This is information provided by the provider about the running of the service as well as previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with three people who lived at the service. We also spoke with the registered manager and two staff members. Following the inspection visit, we spoke with three relatives and received information from two external health and social care professionals about their views of the service.

Is the service safe?

Our findings

All three people who lived at Bigwig House had limited verbal communication. We spent time with people and observed the support provided to them. The positive and friendly interactions between staff and people indicated they felt safe and at ease in their home. People approached staff for assistance and reassurance, without hesitation, throughout the day.

People and relatives we spoke with following the inspection, told us they felt the service was safe. One relative told us, "In my opinion Bigwig is a very safe place for my [relative] to live. They are looked after extremely well and all of the staff go above and beyond what is expected to make sure [person's name] lives a full and happy life while ensuring [person] is kept safe."

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Newly employed staff followed a strict protocol to ensure they were competent and confident to administer medicines, this included periods of observing senior staff administer medicines followed by four separate periods of being observed while administering medicines. This meant the service took measures to ensure safe medicines administration procedures were followed.

Creams and liquid medicines were dated when opened. This meant staff would be aware when medicines were likely to become less effective or expired. Where a person was prescribed PRN medicine (medicine to be administered only when required) there was clear guidance for staff to follow, in order to determine when it should be used. A homely remedy procedure was followed to make sure any medicines administered which were not prescribed were recorded. The service had a system for managing medicines that required stricter controls and this was followed and appropriate recording was kept. Cool storage and temperature control records were kept when medicine stocks required this.

Medicine administration records (MAR's) were not consistently double signed when handwritten entries were added. This is done signed to indicate that two staff members have checked the accuracy of the added medicines and is important as it acts as a check on the details recorded for the administration of added medicines.

There was a system for recording medicine errors; however, for audit purposes, we found the system did not provide a clear reflection of errors that had occurred over the last month.

It is recommended that the service ensures medication recording and audit systems are clear, consistent and simplified to ensure an accurate overview of medicines management at the service.

Risks to people were recorded and reviewed with control measures put into place to mitigate against any assessed risks. However, we found some identified risks that had been recorded in personal support plans that were not supported by a risk assessment. For example, a person had been identified as posing a risk to others while travelling. We discussed this with the registered manager and were confident this was a recording omission due to the historical nature of the information rather than a failure to risk assess

situations where the person may pose a danger to themselves or others. During the second day of inspection we saw the registered manager had added the appropriate risk assessments to the records.

People living at the service had a range of complex needs and this was reflected in how the service was staffed. For example, staffing levels varied for different activities, such as going out or when people went on holiday. The service made sure staffing levels were flexible in order to be able to respond to the changing situations. A staff member said, "We work hard to ensure people can do the things they want, like supporting a person to go on holiday and fulfil their goals." Staff told us they worked with people to keep them safe while allowing them to try new experiences and increase their independence. We heard about one person who loved exciting activities and had enjoyed going out in a speed boat and experienced using a zip wire; both activities had been safely managed to ensure the person could enjoy the experiences.

Day to day, there was enough staff to support people's needs. On the day of the inspection there were two staff members as well as the registered manager at the service. Overnight there were also two staff, one of whom acted as a sleeping staff member who could be alerted for support when required. Staff told us they felt there were enough staff available to meet people's needs. A relative commented, "In my experience there are usually enough staff available and they are very good; they know people very well and are able to get the best out of them."

Policies and procedures for safeguarding and whistle-blowing were accessible for people and staff which provided guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the registered manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). The recruitment process identified applicants had the appropriate skills and knowledge needed to provide care to meet people's needs.

There were emergency plans in place for all individuals. For example, care plans contained details of how to support people in the event of fire. Fire drills were held weekly and these always involved an evacuation. The registered manager explained this was so people would never be in any doubt as to whether to evacuate or not.

There was a system in place for recording accidents and incidents. These were linked to people's individual care plans and daily logs where appropriate. This meant there was a clear record of any incidents that had occurred. We saw these were properly recorded and analysed to identify any patterns.

There were systems in place to support people to manage their finances. There were records of balances and receipts so that staff could show people how much money they had to make purchases. People had their own bank accounts and access to their money. Staff supported people to manage their money in a way which supported their independence and supported them with budget control. We checked the amount of money held on behalf of each person and reconciled this with receipts held. We found this was accurate.

The environment was clean and well maintained. People were supported to keep their home clean. There were regular repairs and maintenance work to the premises. All service certificates were in place and up to date including electrical, fire systems and gas to ensure they were safe to use.

Staff followed infection control procedures and were seen to use personal protective equipment where necessary. Accidents and incidents were appropriately recorded and analysed by the registered manager to ensure any patterns or trends were recognised and acted upon.

Is the service effective?

Our findings

The service was not following current best practice in respect of the core principles for adults with learning disabilities who display, or are at risk of displaying, behaviour that challenges. This guidance was published by the National Health Service (NHS) following the investigation of Winterbourne View. It advocates, "Active avoidance of restrictive and punitive approaches to managing behaviour that challenges at all times." The findings from this inspection demonstrated the service was not consistently taking account of this 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 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.

Where appropriate, people were assessed in line with the Mental Capacity Act 2005 (MCA). However, we found the service had not gained consent in respect of one person's care and support. The service had introduced a positive behavioural support reward system for guiding a person away from particular behaviours. Where the person displayed behaviour which may challenge, the service had put into place the use of a 'token economy' to motivate the person away from displaying particular challenging behaviours based on offering a reward for not displaying such behaviours over a particular time frame. Rewards included things such as a cup of tea, use of a particular colouring book or sweets. We reviewed the plan and saw this was one of several strategies being trialled to motivate the person's behaviour away from displays of challenging behaviour that posed a danger to themselves and others. However, given an analysis of how this system was operating, it was also interpreted as imposing penalties against the person for behaviours which challenged the service.

The service had not followed the appropriate legal guidelines for assessing mental capacity and ensuring the plan was agreed as being in the person's best interests. There was a lack of consent to the design of the person's care and support because the service had not followed the organisational process to organise a best interest meeting in collaboration with external professionals and the person's representatives. This is carried out to ensure a decision taken in a person's best interest and is the least restrictive option available.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were normally available. The registered manager kept a record of all DoLS applications made along with copies of authorisations.

It is recommended the service follow the guidance of the Mental Capacity Act (2005).

Following the inspection feedback the registered manager sent the commission confirmation that a best

interest meeting was planned retrospectively, with the person's family to review the behaviour management plan for the person.

Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. Regular training was provided to staff in areas necessary for the safe running of the service such as fire safety, infection control and food hygiene. Further training in areas specific to the needs of people using the service was provided. For example, training in autism awareness and Makaton. Makaton is a method of communication using signs and symbols. Staff told us they felt the level of training provided by Greenlight was sufficient and they were supported to source additional training such as specialist positive behaviour support, when appropriate. We spoke with two staff members who told us they received regular training updates and felt the mix of learning between self-directed learning and classroom based training was 'very good'. Staff comments included, "There are quite a lot of different training opportunities" and "I love it. I feel that I am very well supported and I have autonomy over my work as well as a high degree of support from colleagues and management."

Staff told us they received regular supervision every six to eight weeks and annual appraisals with the registered manager. This meant staff had an opportunity to discuss and review their training needs as well as any concerns regarding working practices. Annual appraisals were taking place with the registered manager and provided an opportunity for staff to review their aims, objectives and any learning development plans.

Staff told us their views about how the service was run were actively sought and acted on when appropriate. This meant staff had the training and support they required to help ensure they were able to meet people's needs.

New employees were supported to undertake the Care Certificate within the first 12 weeks of employment. Once successfully completed staff were encouraged and supported to undertake further training which was specific to their roles and meeting the needs of people using the service. Training included understanding autism, safeguarding vulnerable adults, as well as other core training areas such as food safety and infection control.

Part of the staff selection process when recruiting new staff at Greenlight was matching, as much as possible, new staff to meet the needs of the people they would be supporting. Some people were very active and it was key to their well being that they were supported by a team of staff who understood their needs and had the physical stamina to be able to support them to enjoy long walks and an active lifestyle. We saw photographs and holiday journals that demonstrated that management at Bigwig House had achieved this balance of meeting people's needs with staff abilities well.

People were encouraged to be independent in making food for themselves and completing domestic tasks. We saw people made their own choices about the meals they had. People were supported to eat and drink enough and maintain a balanced diet. Staff were familiar with people's choice of foods and encouraged people to take a balanced and healthy diet. We were told that two people had lost significant amounts of excess weight since moving into Bigwig House and had maintained a healthier diet and lifestyle since achieving this. This showed us the service was able to meet people's individual needs in respect of their diet.

One person accompanied staff to complete the weekly food shop and returned to make hot dogs at lunch time. Staff told us people had access to good quality food and they chose two nights per week when they wanted to cook a particular meal of their choice, which was shared by all three people. If someone preferred an alternative meal this would be available. Each Sunday there was either a roast dinner or in the summer

months, a BBQ.

People were supported to access a range of health and social care professionals, including GP's, social workers, psychologists, opticians and dentists. People had access to regular health checks and illness prevention. A relative told us, "[Person's name] has quite complex health needs and Bigwig staff are very good at picking things up and making sure regular reviews of [person's] conditions are carried out. We have great confidence in them."

Staff told us they felt supported by the registered manager and knew they could approach management at any time with work issues. Staff said there was an 'open door' policy and the manager was visible in the service. This supported staff informally whenever they wanted advice or guidance.

Is the service caring?

Our findings

People were relaxed and at ease with staff. We observed people approach staff for support throughout the day, for example when preparing food, and to engage in friendly conversation. Staff were gentle and unhurried in their approach and people were given time and space to process information and communicate their response.

We observed relationships between staff and people living at Bigwig House were strong, supportive and caring. Staff clearly knew and understood the people they supported very well and people were supported to maintain their independence and encouraged to achieve their goals. For example, we saw one person negotiating with a staff member about completing some household tasks in the morning before going out for an activity. Staff were supportive and skilful at helping the person see the positive aspects of achieving the first task before moving onto the next activity.

People had their own rooms; staff asked one person if they would be happy for the inspector to look at it and they kindly agreed to show us. The person was clearly proud of how their room was decorated and the things they treasured. This demonstrated staff respected people's privacy. Communal areas were comfortable and displayed photographs of people engaged in various activities.

We observed people were involved in making day to day decisions such as what they chose to wear and what they would like to make for their breakfast and lunch. During the day we saw people go out on different activities and return from college courses. We saw they then chose how they spent their time, either in their room or relaxing in the lounge. This demonstrated people had control over their day to day lives.

Staff spoke fondly about the people they supported, all of whom had lived at Bigwig House for a number of years. It was clear staff and management were committed to providing high quality care and support to meet the needs and aspirations of each person. There was great pride in describing people's achievements. For example, one person had been successful in finding paid employment in the local community. We saw photographs of the person preparing for and carrying out their role and it was clear from their beaming smiles that they loved carrying out the work. Staff told us the person felt a great sense of achievement in carrying out their work and enjoyed earning some money for themselves.

The service was creative about ways to enable people to express their views. We saw various examples of the use of pictures and symbols to help inform people and involve them in day to day decisions. For example, we saw pictorial menus, activity rotas and easy read versions of people's individual care plans.

The service took a personalised approach to communication; working with people to identify their preferred method and style of communication. For example, we saw one person who was excited to explain what they had for lunch to a staff member. The person used a combination of Makaton, a form of sign language, and their own system of signing which staff had come to recognise. This allowed the person to express themselves freely and feel understood by staff.

Relatives told us they visited the home regularly and were always made welcome. A relative told us, "We are made welcome when we visit and staff are also very good at arranging for [person's name] to visit us, which is lovely and much appreciated."

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood how they wished to be supported. Staff spoke knowledgeably about people's daily routines and their likes and interests. The three people living at Bigwig House had been living there for some time. Records showed the service carried out monthly reviews as well as external professional reviews of placements, which were also undertaken.

People received care and support specific to their needs. Throughout the inspection staff responded to people's need for support in a timely fashion. People were protected from the risk of social isolation because the service supported people to have a presence in the local community. For example, one person enjoyed a weekly placement helping at a garden centre. Another person was supported to attend a new college placement when the original one finished. We saw people were involved in helping with the weekly shop for the home. People enjoyed attending local events such as visiting the local pubs and cafes. This was important because it supported people to access activities that they enjoyed in the local community.

We looked at care plans for three people living at Bigwig House and saw they contained detailed information about people's health and social care needs. Plans were individualised and relevant to the person. For example, in one plan we saw there was information regarding the importance of physical stimulation to help ease anxiety for one person. It described key times in the day when the person was recognised as benefitting from the ability to go outside for an activity to help deal with raised levels of anxiety.

The care plans were clearly set out and contained relevant information. There were sections on people's health needs, routines, communication needs and personal care needs. There was clear guidance for staff about how people liked their support to be provided. For example, we saw guidance for staff about how to administer and support independent use of creams used by one person. Plans were regularly reviewed and updated to reflect any changes in the care and support given.

Staff were kept aware of any changes to people's needs by ensuring daily records were recorded and shared between staff who supported people. Records were completed at least three times daily and contained information about how people had spent their day, what they had eaten and how their mood had been. Staff also talked to each other at periods when staff changed over to highlight any key information that needed to be shared. Staff confirmed there was good communication within the team.

Following the inspection one professional from outside the organisation told us, "Bigwig are very proactive in their communication and are always keen to try new ideas and feedback on progress. Staff are very attentive to people's needs and interact appropriately with residents." This demonstrated that input from professional sources outside the organisation was both welcomed and respected.

We saw from records and discussed with management, how the service responded to people whose behaviour challenged. We spoke with a behaviour analyst employed by Greenlight who had worked with the staff team to help identify the causes of one person's challenging behaviour. We saw that from the findings

of the analysis certain strategies had been tried to help reduce the person's heightened anxiety. For example, use of a strategy to familiarise the person with their staff team. We also saw that when such strategies were recognised as not being effective, they were withdrawn. This meant the service were able to respond to people's changing needs appropriately and continually monitor those needs.

The service ensured necessary adjustments to the environment were made to ensure people had the equipment they needed to support their independence. For example, one person had a specially adapted shower installed to allow them to sit down whilst showering. This maintained the person's independence with their personal care.

People had access to a wide range of activities which suited their individual interests. For example, one person loved high adrenalin activities and had been supported to try activities such as travelling on a speed boat, using a zip wire and horse riding. Another person had an interest in history and was supported to travel to France to visit historical sites such as Normandy. They had also taken a second holiday to London to combine their passion for visiting historical sites and museums with a trip to visit relatives. Relatives of this person commented with great admiration for the support and encouragement staff and management at Greenlight had been at helping their relative pursue their dreams.

On a daily basis people attended college and also had access to additional activities in the evenings and at weekends and out of term times. These included trips to the cinema, enjoying the local beaches and coastal walks as well as visiting local amenities and social clubs.

Relatives told us Bigwig House communicated well with them and supported them to maintain strong relationships with their family members. One relative commented, "We receive birthday cards and [person's name] is supported to stay in touch with us through Face Book. The core staff group have become like an extended family; they come along when [person's name] visits and they're very good at knowing when to take a step back and allow us to share family experiences, such as when we've exchanged Christmas gifts." This showed us the service respected the person's role as a family member and were able to support them to do something for the family.

There was a satisfactory complaints procedure in place including an easy read version which was given to people when they moved into Bigwig House, this was kept in people's rooms. None of the relatives we spoke with had ever felt the need to make a complaint, but all confirmed they would not hesitate to do so and had confidence any concerns would be acted on promptly.

Is the service well-led?

Our findings

During the inspection we saw there was a positive and open culture evident at Bigwig House. Relatives of people who lived at the service told us the service was well managed and they were 'Very pleased' with the leadership of the service. A relative commented "The service is ten out of ten. We are very happy with it. Everyone who know [person's name] can see he is doing very well there" and "We have a lot of confidence in them. [Person's name] has made a lot of progress at Bigwig; sometimes you have to look back at what he was doing before moving there before you realise just how much progress he has made."

Staff said they found the management at the home "Supportive" and commented, "It's a friendly sociable place and everyone gets on well together." It was evident the staff team were close. The registered manager told us he valued the close and consistent staff team employed at Bigwig House and ensured he did everything in his power to support them both personally and professionally.

All of the staff we spoke with commented on the supportive and person-centred ethos held by Greenlight as an organisation which made it an "excellent organisation" to work for. Staff commented, "I can't imagine working anywhere else now. I love the fact that everyone is valued as individuals and the service does it's best to fit around and support their lives rather than people slotting into a service."

The induction process for new staff members included a session on introducing staff to organisational values. Staff were motivated and showed a commitment to the people they supported and the values of the organisation.

The registered manager told us that, as part of the quality assurance systems within the home, staff were assigned to be responsible for particular areas. Every few weeks the areas rotated in order that staff could become familiar and skilled with different aspects of the service. For example people had responsibility for audits regarding medicines, food hygiene, fire safety and evacuations and vehicle maintenance and mileage. This meant there was a named individual whose responsibility it was to check the audits were properly carried out ensuring clearly defined lines of accountability.

The registered manager told us the audit reports were analysed regularly in order to highlight any trends and pinpoint any areas where improvements could be made. This showed the service had clear systems in place to continually review aspects of the service.

The service was proactive in seeking out the views of people who used the service and the people that mattered to them. People living at the home were asked on a monthly basis whether they were satisfied with the service. This was done using a survey which had been adapted to take into account peoples limited verbal skills. The survey used pictures and symbols to assist people to respond. There were also clear guidelines for staff on how they should use these tools and ensure people were given time to process information and respond. Recent surveys had not identified any need for changes to people's support.

Relatives were also consulted regularly. This was in the form of an annual satisfaction survey as well as

regular and on-going contact. They received monthly reports via a password protected email and those we spoke with told us they had regular telephone contact. One relative commented on the high standard of the monthly reports and added that any queries were answered quickly.

Staff meetings were held regularly . We saw the minutes for two recent meetings which covered topics such as practicalities around house maintenance as well as discussions regarding individuals and any concerns or ideas in respect of their support. Staff told us the meetings were an opportunity to raise new ideas. They told us they believed their opinions were listened to and ideas and suggestions taken into account when planning people's care and support

Professionals we spoke with following the inspection spoke positively about how the service interacted with them and told us they were invited to annual placement reviews. One professional commented, "I have found them open to taking on new ideas and different ways of working. They are proactive in communication and keep us informed of progress regularly. This demonstrated the service worked alongside other organisations in order to develop and improve the service.