

Mr & Mrs A Cropley

Point 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

About the service: The service provided accommodation for up to 22 persons who require nursing or personal care, all of whom were living with learning difficulties.

People's experience of using this service:

- Our last comprehensive inspection was carried out on 13 and 14 July 2017, and we found that systems to monitor the quality and safety of the care provided were not always effective, there were not always enough staff and people did not always receive person-centred care. This had resulted in three breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014.
- Following the last inspection, the provider sent us an action plan outlining how they would make improvements to the service. At this inspection, we found that sufficient improvement had been made and there were no breaches.
- There were effective systems in place to monitor and improve the service.
- People received care according to their individual needs and preferences, and there was detailed guidance for staff in care plans.
- There were enough suitably qualified and competent staff to meet people's needs.
- Risks to people were assessed and mitigated.
- Staff were knowledgeable about safeguarding people from abuse.
- People were supported to take their medicines safely, and had access to healthcare when they needed.
- Staff supported people to make choices around their diet.
- Staff asked people for consent and supported them to make decisions.
- Staff adapted communication to ensure people understood information and could communicate effectively, and people were involved in their care.
- People and staff had built positive trusting relationships, and staff respected people's dignity and privacy.
- People were supported to make and achieve goals, maintaining and increasing their independence.
- There were trips and activities for people, and staff supported them to engage with the local community.
- Staff worked well as a team and were well-supported.

Rating at last inspection: Requires Improvement overall and in all areas (Published 29 November 2017).

Why we inspected: We inspected this service in line with our inspection schedule for services rated Requires Improvement.

Follow up: We will continue to monitor this service according to our inspection schedule.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-led findings below.

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Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

The service is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There were 21 people living in the service at the time of our inspection visit. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced inspection.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and we sought feedback from the local authority.

During the inspection we spoke with four members of staff, including the registered manager (who was also the registered provider), a supervisor, a senior and a care support worker (titled family friendly worker). We spoke with seven people who lived in the service, and looked at three people's care records in detail. In addition, we looked at the medicines administration records (MARs), and further records relating to the

running of the home.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Without exception, people told us they felt safe. Staff were aware of how to recognise and report safeguarding concerns, and received training in this area.

Assessing risk, safety monitoring and management

- Whilst there had been fire drills which people told us about, there were not specific evacuation plans (PEEPs) for individual people's needs. Each person's care plan described that they participated in fire drills and knew how to exit the building in the event of a fire. The registered manager agreed to put PEEPs in place immediately following the inspection, which they then sent us.
- There were risk assessments in place for individuals, for example with regard to their health. For example, we saw that risk associated with epilepsy were covered in an individualised way in people's care plans. One person said, if they felt a seizure coming on, "They [staff] are brilliant. They come quickly and call my [family member] if need be." Another person told us about their easy-use telephone which made them feel safer when out in the community. They said, "I used it once when I had an asthma attack in the city. [Staff] sorted it out for me."
- There were risk assessments in place around people's wellbeing and going out into the community. These assessments provided detailed, personalised guidance for staff on how to support people to mitigate risks.

Staffing and recruitment

- The service continued to recruit staff safely and ensure the expected checks were carried out on new staff.
- There were enough staff to meet people's needs.

Using medicines safely

- People who were self-medicating understood the need to keep their own medicines secure, and this was covered in their care plans. One person told us, "I take meds myself, it's kept in my room in a cupboard." Where staff supported people to take their medicines, this was recorded accurately.
- Medicines were stored safely, secured and at a safe temperature. Staff administered medicines as prescribed and they received training in this and had their competencies tested yearly or as needed.

Preventing and controlling infection

- The home was clean and staff had access to equipment they needed to maintain hygiene during personal care. There were regular checks in place to ensure the home was kept clean, and staff received appropriate training in infection control.
- The home had been awarded a five star food hygiene standard.

Learning lessons when things go wrong

- Where any incidents or accidents had occurred, these were reported and action taken for further mitigate risk where needed.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were comprehensively assessed, with appropriate health and social care professionals involved. This helped to ensure the service was able to meet people's needs. The service continued to assess people after they moved into the service, to maintain an up to date care plan.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled in their roles.
- Staff received enough training and support. They received mandatory training in areas such as mental capacity, safeguarding and first aid. Staff told us they received regular supervisions.
- There was a comprehensive induction process which included shadowing more experienced staff.

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

- People told us they had options for meals. One person said, "They [staff] know what I want. If I don't want it they give me something else. They know what I like." We saw that people's preferences around food and drink were detailed in their care plans. Another person said, "Because I'm struggling to lose weight and I buy unhealthy snacks, the staff encourage me to eat healthily."
- Where some people were at risk of being overweight, staff supported and encouraged healthy eating and educated people around maintaining a balanced diet. We saw that some people have been supported to lose weight and maintain a healthier lifestyle as a result.

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

- The service had clear systems and processes for referring people to external agencies and ensuring they could access healthcare.

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

- The service had large communal spaces where people could convene, such as a dining room with a lounge area, and a separate large lounge area with further sofas and a large dining table. People were using this area to interact and socialise during our inspection, and throughout the day several people were engaged in doing a jigsaw puzzle. There was also a kitchen area for people to use independently.
- Some people had rooms upstairs, and any risks associated with the stairs had been considered and mitigated. People had their own rooms, except two people who shared, and there were several communal bathroom facilities on each floor. People's rooms were adapted to meet their needs. For example, where one person was independent enough to safely make their own hot drinks, these facilities were available in their room.
- There was a safe, enclosed, communal garden and patio area with outdoor furniture for people to use.

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

- People told us they accessed healthcare when they needed it. Each person's care plan had a clear record of health professionals' involvement, and we saw this included learning disability nurses, occupational therapists, opticians, dentists and GP involvement when required.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. We checked whether the service was working within the principles of the MCA.
- People's capacity was described in their care plans, as some people had varying capacity relating to some decisions where they may need some support from staff. The guidance was clear in these plans, and people told us staff asked for consent.
- Where the service had installed CCTV in some communal areas, people had been consulted and consented to this. One person said it made them feel safer. Staff explained they would only look at any footage if there had been an incident, so privacy was maintained as much as possible. We asked that the provider put in place additional records for consent around the CCTV, which they did immediately following the inspection./
- In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Nobody was being deprived of their liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Without exception, people spoke positively of staff as being patient and kind. One person told us, "I am very, very happy here, the happiest I've been in a long while." Another person said, "It's like your family here because you can talk to them [staff] all." A third stated, "I love living here, the staff look after me well." Some of the staff had been working in the service for many years and knew people extremely well.
- We observed many kind and caring interactions throughout the day between staff and people.
- People were supported with equal opportunities and this was an important value of the provider. People were consulted about any issues around protected characteristics, sexuality, and diversity.

Supporting people to express their views and be involved in making decisions about their care

- Staff adapted to people's communication needs. One person described to us that they found it easier to communicate their feelings and remember what they wanted to say by writing things down in a book so that staff or other people as they wished, could read it. They told us, "Any problems I go to staff or write it in my book and they read it. They respond well."
- People had access to their own care plans and said they were involved in them. There was an easy read section of the care plan where people detailed their preferences and how they wished to be cared for.
- People and their relatives were involved in their care and family members were contacted appropriately by staff, and staff gave us examples of this.
- We saw that people had decorated their rooms as they wanted them, with their own personal effects around them.

Respecting and promoting people's privacy, dignity and independence

- Aspects of people's privacy and dignity, with guidance for staff around promoting this, were covered in people's care plans where needed.
- People were supported to engage in daily household tasks and chores to encourage and maintain their independence. One person explained, "Sometimes I help to prepare meals." We saw people engaged in preparing lunch.
- Some people had goals relating to independence, including cleaning their own room. One person showed us their room, which they said they really liked, after they had hoovered and cleaned it themselves, as staff supported them with the products and equipment they needed.
- Staff supported some people to manage their money as independently as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff supported people to follow and achieve their goals. One person said, "I said to staff I'd like to work, I started on Monday. It's not on care plan yet. Staff arranged it for me."
- People had opportunities to go out on trips and engage with the local community. One person told us they went to the pantomime with staff and took part in a Macmillan coffee morning. Another person said they were going shopping with staff in the afternoon and were looking forward to it. A staff member told us about a trip to a local farm to see the animals last year. Many people using the service went to regular day centres and engaged in external schemes during the week.
- Staff continued to support people to follow some activities, such as baking and gardening, within the home, and were due to start a relaxation group.
- People we spoke with told us they were able to spend time where they wanted, and received support from staff, for example to bath or shower, if and when they required.
- The care plans had detailed guidance around people's needs and preferences associated with their physical and mental health needs as well as their social and personal preferences and support needs. Care plans also included important details about people's life histories.

Improving care quality in response to complaints or concerns

- The registered manager had investigated and resolved any issues or concerns brought to their attention. People told us they would raise concerns with staff if they had any.
- There was a formal complaints process which was accessible to people. There was an easy read 'how to complain' poster in a communal area.

End of life care and support

- The service was not supporting anybody at end of life at the time of the inspection. However, some staff had completed training in death and dying, and they understood how to care for people at this time.
- The registered manager said some people had discussed their end of life plans, and this was in their care plans, however other people did not wish to discuss it at this stage.

Is the service well-led?

Our findings

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff we spoke with told us of a supportive, positive environment to work in and said they worked well as a team. They demonstrated that they worked within the provider's values which included safety, caring, development and equal opportunities.
- The staff team were committed to providing a high standard of support around people's own needs.
- The registered manager had good understanding of the values that underpin the CQC guidance, Registering the Right Support, and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism who lived in the home could live as ordinary a life as any citizen.

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

- Staff had areas which they were responsible for overseeing, and there were clear lines of accountability. For example, one staff member told us about their role ensuring that staff training was kept up to date, and took the lead on ensuring water safety checks were completed.
- There were regular staff meetings where roles were discussed, any issues and improvements or changes to the service.
- The registered manager was aware of their responsibilities, and worked closely with the staff team providing support to people, as well as managing the service. We saw that the registered manager was regularly around in the home and available to people.
- There were effective systems in place which monitored the running of the service. These included for medicines records and stock, infection control, care plans, health and safety and staffing.
- Where an audit had identified a shortfall, action had been taken to rectify it in a timely manner.

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

- People were asked for their feedback and if they were happy with the service. Family members were also involved.
- There were regular meetings for people living in the home where they were able to discuss any activities they would like to do, the food, or any changes to the service.
- We saw that the service had received a number of compliments about the care provided, from people who had stayed, healthcare professionals and family members.

Continuous learning and improving care

- The service had made many improvements since the last inspection, and continued to strive for improvement.

Working in partnership with others

- The registered manager and staff had engaged with a consultant about improvements they could make within the service, and worked closely with them to ensure these were made.
- The service kept links with day centres and a church, where people visited regularly, as well as a local charity shop where some people volunteered.
- The registered manager gave us an example of how they had worked with other professionals and people living in the home to resolve a specific issue.