Promoting Active Support Limited

Our House

Inspection report

Our House
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Tel: 01566786736

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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 announced comprehensive inspection took place on 18 December 2017. The last inspection took place on 9 & 13 October 2015 when the service were meeting the legal requirements. The service was rated as Good at that time. Following this inspection the service remains Good.

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

Our House provides accommodation, support and personal care for up to eight adults with learning disabilities, moderate to severe autism, communication difficulties and/or mental health conditions. At the time of the inspection four people were living at the service. The service also provides a respite care service. People accessed this service on a regular basis, when we visited two people were using the respite service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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.

We spent some time talking with people and staff. Staff were respectful and caring in their approach. They knew people well and had an understanding of their needs and preferences. Staff supported people to take part in a range of meaningful activities. There was an evident person-centred approach to supporting people. The registered manager and deputy manager had a clear set of values and these were known and shared by the wider staff team.

Risks to people's safety and well-being were clearly identified and well managed. Staff used risk assessments to enable people to live full and meaningful lives. Staff were confident about providing support at any time including any period when people were distressed.

People received their medicines as prescribed. They were supported to understand what medicines were for and the consequences of not taking them. Systems for recording and auditing medicines were not robust. We have made a recommendation about this in the report.

Staff were supported through a system of induction, training, supervision and staff meetings. This meant they developed the necessary skills to carry out their roles. There were opportunities for staff to raise any

concerns or ideas about how the service could be developed.

Care plans identified people's communication needs and this was shared with other agencies when necessary. Where necessary, communication tools were used such as sequence strips and easy read information.

Staff understood the Mental Capacity Act and associated Deprivation of Liberty safeguards. Any restrictive practices in place to keep people safe were regularly reviewed to ensure they remained the least restrictive option. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Some people were able to make decisions about how they lived their life. Others lacked the capacity to make some decisions and this was done on their behalf and in their best interest. Written documentation around decision making was not always available. We have made a recommendation about this in the report.

The registered manager took an active role within the home. Staff told us they were approachable and available for advice and support. There were clear lines of accountability and responsibility within the staff team.

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly both within the service and at organisational level.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Safe.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Caring.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Our 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 18 December and was announced. We gave the service 3 days' notice of the inspection site visit because it is small and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider 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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We looked around the premises and observed staff interacting with people. We spoke with three people living at the service and one person who was on respite. We also spoke with the registered manager, four members of staff and a relative. Following the inspection visit we contacted a relative and an external healthcare professional to gather their views of the service.

Good

Is the service safe?

Our findings

We spent some time with people who lived at Our House and saw they were comfortable and at ease with staff. The atmosphere was relaxed and staff spent time with people offering reassurance and support as necessary. People told us they felt safe and considered Our House as their home. A relative told us they were confident their family member was safe. They commented; "He is so happy here, he makes himself at home."

We spoke with staff about the action they would take if they suspected abuse was taking place. They told us they would have no hesitation in reporting it to the registered manager and were confident their concerns would be acted on. If necessary they would report concerns outside of the organisation, either to CQC or the local authority safeguarding team.

There was a safeguarding policy in place. Staff were aware of the policy and knew how to access it if they needed to. Safeguarding was covered during the induction process for new staff, and was refreshed regularly. The registered manager had completed additional safeguarding training for managers and was aware of their responsibilities.

Staff told us they had never had concerns about colleagues working practices. They were a close team and regularly discussed working practices and how to support people safely. Sometimes people acted in a way which could put themselves, or others, at risk. Staff had received training on how to support people at these times and were confident about their ability to keep them safe.

There was an Equal Opportunities policy in place. Staff were required to read this as part of the induction process. The registered manager worked to ensure staff were protected from discrimination at work as set out in the Equality Act.

There was a positive approach to identifying and managing risks. Risk assessments were in place so staff were aware of the risks involved and had clear guidance on how to support the person safely. Risk assessments were regularly reviewed and updated as necessary. One person sometimes went out without staff support. We met with the person and the registered manager and they discussed how they had talked about how the person could keep themselves safe in this situation.They had worked together to agree processes for when the person was not at the service. For example, the person telephoned the service to let them know they had taken their medicine.

Any incidents and accidents were recorded to enable the registered manager to identify patterns or trends. Changes to how people were supported had been made following incidents to minimise the risk of a reoccurrence. This demonstrated the service used incidents as an opportunity to learn from events and develop the service to suit people's needs.

Records were stored securely in the main office. They were up to date, and accurate and complete. All care staff had access to care records so they could be aware of people's needs.

The premises were clean and well maintained. Cleaning schedules were in place and these had been completed. Cleaning equipment was available and any potentially hazardous products were securely stored. Staff had completed infection control and food hygiene training.

Fire checks were completed regularly. Fire drills were held and these involved people living at Our House. Certificates were in place to show electrical equipment had been assessed as safe to use.

There were enough staff to support people safely at all times. Rotas showed staffing numbers were consistently met. Rotas were flexible as the numbers of people using the service for respite varied. On the day of the inspection some people chose to go out shopping while others remained at the service. There were enough staff available to accommodate people's preferences and choices about how they spent their time.

When new staff were recruited they completed a number of pre-employment checks. This included Disclosure and Barring Service (DBS) checks and supplying suitable references. The registered manager and deputy manager told us they were committed to employing staff who shared the values of the organisation. The deputy manager commented; "It's about being picky and choosy." Potential candidates visited the service and met people who were living there. This gave the management team an opportunity to observe how they interacted with people.

Medicine Administration Records (MAR) were completed to record when people had received their medicine. Entries were always checked by a second person to minimise the risk of errors. This was usually a member of staff but two people living at Our House took responsibility for checking entries themselves.

Staff were aware of how people preferred to take their medicines and arrangements had been made to support this. One person talked with us about the medicines they took and what they were for. They told us that, in the past, they had not recognised the importance of taking medicines. Since moving to Our House staff had worked with the person to give them an understanding of what their medicines were for and the potential consequences of not taking them. This demonstrated people were encouraged to be involved in and informed about, their medicine regimes.

Medicine audits were carried out when a new delivery of medicine was received. This documented how much medicine was held at the service at that point in time. We checked the amount of medicine in stock for one person. We found there was more medicine held than was recorded. Staff told us the person had spent a period of time in hospital and, when they were discharged, had returned to the service with some medicines. This had not been recorded anywhere.

We recommend that the service consider current guidance on the recording and effective auditing of medicines and take action to update their practice accordingly.

Good

Is the service effective?

Our findings

Before anyone started to receive a service at Our House there was a robust pre-admission assessment. People's needs were holistically considered when assessing and planning care to help ensure they could be met. The registered manager also took the needs of people already using the service into account. They told us of a recent occasion when they had decided not to accept a new person into the service. They had considered the person's needs and felt they would have impacted negatively on other people's emotional well-being. They commented; "It just wouldn't have been fair on people."

Staff had the appropriate skills, knowledge and experience to deliver effective care and support. Staff completed an induction when they started employment with the organisation. This included shadowing more experienced members of staff. New employees completed a series of on-line training courses which covered the fundamental standards which are mandatory for staff in the care sector. Face to face training for first aid and moving and handling was provided by external trainers.

All staff were encouraged to develop their skills and complete Level 3 NVQ courses to progress their personal development. Training specific to people's needs was also provided. For example, autism and breakaway techniques. Staff training had not needed to be updated since the service started in 2015. The registered manager told us they were aware of the need to start planning refresher training in the next 12 months.

Staff told us they were well supported by the registered manager and deputy managers. Supervision meetings were held regularly. These were an opportunity to raise any concerns or training needs. Arrangements were in place for yearly appraisals to be introduced.

People were supported to eat a healthy and varied diet. Fresh fruit was available and the kitchen was well stocked. Individual dietary needs and preferences were recorded and well known to staff. People were encouraged to help with preparing meals and choosing menus for the week. This was supported with the use of pictures to help people make meaningful choices. One person who received respite care was a vegetarian and this was respected. Another person needed to have regular drinks to ensure they remained healthy. Monitoring charts were in place and staff recorded when the person had drank and how much. These were not totalled at the end of the day so it was not easy to get an overview of how much the person was consuming. Following the inspection the registered manager informed us that staff were now totalling the records daily.

People were supported to access external healthcare services as necessary and attend regular check-ups. For example, they attended GP, dentist and optician appointments.

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.

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 the Deprivation of Liberty Safeguards (DoLS).

The management team demonstrated a good understanding of the principles underpinning the legislation. People were supported to make day to day decisions and any restrictions were minimal. One person was subject to a DoLS authorisation and an application had been made for another person. People's capacity had been considered before the applications had been made. However, capacity assessments were not documented to evidence the process had been completed as required. We discussed this with the registered manager who agreed to address the gap immediately. People told us they were involved in decisions on a day to day basis about how their care and support was provided. However, care plans had not been signed by people or their legal representatives to indicate they consented to their plan of care. We discussed this with the registered manager who agreed to implement this practise straight away.

We recommend that the service finds out more about best practice when involving people in decisions about their care or making decisions on people's behalf when they lack capacity to do so themselves.

The premises were spacious, suited people's needs and reflected their preferences. Part of the building had been converted into a flat to enable one person to live more independently. One person responded particularly well to sensory experiences. A whirlpool bath had been installed in their en-suite bathroom with added coloured lighting. The registered manager told us the person gained a lot of pleasure from this. There was a large garden and staff told us people enjoyed this space, particularly in the summer. The registered manager told us; "We want to make it [the environment] safe, interesting and comfortable. It's their home, not ours."

Good

Is the service caring?

Our findings

People, relatives and external healthcare professionals were extremely positive about the service provided at Our House. Comments included; "I have visited the service several times over the last year and each time I have found the environment welcoming and the staff have been friendly , helpful ,warm and caring" and "Staff are really helpful, I can tell them a lot of things. If I have any worries I can talk to staff about my feelings."

Staff were clearly committed to their role and cared for the people they supported. They displayed a genuine concern for each individual's well-being and happiness. They were positive about people's attributes and demonstrated a genuine fondness and respect for people. Comments included; "[Person's name] is a very proud lady. You have to keep that in mind when you're giving personal care", "I love it, it's giving people the chance to do what they want to do" and "[Person's name] is great, very pleasant to have around." A relative commented; "They [staff] will say something and I think, "Yes, that's [person's name]", they know him really well."

Staff knew people well and had an understanding of their background and personal history. They recognised the importance of building positive relationships in order to gain people's trust. People's needs were put at the heart of the service and this was apparent throughout the day in our discussions and observations. For example, when one person first moved into the service they had been reluctant to put their clothes in the laundry and sometimes hid their dirty washing. Staff realised this was due to worries their clothes would not be returned based on previous experiences. They had shown the person where the washing machines were and encouraged them to be involved in the process. The registered manager said; "We said to them, "If you want to go and get your laundry it's just there, you can get it any time."" This had been successful and the person was no longer hiding their clothes.

People had been told about the inspection and the process had been explained to them. One person was nervous about meeting an inspector and was offered reassurance. When we were introduced, staff at first stayed close to support the person until they were more relaxed. The registered manager told us one person had texted them early that morning to wish them luck.

The service was organised to suit people's needs and preferences. Care and support was person-centred and holistic. As much importance was attached to people's emotional well-being as their physical health. Staff took time to sit and chat with people and made sure people were occupied and comfortable. One person came to the office during the inspection to ask if they could talk with the deputy manager. The deputy manager arranged a time when this would be convenient for both of them later in the day. The person was happy with the arrangement.

Staff recognised what was important to people and respected it. For example, one person liked to take certain household items and keep them with them or in their room. Staff told us they understood this mattered to the person and therefore they did not try and stop them from doing this. They told us; "If we're running out we might discreetly take a few back when tidying up but it's only a [item]!"

People's rooms and private spaces were decorated and furnished to reflect their preferences. People who used the service for respite had allocated bedrooms. Where possible they left a few personal belongings in the room and decorated the walls with pictures or art work. This meant they were able to create a home from home feel.

People who lived at the service permanently had their own furnishings. One person enjoyed good coffee and had a coffee machine in their bedroom. They also had two pet rabbits which they took great pleasure in.

Staff recognised the importance of ensuring people were relaxed and comfortable in their environment. They told us it was important that people got on well together as much as possible. In order to achieve this they considered people's conflicting needs when arranging respite services. Two of the people who lived at Our House permanently sometimes argued between themselves. Staff supported them to air any differences they had in meetings where both felt safe and were able to voice their opinions. Both had access to private spaces where they could choose to spend time alone if they wanted to. Both people told us they were happy living at the service and considered it their home for the foreseeable future. One commented; "I've lived here longer than I've lived anywhere, it's great."

People's communication styles were recognised and respected. One person used pictures and symbols to support their communication. There was a book of symbols backed with Velcro available in a shared area of the building. This meant staff had easy access to it. A member of staff told us it was often used to help the person make meaningful choices as well as help them understand plans for the day.

Some people did not use words to communicate. Staff described to us how they were able to read people's moods from their facial expressions, behaviours and body language. There was information in care plans on how people communicated. For those people who did not use words there were descriptions of their behaviour, body language and vocalisations and what these might mean. There was also information about the communication tools people might use.

Good

Is the service responsive?

Our findings

Care plans outlined people's needs over a range of areas including their health and emotional well-being. The plans were relevant and up to date. People and relatives were involved in the development of care plans and encouraged to contribute to regular reviews. A relative of a person using the respite service confirmed they had been involved and consulted in the care planning. They told us other relevant organisations had also been involved in the process.

The care plans were up to date and accurately reflected people's needs. We observed people were supported in line with their care plan. Staff told us about people and their needs and we saw this reconciled with the written information.

Any changes in needs or how care and support was delivered were recorded and care plans updated accordingly. Staff were made aware of any change in needs. Daily logs were completed to document what the person had done during the day and information about their mood and emotional well-being. The daily logs were detailed and informative.

Relatives told us they were kept updated about any changes in people's needs. Relatives of people who used the service for respite care said they were always told how their family member had spent their time. Short written reports were provided and staff always spoke with them about how the person had been during their stay. An external healthcare professional commented; "[Registered manager's name] and the team have been flexible and accommodating with regards to the families emergency situations."

People were supported to take part in hobbies and pastimes which reflected their interests. One person told us their interests had changed and they were able to make choices about how they spent their time. They were considering taking up swimming again but had some reservations. We heard them discuss their concerns with the registered manager who made suggestions about how these could be overcome.

During the day of the inspection people went out shopping, to college and on a drive. We heard people prepare for their trips out and observed they were involved in planning what they were going to do and where. People were beginning to plan holidays for the following year. One person had different interests to the others and it was planned they would holiday separately. The other three people had chosen a resort they wanted to visit.

In-house entertainment was provided. There were televisions in people's rooms and in bedrooms. People were able to access on line streaming services as well as terrestrial television channels. Books, magazines and games were available. A relative told us their family member liked the sensory experience of playing with water and a large paddling pool had been purchased which they had enjoyed using during the summer.

People were given information in a way which was accessible to support their understanding. For example, a service user guide had been developed which used symbols and limited text. This included information

about the service provided and how to make a complaint. Health care passports had been developed to share with other healthcare professionals if people needed to access health services. These included details on people's communication styles and how they could be supported to understand information.

Occasional residents meetings were held. These were used as an opportunity for people to discuss any differences as well as talking about the support they received. The registered manager told us; "It's about encouraging people to speak up."

There were systems in place to manage and investigate any complaints. A complaints policy outlined the time periods within which complaints would be addressed and responded to. There were no on-going complaints at the time of the inspection.

Good

Is the service well-led?

Our findings

The service requires a registered manager and there was one in post at the time of the inspection. 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. Staff told us the management team were available and approachable. They said they felt well supported and were able to raise any queries at any time. The rotas were arranged to ensure a senior member of staff was always available. One member of staff told us; "Management are around all the time, everyone is around and not locked away."

Roles and responsibilities were clearly laid down within the service. The registered manager was supported by two deputy managers and two senior residential care officers. Residential care officers completed the support team. The registered manager told us they had given careful consideration to deciding on job titles as they were keen these would reflect the importance of the roles. There was also a key worker system in place. Key workers have oversight of the care and support of named individuals. The care team were supported by a full time administrative worker and a maintenance worker. The registered manager told us; "We are all part of this big family."

The registered manager told us they were planning to introduce an additional tier to the management hierarchy in order to improve the delivery of the service. One of the deputy managers was doing additional training to enable them to apply for the registered manager role. The current registered manager would remain as a director of the organisation and the responsible individual. They told us they intended to stay active within the service but would be able to delegate some of the day to day managerial responsibilities.

They registered manager enjoyed working directly with people and included themselves on the rota. They told us; "I'm a hands on person, I work on shift and like to lead by example." Throughout the inspection they referred to the importance of having a staff team in place who shared their values and ethos. They spoke of the importance of recruiting the right staff who understood the importance of working in a person-centred way. Both the registered manager and deputy managers said they were continually communicating with each other and the staff team. They told us; "We are probably not as good as we could be at writing it down but we talk constantly!" In our conversations with the management team it was clear they continually reflected on their practice.

External healthcare professionals commented on the person centred ethos of the service. One told us; "The manager and owner of the service has bent over backwards to ensure that the service that they provide for the client is meeting her needs and keeping her safe." A member of staff said; "You have time to be a carer and time to spend with people."

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment. Staff told us they had not experienced any discrimination. The deputy manager told us; "We wouldn't accept any form of bigotry, it's not what we're about."

Team meetings were held regularly. These were used as an opportunity to formally discuss individuals care planning arrangements. Staff were able to raise any issues or make suggestions about how the service could be improved. There were no systems in place for formally gathering views of relatives. The registered manager told us they spoke with families regularly. This was confirmed by the relatives we spoke with.

Quality audits on the service had been carried out by an external, independent professional in 2015 shortly after the service began operating. Due to circumstances beyond the registered managers control a second audit had not been completed. They told us they were hoping this would be completed in the near future.

Regular audits and checks of the premises were carried out. For example, we saw evidence of checks on pest control, hot water temperatures and legionella, electrical equipment and fire fighting equipment. Cleaning schedules were completed on a daily basis. There were appropriate risk assessments in place in respect of the environment.