

Independent Care (Portsmouth) Limited

Independent Care (Portsmouth) Limited - 64 Farlington Road

Inspection report

Northend
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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

Independent Care (Portsmouth) Limited 64 Farlington Road is registered to provide accommodation for up to three people living with a learning disability who are under the age of 65. Nursing care is not provided. At the time of our inspection there was one person living at the home. The registered manager told us that the provider had no intention of supporting any other service users. The home is a terraced house over two floors situated in Portsmouth.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The person being supported felt safe with the home's staff. They had no concerns about their safety. There were policies and procedures in place regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm. Risks to people's safety had been assessed and care records contained risk assessments to manage them.

The person was supported to take their medicines as directed by their GP. Records showed that there were appropriate arrangements for obtaining, storing and disposing of medicines.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet the person's needs safely. Observations showed sufficient staff were employed.

Staff provided support to help ensure meals were balanced and encouraged healthy choices.

Staff were aware of the person's health needs and knew how to respond if they observed a change in their well-being. The home was well supported by a range of health care professionals.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. The provider had suitable arrangements in place to establish, and act in accordance with the Mental Capacity Act 2005 (MCA). Staff had an understanding of the Mental Capacity Act (MCA) 2005.

Care plans informed staff of the support the person needed. Staff received training to help them meet the person's needs. Staff received an induction and regular supervision took place. The person using the service said staff were knowledgeable about their care needs.

Privacy and dignity was respected. Staff had a caring attitude. We observed staff smiling and laughing with the person being supported. There was a good rapport with staff.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

There was a clear complaints policy and people knew how to make a complaint if necessary. The provider had a policy and procedure for quality assurance. The registered manager worked alongside staff and told us they all worked together as a team.

Weekly and monthly checks were carried out to monitor the quality of the service provided. The person being supported and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular meetings with staff and the person who used the service took place. These meetings enabled the registered manager to monitor if needs were being met.

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.

Potential risks were identified and managed safely. Staff were aware of the procedures to follow regarding safeguarding adults.

The person using the service told us they felt safe. There were enough staff employed and recruitment practices were robust.

Medicines were managed safely and staff had received training in the administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff knew how the person wanted to be supported. They had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The person was supported to be involved in the planning and preparation of meals and staff gave advice and support when needed.

Is the service caring?

Good ●

The service was caring.

The person being supported was treated well by staff. They confirmed staff were caring and respectful in how they treated them.

Privacy and dignity respected and the person being supported was able to express their views and be involved in all aspects of their care and support.

Is the service responsive?

Good ●

The service was responsive.

The person being supported received care and support that was personalised and responsive to their needs and interests.

Care plans provided staff with information regarding the persons care and support needs. Plans were regularly reviewed and updated to reflect any changing preferences or needs.

The person being supported was able to participate in activities of their choice.

Complaints were responded to in line with the provider's policy.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

The person being supported was regularly asked for their views about the service provided. This enabled the provider to monitor the quality of the service being provided.

A system of audits took place, which measured and monitored the quality of the service being provided.

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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 checked 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 25 October 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we observed how staff interacted with the person who used the service and supported them in the communal areas of the home. We looked at the care plans, risk assessment, incident records and medicines records for the person. We looked at training and recruitment records for one member of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with the person who used the service to ask them their views on the service provided to them. We also spoke to the registered manager and two members of staff.

The last inspection was carried out in September 2014 and no concerns were identified.

Is the service safe?

Our findings

The person being supported said they felt safe at the home. They commented "I am very happy with the support I get from staff. I like living here and I am safe and have everything I need".

The registered manager had an up to date copy of the local authority safeguarding procedures and understood her responsibilities in this area. Staff were aware and understood the different types of abuse. They knew what to do if they were concerned about someone's safety and had received training regarding safeguarding people.

There was a fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood.

The person's care plan contained risk assessments and we saw these included risks to the person when going out independently, anger management, skin care and managing behaviour. These gave guidance to staff on how to reduce risks for the person's safety and wellbeing. Risk assessments were discussed with the person so they could understand the risks to their own safety and this helped them to reflect how they could achieve their goals whilst keeping safe.

The registered manager told us that regular maintenance checks of the building were carried out. If staff identified any defects they were recorded and reported to the landlord who was responsible for the building. This was then prioritised by the landlord's maintenance team who would send someone to rectify any defects.

The home had a stable staff team the most recent member of staff was recruited in 2010. Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. Staff told us their recruitment had been thorough.

The registered manager told us they employed two members of staff and they all worked together as a team to provide the support the person required. Only one person resided at the home and they received one to one support throughout the day. At night a member of staff slept at the home to provide support as required. The person being supported confirmed there was always someone at the home to support them. Staff also carried out domestic duties and involved the person with these tasks as much as their ability would allow. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. Staff told us and observations showed the staffing levels were sufficient to meet peoples assessed needs.

The provider had a policy and procedure for the receipt, storage and administration of medicines and this helped to ensure that the person being supported received their medicines safely and as prescribed. Medication Administration Records (MAR) were kept and were signed by staff when medicines had been

given. All staff had completed training in the safe administration of medicines. Records and staff confirmed this. The person being supported was prescribed when required (PRN) medicines and there were clear protocols for their use. There were also some homely remedies kept at the home and these had been approved for use by the person's GP.

Is the service effective?

Our findings

The person being supported got on well with staff and the care they received met their needs. They told us they were well cared for and that staff knew them well and knew how they wanted to be helped and supported. They said "I really like living here on my own with the staff. They know how I want to be supported and provide me with the help I need".

The registered manager told us about the training provided for staff. This was via E learning and also face to face training. Training records showed staff had completed training which included: health and safety, infection control, managing challenging behaviour, understanding the Mental Capacity Act, first aid, and food hygiene. The registered manager told us training regarding Care of Substances Hazardous to Health (COSHH) had been booked to take place in November 2016. Staff confirmed they received the training they needed to carry out their work effectively.

The registered manager said that all staff completed an induction when they first started work. She said that any new staff would be expected to complete the Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. Staff attended regular supervision meetings and were able to discuss issues relating to their role, training requirements and the person they supported.

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 MCA 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).

Consent to care and treatment was sought in line with the requirements of the MCA. The registered manager and staff understood their responsibilities in this area and understood the requirements of the legislation. It was also understood by the registered manager and staff that if the person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest. The registered manager and staff understood that people who had capacity had the right to make decisions others might consider unwise. This respected the key principles of the Mental Capacity Act 2005.

The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager told us that the person being supported had capacity to make their own decisions and no DoLS applications had so far been required.

The person being supported sat down with staff each week and made out a menu plan for the week ahead. Breakfast was normally cereals and toast. Lunch was a snack type meal such as sandwiches or jacket potato. The main meal of the day was in the evening. The person helped staff prepare meals as much as their ability would allow. The registered manager said the system worked well and this encouraged the person's independence. The person went out independently and some days would eat lunch out. Staff said on Sundays the person would often decide to go out for Sunday lunch and staff would support them if requested.

The person being supported was registered with a local GP surgery. They were encouraged to maintain their own health and to inform staff if they were feeling unwell in any way. Staff helped people to access healthcare services and supported them to attend GP or hospital appointments if requested. The person had support from the local learning disability team and other healthcare professionals were accessed through GP referrals. Information about the person's health and any appointments they had attended, together with any follow up actions, were recorded in the care plan. This meant all staff were aware of any changes to the person's health care needs. This helped to ensure they were being supported to maintain good health and to receive on-going healthcare support. Any future appointments were discussed during staff handovers and placed in the house diary to ensure the person was appropriately supported and did not miss them.

Is the service caring?

Our findings

The person being supported was happy with the care and support they received. We observed they were well looked after and staff were kind and caring when providing support. The person was very complimentary about how the staff supported them. They said, "I get on well with all the staff, they look after me very well and we have a laugh together".

Staff gave the person choices and took time to go through the options open to them. Staff communicated with the person in a way they could understand and explained the consequences they could expect for different decisions. Staff used the person's preferred form of address, showing them kindness, patience and respect. Staff respected the person's privacy and dignity. When staff approached the person, they would engage positively and check if they needed any support.

We observed staff chatting and engaging with the person being supported and they took time to listen. For example, the person came into the office and told staff they were going out. Staff checked they had money for bus fares and asked where they were thinking of going, and what time they could expect them back. This was asked in a way that showed interest in where they were going and encouraged them to be independent. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and privacy and met their needs. There was a good rapport between staff and the person being supported. We observed positive interactions between staff and the person and there was a relaxed atmosphere. The person being supported was confident and comfortable with the staff who supported them.

Staff were able to tell us what the person could do for themselves and what they needed prompting with. The person had a key to keep their room secure and had keys to enable them to enter the home, so they could come and go as they pleased.

Staff understood the need to respect confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on was passed verbally in private, at staff handovers, or put in care notes. There was also a diary and staff communication book which could only be accessed by staff on duty. Staff could record details for other staff regarding specific information about the person. This helped to ensure only people who had a need to know were aware of personal information.

The person being supported had regular one to one contact with all of the staff and could discuss any issues they had at any time. This gave them the opportunity to be involved as much as possible in how their care was delivered.

Is the service responsive?

Our findings

The person being supported was well looked after. They told us they liked living at the home. They said "The staff are very good; they help me when I need it but let me make my own choices and decisions".

The person was supported to maintain relationships with their family. Details of contact numbers for relatives and other important people in their life were kept in their care plan file.

Care plans were personalised and were person centred, meaning the needs and preferences of the person were central to their care and support plans. This enabled staff to deliver care the way the person wanted and care was not task led. Care plans were signed by the person being supported and had information such as: "What support I need" and "How you should support me". These gave staff the information they needed so they could support the person. We saw care plans which included plans for behaviours which may challenge staff, personal care, continence, skin care and personal safety. These plans informed staff on what the person could do for themselves and what support the person needed. For example, the care plan for personal safety explained that the person could go out independently, but staff were to ask the person where they were going and what time they were expected to return. Staff also ensured that the person was wearing suitable clothing for the time of year.

Care plans were reviewed monthly and there was an evaluation of how the care plan was working for the person. Staff would sit down and discuss with the person what was working well and asked if there was anything they felt needed to be changed. This helped to support them in their day to day life and enabled staff to find out if the person's support needs were being met. We talked with the person and they confirmed they had been involved in drawing up their plan and were involved with regular reviews. These meetings and reviews showed that the home was responsive to the person's needs. For example previously the registered manager kept personal money for the person and gave them their money on a day to day basis. This was because the person could not manage their finances and would spend all of their weekly allowance in one go. Staff worked with the person over a period of time to help them budget and the person now takes responsibility for their own personal allowance and manages their own finances. However, staff still provide support and encouragement when required.

Staff communicated and responded to the person being supported in a way they understood and this was in line with their care plan. This meant that staff provided consistent support and helped to avoid any confusion. Staff said the person could express their wishes and preferences and these would always be respected

Staff were knowledgeable about the person they supported. They knew what support people needed, what time they liked to get up, and how they liked to spend their day. This enabled staff to provide the support the person wanted.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover meeting held at the beginning of each shift. During the handover staff were updated

on any information they needed to be aware of. This ensured staff provided care that reflected the person's current needs.

The registered manager said the person was quite independent and therefore formal activities were not organised. The registered manager said the person could come and go as they pleased. The person told us they liked watching TV and going for walks into the local community. They said they also like to sit and chat with staff.

Complaints were listened to, investigated and managed in line with the provider's policy. No complaints had been received within the last 12 months. The person told us that, if they had any concerns, they would speak to the registered manager or staff and was confident that any concerns would be dealt with quickly.

Is the service well-led?

Our findings

The person being supported and staff confirmed the registered manager was approachable and said they could raise any issues with her. They told us they were consulted about how the home was run by regular face to face meetings. One staff member said, "The manager is easy to talk to and will listen to what you have to say."

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. She said there was a very small staff team and they all had the person's interests at heart. All staff told us there was a small but good staff team and felt confident that if they had any concerns they would be dealt with appropriately. Staff said communication was good and they always felt able to make suggestions. Staff described an open culture with good relationships amongst all involved with the service.

The registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and the person they supported. The registered manager said she saw staff on a regular basis as they all handed over to each other when shifts were changing.

Staff also told us that they had staff meetings three or four times a year and minutes of these meetings were kept. They confirmed they all met with each other on a regular basis so they did not have to wait for a staff meeting to discuss any issues they may have. Staff told us they were able to express their views and to share any concerns or ideas about improving the service at any time.

The provider had a policy and procedure for quality assurance. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; health and safety, care plan monitoring, audits of medicines, and audits of accidents or incidents and concerns or complaints. The registered manager told us that an annual visit was also carried out by a learning disability nurse who checked that the person being supported had their care needs met. The last visit was carried out in September 2016. The registered manager said she had received verbal feedback that all was well but had not yet received a written report of the visit. The home also had audits carried out by the supplying pharmacist, the fire safety officer and environmental health officer. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved.