South West Independence Ltd

Gordon Villa

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

Overall summary

This inspection took place on 17 April 2015 and was unannounced.

The service provides accommodation and personal care for up to three people with a learning disability or autistic spectrum disorder. At the time of the inspection there were two people living in the home with Asperger's Syndrome. This describes people who experience difficulties with social interactions and may display repetitive patterns of behaviour or become distressed or anxious. The people in the home were able to carry out most of their own personal care routines but sometimes needed prompting or assistance from staff. They could communicate verbally and had good language skills. People were able to go into the community independently but often preferred to have staff support when they went out.

The service had 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.

Summary of findings

People had choice and control over their daily routines and staff respected and acted on the decisions people made. Where people lacked the mental capacity to make certain decisions about their care and welfare the provider knew how to protect people's rights.

We heard staff consulting people about their daily routines and activities. One person said "Sometimes I ask staff to come with me when I go out and sometimes I just tell them I'm going out. I don't have to tell them what I'm doing". A relative said "(Their relative) gets a say in what they do and doesn't have to do anything they don't want to".

Care plans contained records of people's preferences including their personal likes and dislikes. This helped staff to provide care and support in a way that suited each person's individual preferences.

People were supported to be as independent as they wanted to be. They helped with daily living tasks such as meal preparation, cleaning and gardening. People were supported to visit relatives, access the community and participate in social or leisure activities on a regular basis.

People got on well with staff and management. One person said "The staff are very nice, I have no problem with any of them". Another person said "I've been here over two years and I'm very happy". The provider employed a small team of staff to support the people living in the home. This ensured consistency and meant staff and people got to know each other well.

People felt safe and staff knew how to protect them from abuse. One person said "No one ever treats me badly or is nasty to me". Care plans included individual risk assessments to enable people to participate in activities they enjoyed while minimising the risk of avoidable harm.

People had contact with their relatives on a regular basis which helped maintain family relationships. Relatives were encouraged to visit the home as often as they wished and staff supported people to visit their families.

Staff received appropriate training and were assessed by senior staff to ensure they supported and cared for people safely and properly. Staff said they all worked together as a supportive team and a senior person was always available if they needed additional advice. People were supported to access external healthcare professionals when required. A relative said "They are very good. They book doctor's appointments and take (their relative) to the hospital when needed".

The provider had a quality assurance system to check their policies and procedures were effective and to identify any areas for improvement.

Summary of findings

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 was safe.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and participate in activities they enjoyed.

There were sufficient numbers of suitable staff to keep people safe and meet their individual needs.

Good

Is the service effective?
The service was effective.

People were supported to live their lives in ways that suited them and helped them to experience a good quality of life.

People received effective care and support from suitably trained staff. They had access to external health and social care professionals when needed.

The provider acted in line with current legislation regarding people's mental capacity to consent to decisions about their care or treatment.

Good

Is the service caring?
The service was caring.

People told us they got on well with the staff and they were treated with dignity and kindness.

People were consulted about their daily routines and activities and staff respected their choices.

People were encouraged and supported to maintain regular contact with their relatives and friends.

Good

Is the service responsive?
The service was responsive.

People told us they were able to make decisions about their daily routines and activities.

Each person had a key worker with responsibility for ensuring the person's wishes were heard and acted on.

People and their relatives were encouraged to feedback any issues or concerns directly to any member of staff.

Good

Is the service well-led?
The service was well led.

The provider and manager promoted an open culture and were visible and accessible to people living in the home, their relatives and the staff.

Staff were motivated and dedicated to supporting the people in the home. They said both the provider and the manager were very supportive.

Good

Summary of findings

People's experience of the service was monitored through in-house quality assurance systems. Areas for improvement were identified and acted upon.

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 April 2015 and was unannounced. It was carried out by one inspector. Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries and the Provider's 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 the improvements they plan to make.

We talked with the two people currently living at the home and a visiting relative. We interviewed two care staff including the registered manager. We observed how staff supported people, reviewed two people's care records and looked at other records relevant to the management of the service. This included training records, complaints and incident logs.

Is the service safe?

Our findings

People told us they felt safe and staff were good to them. One person said "No one ever treats me badly or is nasty to me". Another person said "The staff are very nice, I have no problem with any of them". People looked relaxed and at ease with the staff and with each other.

The people living in the home had Asperger's Syndrome which meant they sometimes had difficulty interacting with others socially. This made them potentially vulnerable to abuse. People were protected from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff said they were confident that if any concerns were raised with management they would be dealt with to ensure people were protected.

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references had been obtained.

Care plans contained risk assessments with measures to ensure people were kept safe from harm. For example, there were plans for supporting people when they became anxious or distressed. One person was given a mobile telephone so they could call staff if they became anxious or distressed when they were out on their own. Episodes of anxiety were recorded to help staff identify possible causes or trends. Circumstances that may trigger anxiety were identified with ways of avoiding or reducing the likelihood of these events. Staff received training in positive intervention to de-escalate situations and keep people and themselves safe.

People were involved in their risk assessments and were helped to understand the ways in which risks could be minimised. For example, staff were working with people to help them understand the risks associated with excess alcohol and certain other behaviours that may be considered inappropriate.

The registered manager said the number of significant incidents had reduced a great deal over the last 12 months. This had been largely down to a change in the people living at the home. They wanted to ensure any new people moving to the home had their needs thoroughly assessed to check they were compatible with existing people. This would determine whether or not the service could provide the appropriate level of care and support. The drop in significant incidents was confirmed by incident records and a fall in the statutory notifications sent to the Care Quality Commission.

When an incident occurred staff completed a significant event report which was then signed off by the manager with any comments or learning from reflective practice. The form was then sent to the provider who reviewed all incidents to see if any changes or improvements to practice were required. For example, following a recent incident one person was now receiving continuous staff support when they were out in the community to keep them and others safe from harm.

Staff received guidance on what to do in emergency situations. Staff told us if they had concerns about a person's health they would call the emergency ambulance service or speak with the person's GP, as appropriate.

To ensure the environment for people was kept safe specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. An external consultant carried out an annual health and safety risk assessment of the home. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Staff also carried out regular health and safety checks.

There were enough staff available to meet people's needs and to keep them safe. There was usually one member of staff on duty for each person in the home. Other staff were available when additional assistance was needed. On the day of inspection the registered manager and one support worker were on duty. We were told there was always two sleeping staff available at night. Staff said the registered manager was "hands on" and covered shifts whenever needed. We observed when people requested assistance someone was always on hand to support them. If staff or the registered manager were engaged in other tasks they stopped what they were doing to speak to or support people when required.

Staff told us the provider was good at getting additional support to cover short notice absences. The provider employed a small team of care staff which ensured

Is the service safe?

consistency and meant staff and people in the home got to know each other well. There was a clear staffing structure in place to ensure senior staff were always available to provide staff supervision, advice and support.

The registered manager said care staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. This was confirmed by staff and in the training records. People received prescribed medicines from their GP and took GP approved homely remedies on an 'as required' basis. One person was happy to be supported by staff to take their medicines and another person chose to administer their own medicines. A risk assessment had been carried out to ensure they were safe to do this. The person completed their own medicine administration records and staff checked to ensure the correct medicines had been taken at the right times.

Medicines were kept in secure and suitable storage facilities and medicine administration records were accurate and up to date. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Is the service effective?

Our findings

People were happy with the support provided by the care staff. One person said "I'm very happy here. I get on well with all the staff". Another person said "I'm glad I came here. I've got my own flat and we all get on really well". We observed staff having friendly and supportive conversations with people and asking them if they needed help with preparing meals and drinks. People told us they liked the staff and the registered manager and appeared very comfortable and at ease in each other's presence.

The registered manager and staff were knowledgeable about each person's support needs and preferences. From our conversations and observations they appeared to be effective in meeting people's individual needs. Staff received training to ensure they had the necessary level of knowledge and skills. A member of staff said "The training is really good, I don't know how they could do any better. We get lots of refresher training like first aid, safeguarding and dignity. We can ask for further training and as long as it is appropriate they will fund it".

Some of the training was provided from within the organisation, including induction training for new staff. Other training was provided by external organisations such as the NHS for epilepsy training and the local authority for safeguarding and Mental Capacity Act training. The registered manager said all care staff were enrolled in the diploma in health and social care qualifications and credit framework (QCF). External training helped ensure people received effective care based on current best practices.

A member of staff said everyone worked well together as a good supportive team and this helped them to provide effective care and support for people in the home. Care practices were discussed at monthly one to one supervision sessions with the registered manager. Monthly staff meetings also took place with both the provider and the registered manager in attendance. Staff received annual performance and development appraisals to review their performance and identify any individual training and development needs.

People were asked for their consent before any care or treatment was provided. Staff respected and acted on the decisions people made. A member of staff said "People here have the mental capacity to make most of their own decisions. They say what they want. We can make suggestions but they can say no and we respect that". Staff were trained in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service followed the MCA code of practice to protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. Care records showed when people were assessed as not having the capacity to make certain decisions, a best interest decision was made on their behalf involving people who knew the person well and other relevant professionals.

The Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider had made a DoLS application to the local authority for one of the people living in the home. The local authority had replied that a DoLS authorisation was not required for the restrictive practice in question. This showed the provider was ready to follow the DoLS requirements.

The registered manager told us they did not use physical restraint. When people became anxious or distressed staff supported them through non-physical intervention such as distraction, support and calming techniques. All staff were booked in for refresher training in de-escalation and breakaway techniques.

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People had choice over meal times and menus. One person said "I can cook my own meals, like curries and jacket potatoes. I choose my own menus and write them up and the staff buy the food for me". Another person said "I choose my own menus. I usually make my own lunch and staff make my dinner. I don't like fruit but I have smoothies instead". A member of staff said "We sit down with each person every Saturday and plan their weekly food shop. The meals are varied and people understand they should try to eat healthy diets". They explained how they were helping one person to loose excess weight through encouraging healthier food options.

People were supported to access external healthcare services to help them maintain good health. One person said "I see my NHS care co-ordinator once a month. Staff help me make my hospital appointments". A relative said "They are very good. They book doctor's appointments and take (their relative) to the hospital when needed". People's

Is the service effective?

care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. People had 'hospital passports' which are documents containing important information to help support people with a learning disability when they are admitted to hospital.

The registered manager said they received really good support from the local NHS and social care teams. People now had their own individual social worker and the manager told us the NHS Asperger's team was very helpful and supportive. People were supported by other local health professionals including the GP practice, diabetes nurse, opticians and hearing practitioners.

People had their own single occupancy rooms on different floors of the house. People chose the decoration and furnishings to suit their individual tastes. People's rooms were filled with their own personal belongings to make their rooms more homely. There was plenty of space within the home and the garden for people to spend private time on their own if they wished. The environment in the home was in good decorative condition and all areas were clean and well maintained.

Is the service caring?

Our findings

People told us the registered manager and staff were caring and kind. One person said "I've been here over two years and I'm very happy". Another person said "Staff are kind and treat me well. They make suggestions but let me decide what I want to do". A person's relative said "I think (their relative) is lucky to be here. All the staff are very friendly. They all seem to like (their relative) and (their relative) likes them too". We heard people and staff chatting to each other in a friendly and relaxed way. The conversations were respectful and appropriate to each person's needs.

The service was compassionate and stood up for people's rights. For example, the registered manager told us about an incident and said "Following the incident we tried to fight the person's corner. We offered to provide continuous staff support to reassure them and everyone concerned".

We heard staff consulting people about their daily routines and activities and no one was made to do anything they did not want to. People were given their own space but staff were on hand when people wanted assistance or company. We were told each person was assigned a key worker. The key worker had particular responsibility for ensuring the person's needs and preferences were identified and respected by all staff. One person told us their key worker was "Great, I really like them".

People were supported to access external advocates to support them in making important decisions about their care and treatment. One person told us they had monthly meetings with their care coordinator from the local NHS mental health trust. They said they also had "access to an independent advocate as and when needed".

People were treated with dignity and respect. We observed staff spoke to people in a polite and caring manner and respected their decisions. When people needed personal support staff assisted them in a discrete and respectful manner. Personal care was always provided in the privacy of people's bedrooms or bathrooms. For example, we heard one person call for assistance while they were in the shower. The registered manager asked the person if they were "decent" before entering the room. Each person had their own good size bedroom where they could spend time in private when they wished. One person had their own self-contained flat within the main house.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

Staff supported people to maintain their independence. People told us they helped with a range of daily living tasks, from shopping to gardening to preparing some of the meals. People were able to decide when to get up and go to bed, when and where to eat their meals and whether they wished to spend time on their own. The registered manager said they tried to promote people's independence as much as possible. The home was within walking distance of the town centre so people could access the shops and other facilities. People were encouraged to use public transport and had their own rail cards and bus passes. A member of staff said "Our main aim is to help people live as independently as possible and achieve what they are capable of".

Relatives and friends were encouraged to visit people as often as they wished. One relative said "I visit the home at least once a month. Sometimes I pop in at other times and take (their relative) out for lunch". This helped people to maintain relationships with the people who cared about them.

Is the service responsive?

Our findings

People contributed to the assessment and planning of their care. People discussed their needs and preferences with staff on a daily basis. These daily discussions were recorded in people's care plans. People could write their own comments in their daily notes or could ask staff to record the discussion for them. People's key workers reviewed the daily notes and where necessary updated their care plans accordingly. Key workers had particular responsibility for ensuring people's needs and preferences were understood and acted on by all staff.

Each person had regular one to one review sessions with their key worker. Care plans were updated at least once a month to reflect any changes in peoples care needs or preferences. For example, one person had gained a lot of weight prior to moving to the home. They were aware of the need to eat more healthily and with support from staff the person had started to lose weight. There was a record of weekly weight monitoring in their care plan. The registered manager said "Care plans were updated with people on a regular basis to ensure they remained person centred". Person centred means plans are tailored to each individual's personal needs and preferences.

Care plans contained records of people's daily living routines and activity preferences and described their personal likes and dislikes. The records were up to date and accurate and staff were aware of each individual's personal needs and preferences. People told us they were able to choose what they did and did not do. For example, one person said "Sometimes I ask staff to come with me when I go out and sometimes I just tell them I'm going out. I don't have to tell them what I'm doing". A relative said "(Their relative) gets a say in what they do and doesn't have to do anything they don't want to".

People were able to express a preference for the key worker who supported them. Staff members of the same gender were always available to assist people with personal care if this was their preference.

People told us staff supported them to spend time in the community and participate in a range of social and leisure activities. This included holidays, trips out, visits to relatives, attendance at activity centres, college courses and voluntary work. One person said "I feel less anxious when staff are with me. We go for walks, to local clubs, swimming and I'm getting cooking lessons". They were going to Disney Land in Florida for their holiday and two care staff were going with them for company and support.

People were supported to maintain relationships with their relatives and to avoid social isolation. Staff supported one person to visit their family home every week. People were able to use the house telephone to make private calls to their relatives whenever they wished. One person said "I speak with my Dad every two or three days".

People, their relatives and the staff told us the registered manager operated an open door policy and was accessible and visible around the home. People and relatives were encouraged to feedback any issues or concerns directly to the registered manager or to any other member of staff. One person said "(The registered manager) is nice. I go to them if I have any problems". A relative said "Management are very good and will listen if there are any problems".

People's key workers supported them to express any issues or concerns. People told us they could also raise any concerns with their relatives or with their social worker. One person said "I've got no complaints. I would talk to my parents if I had any concerns". A relative said "I haven't got any complaints. If I did I would speak to the manager".

The service had an appropriate complaints policy and procedure which included timescales for responding to complaints. The service had not received any formal complaints in the last 12 months. The registered manager said they always tried to resolve any issues quickly and informally wherever possible.

Is the service well-led?

Our findings

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. The registered manager told us the service ethos was "To ensure clients were safe, happy, feel secure and make their own choices. We want people to feel supported by the staff and to help people achieve their goals". To ensure staff understood and delivered this philosophy, they received training relevant to the needs of the people living in the home. There was a comprehensive induction programme for new staff and continuing training and development for established staff. The service philosophy was reinforced through monthly staff meetings, shift handover meetings and one to one staff supervision sessions.

People and staff told us the registered manager was approachable and supportive. A member of staff said "The manager is hands on when she needs to be. She works shifts if we have trouble covering. She knows what she is doing" and "The manager and the company director are both easy to talk to, I'm happy to go to either of them". The registered manager said "Staff know I am there for them 24/7 and in turn they are there for me too". A relative of one of the people living in the home said "I think the home is run well, I've got nothing to complain about. The manager is approachable and listens to any concerns".

Decisions about people's care and support were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of reporting and accountability. The registered manager supervised the care support workers and the company director supervised the manager. Staff said everyone worked well together as a good supportive team.

The service worked in partnership with local health and social care professionals to ensure people's health and wellbeing needs were met. The registered manager said each person had a named social worker and they were very helpful and supportive. They also received good support from the NHS Asperger's team and from local healthcare professionals including the local GP practice, diabetes nurse, opticians and hearing professionals.

The registered manager said they participated in a range of forums for exchanging information and ideas and fostering best practice. They used an external consultancy firm to review and update their policies and procedures in line with current legislation and practices. They attended service related training events and conferences run by the Council and other external training organisations. They accessed a range of relevant online resources such as the British Institute for Learning Disabilities and the Care Quality Commission's website.

People and their relatives were able to give their views on the service through regular care plan reviews and through completion of quality assurance questionnaires. The questionnaires were in easy to read format with symbols to help people understand and rate the service. The last questionnaire was circulated in February 2015 and all responses and comments were positive.

The provider had a quality assurance system to check their policies and procedures were effective and to identify areas for improvement. There were weekly medicines audits and monthly care plan reviews. Staff carried out weekly and monthly health and safety checks to ensure a safe and homely environment. The company director visited the home on a monthly basis and carried out a thorough inspection of key aspects of the service. A provider report was then produced with any action points for the registered manager's attention. The provider held monthly meetings with the managers of each of their services and also attended each service's staff meetings. This enabled them to pass on information and ideas and also to keep informed about service developments and other key service issues.

Significant incidents were recorded in a significant event log and, where appropriate, were reported to the relevant statutory authorities. The provider reviewed incidents to see if there was any learning to help improve the service. For example, following a number of safeguarding notifications the service worked on ensuring staff respected people's rights to make what might appear to be 'unwise' decisions and provided appropriate support to assist people with their decision making.