Care Quality Commission

Precious Homes Limited

Ulysses 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**

Overall summary

We carried out an unannounced inspection of this home on 27 & 30 November 2015. We had previously inspected the home on 13 November 2013 when we found that the home was compliant with all the regulations we looked at.

This home can provide accommodation and personal care for up to six people with learning disabilities and autistic spectrum disorders. Between our inspection visits the number of people living in the home increased from four to five people.

The home had a manager registered with us. 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.

People were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and who to raise concerns with. Staff felt confident that the appropriate action would be taken if they raised any concerns with

Summary of findings

the managers or through the provider's whistle–blowing arrangements. People had assessments which identified actions staff needed to take to protect people from risks associated with their specific conditions and challenges to themselves and others. Medicines were managed appropriately and this helped to keep people well.

People were supported by enough staff to keep people safe and to give support when each person requested support. Where possible people were involved in the recruitment of staff. Induction processes were in place to ensure new members of staff were suitable to support the people who were living in the home. People were happy with how staff supported them. Relatives and professionals from health and social care stated that staff demonstrated skills and knowledge to ensure people were supported effectively and safely.

The care manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. Appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made where people needed when people's rights were being restricted. Arrangements were in place to limit the effect of deprivations as staff worked in a person centred way. Staff sought consent from people before providing support and at times this meant respecting a person's refusal of personal care support that would help them but continuing to try to gain consent in different ways. People's rights were protected as they had control over their lives unless action had been taken to legally restrict their liberty.

People were supported to have the choice of meals that they liked. Efforts were made to provide healthier options of people's favourite foods and where people needed to support to maintain a healthy weight, appropriate professionals were consulted. People had access to health professionals to keep people physically and mentally as well as possible.

People we spoke with were happy with the staff who supported them. We saw good interactions with between staff and people during both days of the inspection. Staff knew how to communicate with individual people and spoke about people in a warm and kind way. Staff responded quickly and appropriately to any choices that people made.

Relatives and professionals from health and social care told us that the home had taken exceptional care to ensure that new placements went well. People's needs were assessed prior to admission and action was taken to make the transition as smooth as possible. Considerations were made of the needs of existing people living in the home, how care was to be provided and how the environment needed to be adapted.

Arrangements were in place to listen to people's views in regular meetings, through surveys and via daily checks on how their planned care had worked. Action was taken where an individual's care plan could be improved. All care plans were individualised to the person. People were able to undertake interests and hobbies both in a planned way and when they wished to change their plan.

Relatives felt confident that they could speak with the management about any concerns and appropriate systems were in place to respond to complaints.

The manager of the home was seen to be fair, calm and understanding. Staff, relatives and professionals from health and social care said that the management responded to any recommendations and issues raised in a positive way. We found that if we raised any issue or requested information that the manager responded very quickly. Systems were in place for an independent quality assessment of the service two or three times a year. This indicated that the service was well-led.

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.

Staff were clear about their responsibility to take action if they suspected a person was at risk of abuse.

There were enough staff to keep people safe from the risks associated with their specific conditions.

Medicines were safely administered and stored.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge needed to meet people's specific care needs.

People's rights were protected as they had control over their lives unless action had been taken to legally restrict their liberty.

People had health support they needed to keep them as well as possible.

Good

Is the service caring?
The service was caring.

People's comments, together with relatives and professional comments and our observations indicated that staff were caring.

Staff respected people's rights to privacy and treated people as individuals.

Good

Is the service responsive?
The service was responsive

Excellent arrangements were made to assess people's needs and ensure that people's admission to the home went smoothly.

People were treated as individuals and their preferences and changing needs were identified and responded to.

People showed they were happy with the support they received and any complaints made were acted upon.

Good

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

Good

Summary of findings

People interacted well with the manager. Relatives, professionals and staff found the manager approachable and responsive to any recommendations.

Appropriate systems were in place to monitor the service, gain people's views and keep people safe.

Ulysses 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 27 & 30 November 2015. We visited the home unannounced on 27 November and returned on 30 November 2015 announced. The inspection was carried out by one inspector.

As part of planning the inspection we reviewed all of the information we held about the home. This included statutory notifications received from the provider about accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. This helped to inform us where to focus our inspection.

During our visit we spoke with two of the people who lived at the home about aspects of their care. We spoke the relatives of two other people and with a health professional during the inspection. We spent time at both visits observing people's care in the communal areas of the home and we used the Short Observational Framework for Inspection (SOFI) on our second visit. SOFI is a way of observing care to help us understand how people experience the support they are given. We spoke with four care staff and the manager of the home.

We looked at parts of two people's care records and two people's medicines and medicine records to see if they were accurate and up to date. We also looked at staff employment records, quality assurance audits, complaints and incident and accident records to identify the provider's approach to improving the quality of the service people received.

Following the inspection we had contact with two professionals who commissioned care for people who lived in the home and spoke with the relative of another person who lived in the home.

Good

Is the service safe?

Our findings

People told us that they felt safe. When we spoke with two people their comments included: "I'm not scared here, it is good" and "I am happy."

Staff took individual responsibility to help keep people safe and knew about the possible changes in people's behaviour that may suggest abuse. One staff member told us: "I would not work here if I thought it [the home] was unsafe for people." Staff were also aware of how to ensure that people did not feel the effects of any public display of discrimination when people were outside the home. Staff were aware of the agencies who may be involved investigating any allegation of abuse. They were confident to report to these agencies if they continued to have concerns after they had spoken with managers. Staff told us that the provider had ensured that they were able to raise any concerns within the company. They said there was a dedicated telephone number if they needed to 'whistle- blow' and this number was printed on to their pay slips so that it was easily accessible.

We received information from two health and social care professionals who told us that the service was safe. One told us that the service felt safe because: "There is good communication between staff and myself and I am always made to feel welcome both on announced and unannounced visits." Safeguarding procedures were followed if there had been any concerns about people's care.

At the time of the inspection there was evidence that the risks to people had been assessed and plans put in place to minimise risks of harm. All of the professionals we contacted told us that appropriate risk management plans were in place. A relative told us: "Staff know [person's name] and they know how to calm [person's name] when they are distressed." We saw that the manager had considered the risks when new people were admitted and this had been reflected in how the physical environment of the home had been organised. Staff we spoke with were aware of the risks to specific people and what they needed to do to minimise these risks and this helped to keep people safe. Staff told us and records showed that staff had training about how to keep a person and people around them safe when a person became upset.

We looked at risks that may affect people in an emergency. The arrangements for how people would exit the building safely was not robust. Although the home did not have a plan in place; we received a copy of this within 24 hours of our inspection. This included provision of items that would help people to follow instructions to come out of the building. There were some barriers on the exit stairs and the manager agreed to contact the local fire service for their advice about this. Staff had training in fire safety, knew the arrangements to keep people safe and individual fire risk assessments of people had been reviewed.

We saw that there were enough staff available to meet people's needs during the inspection. Staff told us that there that they were able to provide support as people's care plans directed. One member of staff said: "There is always enough staff." We saw that staffing levels were being changed to accommodate an increase in the number of people living in the home. Some people who lived in the home were involved in staff recruitment which helped them be involved in how the home was run. We spoke with staff about their recruitment and they told us that they had the appropriate checks and this was confirmed by the staff records that we looked at.

We found the administration of medicines to be safe. A person was able to tell us about one of their medicines they used from time to time and also told us: "I have to have my medicines at 8am and they bring them." We checked two people's medicines against the records and found that all medicines were properly accounted for. This indicated that people had received their medication as prescribed. Medicines were secure and appropriately stored. The checks on the temperature of the medicinal fridge did not include a maximum and minimum in a 24hour period. This meant that medicines may not be stored at a correct temperature to remain effective. The manager immediately ordered an appropriate thermometer so they could do this. Where people needed medicines only on an 'as required basis,' there was information about the actions staff needed to take before medicines were administered. There were no recent occasions where these medicines had to be administered indicating that they were not being used routinely to manage situations where people were upset. Staff were only responsible for the administration of medicines after they had received the training and then found to be competent and this reduced the potential for errors.

Good

Is the service effective?

Our findings

Staff had appropriate training and skills to meet the needs of the people who lived in the home. Information from professionals from health and social care told us that they had found staff to be knowledgeable about the needs of people with learning disabilities and autism. Staff we spoke with were knowledgeable about the care and support specific people needed when we asked. Staff told us they had enough training to meet people's needs their comments included: "There are always opportunities for training within the service," "Every other week we have some sort of training; we have some on-line training," and "If we think that we need training in an area then the manager looks for it."

Staff told us that they completed an induction which included reading care plans and policies and procedures and plans, and getting to know people who lived in the home in a supervised way. The manager was aware of recognised good induction practice and was matching this with the services existing training programme. People were receiving care and support from staff that had appropriate training.

Staff told us that they had regular supervision to identify how they could best improve the care people received. They discussed any concerns about people living in the home, staff or their working conditions. This helped ensure that people were supported by staff who were aware of their current health needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager told us DoLS applications had been made to restrict people from going outside of the home and garden without support but that these were awaiting processing by the authority. Staff told us that they had received training about MCA and DoLS and knew about people's rights to make decisions about their care and treatment. One staff member told us that the staff team were working to support a person to communicate 'yes' and 'no' to help improve their ability to consent. Another staff member told us that if a person refused personal care they had the right to do this. During our visits we saw that when people made it clear they wanted to go outside staff immediately responded.

People were supported to maintain a good weight. When necessary when this was difficult other health professionals had been contacted to provide additional support. A person told us that they were involved in planning meals, that they liked the meals provided and had opportunities to have takeaway meals occasionally which were their favourite. We saw that efforts had been made to make more healthy versions of these meals. A relative told us: "[Person's name] has improved since [they] have been here. [They] have put on [needed] weight and look healthy." Records showed that people were checked to see if they had eaten well and if not, action was taken to make sure they had additional support.

People told us and we saw during our inspection that they received support attending their health appointments. We saw that a person was asked to choose a staff member who was on duty to accompany them to an appointment which helped them become more focused on attending it. A health professional told us that the provider had acted on the recommendation to employ a learning disability clinical nurse specialist so that presentations to acute accident and emergency departments could be reduced. This had resulted in a reduction in visits. The three professionals we spoke with said that they were informed about changes in people's health needs when necessary. People were supported to attend a range of health appointments and this helped to ensure that people's health could be maintained at an optimum level.

Good

Is the service caring?

Our findings

People living in the home had meetings each week to discuss what choices they wanted in their day-to-day care such as choices of meals and activities. However we saw that these consultations were not rigidly adhered to and people were able to change their minds on the day. For example one staff member told us it had been planned for a person to go to the airport. They then told us: "But it depends on [person's name] although they do not have much speech they can show that they do not want to do this." If people need to make big decisions such as whether to move into the home, advocates were arranged so as to try ensure that no decision was made without the person.

People we spoke with told us that they like living in the home. We spoke with three relatives whose comments included: "The staff are lovely, it is more like a family than a care home" and "Staff are great." We spoke with some professionals who had contact with people who live in the home, comments included: "I have observed [person's name] on several occasions looking happy and well" and "[Staff member's name] knows [person's name] very well and this helps to ensure they are cared for well."

During our observations we saw that care staff and managers spent time talking with people and finding out how they felt. We saw that people responded to staff by smiling and showing them items or taking staff where they wanted to go. We observed that staff communicated well with people assisting them to make decisions by giving time, suggesting options and the consequences of their options in a way that promoted people's independence. Some people were provided with communication tools which helped them to let staff know what they wanted and these were used.

People living in the home had their own ensuite rooms and where possible keys to their rooms. This helped people to maintain their privacy. Some arrangements had been made to try and ensure that people were not disturbed when they did not want to be. For one person this meant having a doorbell fitted to their bedroom door so they could invite people into their space. The managers had provided a quiet area for two people so they could spend some time away from the communal areas.

People's dignity and choices were respected. We found that staff spoke respectfully about the people they supported and were able to tell us how they maintained a person's dignity when providing personal care. Where necessary privacy film had been placed on windows to ensure people's privacy. Staff told us that there was a good mix of female and male staff on duty so people could receive gender appropriate personal care and we observed this allocation of staff to undertake such activities during the inspection.

People were dressed in clothes of their choice. Detailed information was in people's care plans to ensure that people's personal care reflected any cultural or religious needs which staff were aware of. This respected people's individuality.

Good

Is the service responsive?

Our findings

People had detailed assessments before coming to the home to live. Relatives and professionals from health and social care told us about the arrangements the management of the home had made to ensure that the transition of people into the home went smoothly. Staff visited people's homes, hospitals or places of education to gain detailed information so that people received appropriate care and support that was familiar to them immediately. For example one person's bedroom at their former home had been replicated in Ulysses House to ease their transition into the service. The manager considered with professionals the effect of new admissions and took action which had at times meant reducing the numbers of places available in the home for a period of time.

Professionals from health and social care told us that the management ensured that the care plans were person centred and reflected people's care and support needs. Care plans we saw included guidance for staff about people's personal history, individual preferences and interests. In addition to this we saw records of dynamic care planning for each person. This planning involved staff reviewing what had and what had not worked well for the person each week. For example: staff had determined arrangements at meal times were not working very well for one person and that another person was having difficulty maintaining their continence. Strategies were put in place with the person to try out ways of solving the immediate concern for them. This was then reviewed and what worked well was shared for implementation by all staff via people's updated care plans. Staff we spoke with also told us of their efforts to ensure people received appropriate support even though people refused at times. They explained that methods used included other staff trying to provide support and trying at different times of day so that people's overall well-being could be maintained.

A relative told us staff joined in with physical activities that a person liked and the relative thought this made it more enjoyable for the person. We looked at the arrangements for supporting people to participate in their preferred interests and hobbies. We saw some people had daily planners and communication tools to help them say what they wanted to do. We saw that people had their bedrooms individualised so that some of the activities they liked were immediately available to them. When people were able to say what activity they wanted we saw that these were accurately recorded as their preferred activities in their care plans. We saw that people taking part in hobbies and interests that enhanced their daily lives during the inspection; for example one person was taken to see planes and transport at the airport. The provider had also arranged for people who lived in the home to have holidays and took the opportunity while they were away to make improvements to the home without causing distress to people. There had been improvements to the garden area which now included a building housing a sensory room, a hot tub, a swing, as well as a trampoline all which reflected people's support needs.

In addition there had been a change in bathroom facilities for a person, more accessible furniture to help another person and changes to curtains for a third person whose sleep pattern was changing. We were told that a specialist clinical learning disability nurse specialist had been employed by the provider to support the group of homes. We also told that the provider intended to employ further specialist professionals to support staff in caring and supporting people. This indicated that management were planning to ensure existing and future needs of people were met.

Visitors we spoke with told us that they were able to visit their relative at any time they wanted. People could see their relatives in their own homes if they wanted as arrangements had been made to make this possible.

People were not always able to make complaints verbally but the manager and staff ensured that people's concerns were listened to. There were clear records of how people showed they were unhappy or angry and we saw that staff responded to any approach people made to gain their attention. We saw that a pictorial representation of how to make complaint was displayed. The two people we talked to confirmed that they had opportunities at meetings to say if they were unhappy and records showed that there were regular meetings with people to gain their views. One person said he would knock on the office door if he had any worries. We saw this happen later when the person was gently reminded of the arrangements they had made that morning. We saw that staff were talking with people all the time and responding to any need or dissatisfaction as these arose showing that staff were responsive to people's concerns.

Good

Is the service responsive?

Relatives said they were very happy with the support people received. They felt confident about raising any concerns with the manager and that they would be responded to appropriately. Three professionals from health or social care agencies that we spoke with shared this view. We saw that when the manager had received a complaint they responded to each point raised and in accordance with the provider's complaint's policy. This demonstrated that the complaint had been taken seriously. Where action needed to be taken this had been done and we noted the concerns had been resolved to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

We saw that people living in the home interacted well with the manager of the home and were happy to approach them when they wanted their attention. We saw that the manager took time to listen to people and where possible encouraged them to assist in day to day tasks within the home. Two people we were able to speak with said that they had meetings about how they wanted the home to be run and we saw records of these meetings. Relatives we spoke with told us they were able to speak to the manager about any concerns. One relative said: "The manager is brilliant with [person's name]." Relatives told us that they were made to feel welcome when they visited the home. All of the professionals from health and social care we spoke with said that they had good communication with the management who responded well to recommendations and suggestions including the employment of a clinical lead. One told us that staff promoted that the home was open for any visitor to drop in. This helped to ensure that the home had an open and responsive culture.

The provider had ensured that the registration of the home was correct. The manager had become registered in November 2014 and had worked in the home prior to this ensuring that they had the experience to manage the home. The manager generally ensured that notifications were sent to us. We found that on one occasion a notification had been overlooked but that all action required had been taken. A notification is information about important events which the provider is required to send us by law. The provider and registered manager understood their responsibilities under the law.

Staff we spoke with were happy about how they were managed and supported. Their comments included: "[The manager's name] is fair and direct" and "If we need anything to make people's life better than the manager will try and get it." They told us they had regular meetings with senior staff where they could make suggestions for improvement and this would be listened to and acted upon. Staff were confident about using the provider's whistle-blowing procedure if they had concerns. A health professional commented that the manager had an understanding, calm and kind manner. Two professionals told us that the manager was professional in how they discharged their duties and that staff attended all meetings to ensure people had the care they needed.

The provider had arranged independent regular reviews to assess the quality of the service. This meant that the manager of the home was given an independent view of their performance. The provider showed that they were willing and open enough to allow the home to put under external scrutiny. Plans were made as a result of these assessments. These had resulted in improvements to records the service maintained, including the setting of achievable goals. A staff member told us that the senior staff had worked hard on the records and pulled everything together so it worked well for the people who live in the home and for staff. This indicated that staff were involved in any improvements. There had been improvements to the facilities in the garden area and we were told about planned improvements to the environment including refurbishing the home's kitchen.

We looked at information gained from reviews about people's care and support and staff surveys. We found that where people raised concerns action was taken. Staff surveys showed that staff were happy with the support they received.