

Mrs Amardeep Sura

PICAS

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

PICAS (Pathways Independent Care and Autism Services) is a supported living service providing personal care to people aged 18 and over with learning disabilities and/or autism. The service can support up to 10 people living in their own houses and flats in the London Boroughs of Redbridge, Newham and Hackney. At the time of the inspection, 10 people were using the service, all of whom received personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. The service supported people with learning disabilities and/or autism in line with these principles.

People lived in houses and flats in residential areas within or nearby town centres. The properties fitted into the residential area and other domestic homes of a similar size.

People's experience of using this service and what we found

The service was safe. There were procedures to protect people from abuse. Risks associated with their needs were assessed and staff understood how to reduce these risks.

People were supported with their medicines. Staff were trained and competent in administering medicines to people. Staff followed infection control procedures. There was a procedure to review accidents and incidents in the service to learn lessons and prevent reoccurrence. Recruitment procedures were followed safely and new staff had their backgrounds checked to ensure they were safe and suitable to work with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff felt supported by the registered manager. Quality assurance systems included checks on people's care and obtaining feedback from people and relatives. The registered manager collated feedback to help make improvements to the service. However, we have made a recommendation for the provider to review how policies and procedures in the service are kept up to date because we found they were not always in line with current guidance.

Staff were supported with training and development to increase their skills and knowledge. People were supported with maintaining their health and nutrition. The service worked in collaboration with health care professionals, to ensure people's health needs were met.

Staff were kind and caring towards people. They respected people's dignity and privacy. People were encouraged to be independent and go about their daily lives and routines. Staff understood the importance of promoting equality and diversity. People were supported to maintain relationships and a private life.

People received person-centred care and support. Their care plans were personalised according to their wishes and preferences. People were supported to pursue hobbies, interests and vocations of their choice, including finding part time work and educational courses. People were protected from social isolation. Staff communicated with people appropriately according to their communication needs. People and their relatives were supported to make complaints if they had a concern or were not happy with the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 5 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

PICAS

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people available to speak with us. Inspection activity took place on 21 November 2019. We visited the provider's office in Redbridge and visited people who lived in their own houses and flats in the local area.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report and requested feedback from social care professionals.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, the care coordinator and four care staff. We also spoke with three people who used the service. Some people were not able to speak with us due to their disabilities. We reviewed documents and records that related to people's care and the management of the service. We reviewed five people's care plans and five staff recruitment files. We also looked at staff training records, audits, rotas, complaint and incident records.

After the inspection

We continued to seek further evidence and clarification from the provider, which we have included in the report. We also spoke with two relatives, by telephone, for their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were procedures to protect people from abuse. People and relatives told us the service was safe. One person said, "I am very safe. The staff look after me." A relative told us, "It is a very safe service and has been for all the years I have known them."
- Staff had received training in safeguarding adults. Staff told us if they were concerned a person had been abused, they would report it to the registered manager and the local safeguarding team. Staff had an understanding of different forms of abuse. A staff member said, "There is physical abuse and verbal abuse. I would report it immediately."
- Records showed that safeguarding concerns were reported to local safeguarding teams and investigated. Where recommendations were made by safeguarding professionals for the provider to action, these were completed to ensure people were protected from harm.

Assessing risk, safety monitoring and management

- Risks to people were assessed. These included risks around their disabilities, health conditions, medicines, behaviours that could challenge, their environment and nutritional needs. Staff told us risk assessments provided them with sufficient information and guidance to minimise risks.
- Guidance was in place for staff to reduce these risks. For example, guidance for one person at risk of harming themselves stated, "Staff to be observant of any marks on [person's] body and be alert to changes in their behaviour. Staff to record body maps daily, monitor them vigilantly to minimise potential harm." We saw that body maps were completed to ensure these risks were monitored to minimise them and keep the person safe.

Staffing and recruitment

- Recruitment procedures in the service were followed safely. The registered manager ensured criminal record checks were carried out for new staff. This helped the registered manager determine if staff were of suitable character to provide safe care and support to people. New staff completed application forms, including their education and employment history, provided proof of their identity, two professional references and their eligibility to work in the UK.
- People and relatives told us there were enough staff to support them. Staff supported people living in their own homes throughout the whole day and at night. Staffing rotas were developed to ensure there were enough staff working in the service at all times. Staff told us there were no issues with the numbers of staff. They were able to cover for each other when they were on leave or due to sickness. A staff member said, "We help each other out. We are a good team and when I need a break, a team member comes to cover me." This helped to ensure people continued to receive safe care.

Using medicines safely

- Procedures and protocols for medicines administration were in place. People were supported with taking their prescribed medicines, which were stored safely in their homes. Staff received training from the local pharmacy that supplied the service with people's medicines.
- Staff recorded the medicines people had taken on Medicine Administration Records (MARs). These included any medicines taken 'as required' such as paracetamol, also known as PRNs. Medicine records were accurate and up to date. A relative told us, "[Family member] is given their medication at the right times by staff. We see them administered when we visit."
- Staff competency with medicines was regularly assessed by the registered manager. Medicine records were checked by the registered manager weekly and monthly. A staff member said, "We got training on medicines and I am confident with administering them. I understand what they are for and how often to give them."

Preventing and controlling infection

- The service had procedures to prevent and control infections. Staff used personal protective equipment such as disposable gloves and aprons when providing personal care to people. They had also received infection control training.
- Staff told us they washed their hands thoroughly before and after providing personal care to help contain possible spreads of infection.

Learning lessons when things go wrong

- Any accidents or incidents in the service were reported and action was taken to ensure people were safe.
- The registered manager told us if repeated accidents or incident occurred, they would analyse and learn lessons to try and prevent them reoccurring.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood the principles of the MCA. They told us they sought consent before providing personal care to people. A staff member said, "Yes I understand the MCA. I always ask [person's] consent and permission before doing something with them."
- Records showed capacity assessments and best interest assessments were carried out if people lacked capacity. Relatives were legally authorised to act on people's behalf. The registered manager ensured DoLS applications were made for people where they had expired.

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

- A pre-assessment of people's needs and choices was carried out to determine if the service was suitable for them to be supported.
- Assessments of their disabilities, communication and nutritional needs were undertaken.
- Risk factors such as the health and safety of the person's home and the surrounding environment were taken into consideration to ensure people and staff would feel safe.

Staff support: induction, training, skills and experience

- People felt staff delivered a good level of care and support to them. One person said, "Yes the staff support me and understand me well." A relative told us, "It's fantastic. The quality of the staff is very good. I don't know how [registered manager] manages to find such good staff."
- There was an induction process for new staff to receive training. Training topics included safeguarding adults, person centred care, the MCA, moving and handling, learning disabilities, epilepsy and medicines. One new member of staff did not have a copy of their induction training list in their file. We discussed this with the registered manager who told us they would update the staff member's file.
- Staff received refresher training to keep their knowledge updated, which was a combination of online and practical training. Staff told us they were happy with their training and the support they received. A staff

member said, "We get really good training."

- The registered manager was qualified to provide training on the MCA, safeguarding adults and autism awareness. Staff confirmed they had received this training. The registered manager told us they were planning to source new training providers for all other topics due to changes with the existing providers they used.
- Staff received supervision and yearly appraisals from the registered manager to discuss their work, any concerns, review their performance and identify any further training they needed. Staff told us supervision helped them in their work.

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

- People were supported to eat and drink a balanced diet to maintain their health. One person said, "Yes the staff help me with all my meals and I eat food that I like." If there were concerns about a person's nutrition or diet, staff sought guidance from dietitians.
- People's food and drink preferences were recorded in care plans. This included specific dietary or nutritional requirements they had. Staff ensured they provided people with meals that were safe and suitable for them. For example, A staff member told us, "I cook for [person] and I know the kinds of food they like to eat."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health needs were monitored. They were supported to attend appointments with health professionals. This included dental appointments to help people maintain healthy teeth and gums. One person said, "I go and see the doctor when I am not well." A relative told us, "[Staff member] contacted me about [family member] because they were worried about their skin. Together we managed to get a referral to the dermatologist."
- Records showed that the service worked well with other agencies to provide effective and timely care to people to ensure they were in the best of health.
- People's care plans included contact details of GPs, dentists, chiropodists and speech and language therapists. People had a personal health action plan which provided information on their health needs when they attended appointments or were admitted to hospital. Staff told us they could contact health services if they had concerns about a person's health.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives told us staff were respectful and caring. One person said, "Staff are nice and friendly." A relative told us, "The staff are very caring, very nice. They are just like friends to [family member]." Another relative said, "This is the best quality of life [family member] has ever had."
- Staff were familiar with people's likes and dislikes, and how they preferred their needs met. Some staff had worked with the same person over a number of years and told us they had developed a positive a relationship with them. A staff member said, "I have got to know our service users well. I know their preferences and things they like to do and not like to do."
- Staff were aware of people's protected characteristics such as age, race, disability, gender and sexual orientation. They had received training in equality, diversity and inclusion and understood that all people had equal rights to good care.
- People's relationship needs were explored as part of their care plans. They were supported to maintain relationships with other people if they wished to and lead as full a life as possible. One member of staff told us, "I don't treat anyone differently based on their colour or religion or sexuality."

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

- People were supported to make decisions about their care and express their wishes. This helped them to retain choice and control over how their care and support was delivered. People were also supported to access advocacy services to help ensure their rights were respected and their voice was heard.
- Relatives were also involved and were consulted about their family member's care and support plans. One relative said, "Yes if there is anything that needs my input, [registered manager] would call and we would discuss it."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting the privacy and dignity of people. One member of staff told us, "I make sure doors and curtains are closed for privacy, when I give personal care." One person told us, "Yes the staff respect my privacy."
- People were able to request staff they were comfortable with, for example a staff member of the same gender to ensure they felt safe and their privacy was respected.
- People were supported to maintain their independence as much as possible. Some people were more independent than others and their levels of independence were detailed in their care plans. A staff member said, "I encourage [person] to clean up and dress themselves."
- Staff told us they were aware of the importance of confidentiality. They understood they had a

responsibility not to share confidential information with unauthorised persons. A staff member said, "No, I wouldn't talk about people's personal details to anyone."

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us staff were responsive to their needs and understood them. Personalised care plans were developed for each person which were stored and updated in their homes. They contained details about their likes, dislikes and personal histories, including their religious or cultural needs. One person's care plan stated, "I like gardening, physical exercise, football, intensive interaction and listening to calming music, especially classical." This information helped staff get to know people and help them take part in activities they enjoyed.
- Care plans were reviewed regularly or as and when people's needs changed. A full review took place yearly with input from social care professionals where needed. Staff completed daily notes about each person to share important information that required attention or following up. This ensured people's needs continued to be met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People lived in their own houses or flats as tenants. They were visited by staff each day who supported them with their personal care or to go out in the community. Some people shared a house with another person who used the service. People had their own individual daily routines and activities.
- Staff supported people with their hobbies and interests, such as going to the cinema and going out for walks. Holidays and day trips were also arranged by the provider and we found people enjoyed them with the support of staff.
- People were also supported with finding employment or enrolling in training and education where they were able to. One person worked part time at weekends and another person was supported to attend classes at a local college. This enabled people to socialise, learn new things and meet other people. One person said, "The staff help me go out and do the things I like to do, like going to college." This meant people were supported to follow their interests and go out in the community, which helped to avoid social isolation.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information from the service in a suitable way they could understand, for example, easy

read leaflets and pictures. This meant people had their communication needs met to help keep them safe.

- People's communication needs were detailed in their care plan and provided information to staff on how to communicate with them effectively. Staff understood people's communication needs and used communication techniques such as signs, gestures and if required Makaton, which is a language programme designed to provide a means of communication to people who cannot communicate by speaking. A staff member said, "We understand each other well. [Person] is very clever and is able to communicate with me through actions, sounds and signs."

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people and relatives to use if they were not happy with the service. There was an easy read version for people.
- People and relatives told us they knew how to make a complaint and that if they had concerns, they were confident the registered manager would listen to them and attempt to resolve their complaint. A relative said, "I don't have any complaints. I would speak to [registered manager] if there was an issue and she would look into it."
- Complaints were received by the registered manager and action was taken to investigate and resolve them.

End of life care and support

- The service did not support anyone receiving end of life care at the time of inspection. However, systems were in place for people's end of life wishes to be recorded and acted upon.
- The registered manager told us they would work with specialist end of life care professionals to ensure people's end of life needs were met.

Is the service well-led?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was also the provider of the service. They were supported by a senior member of staff to help manage the service. They supervised staff regularly to ensure they provided safe care to people.
- Staff told us they were supported well by the registered manager. They were clear about their roles and responsibilities to ensure people received care and support that suited them.
- The registered manager carried out monthly spot checks and audits of records. These included checks on each property, care plans, medicines and the health and wellbeing of the person and staff.
- Actions for improvement were identified by the registered manager who took necessary action. For example, some people's homes were not always cleaned and maintained to the required standard by staff. The registered manager reminded staff of their responsibilities in this area.
- The provider had a range of policies and procedures in place which were reviewed yearly. However, we noted they were not always reviewed in line with current legislation to ensure the service was following up to date guidance. We discussed this with the registered manager.

We recommend the provider seeks advice on ensuring policies and procedures reflect up to date legislation and guidance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff arranged key work meetings with people to go through their individual goals and aspirations. This helped people obtain positive outcomes for their care. For example, they were supported to maintain their physical health, increase their independence and attend day centres and pursue other activities.
- Care was person-centred and we found that people got on well with staff in the service. Relatives told us they could visit their family members at any time. One relative said, "It is never a problem. We can go at any time and we find the service is always to a good standard. They treat [family member] very well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The provider understood their responsibility to be open and honest with people and relatives. There were regular lines of communication and relatives told us they were contacted and updated about their family member's health and wellbeing.

- The registered manager notified the CQC of changes to the service or of any incidents they are legally obliged to do.

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

- Surveys and questionnaires were sent to people and relatives for them to provide their feedback about the service. People had opportunities to express their views and make suggestions to improve their experience in the service. We saw that feedback was positive. One relative had written, "PICAS provide an excellent service for [family member]. We and [family member] are very satisfied." Another relative said, "I am very involved and get regular updates from the staff about [family member]."
- Records showed people were involved in the recruitment process and were supported to interview new staff if they were able to. One person told us, "Yes, I spoke to new staff and asked them lots of questions." This helped people get to know potential staff who may support them and gauge if they would be suitable to work with them.
- Staff felt supported by the registered manager and were encouraged to provide their own feedback about working for the service through questionnaires. A staff member said, "[Registered manager] is really helpful and approachable. Any problems, she will be able to sort it out."
- Staff working in each property attended meetings with the registered manager to discuss any issues and share important information. Areas for discussion included safeguarding concerns, staffing needs, medicines, the health of the person, complaints, feedback and professional boundaries.

Working in partnership with others

- The registered manager and staff worked well with health and social care professionals, such as occupational therapists and district nurses, to help maintain people's care and support needs. We did not receive concerns from local authorities we contacted that commissioned the service.
- The provider developed links within the community. For example, local businesses, social clubs and day centres to help support people to access services.