Positive Community Care Limited

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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 15, 16 and 20 April 2015 and was unannounced. At the last inspection on 7 January 2014 we found the service was not meeting the regulations relating to staffing and assessment of people's needs. At this inspection we found that improvements had been made in all of the required areas.

Positive Community Care provides accommodation and personal care to nine people and personal care to people either in their own homes or shared accommodation within supported living services. During our inspection we visited the registered care home and two supported living schemes. There were 18 people using the service at the time of our visit.

Summary of findings

The service did not have a registered manager. The previous registered manager had left the service in December 2013. We had been informed about this by the provider in accordance with their responsibility as set out in our regulations. The provider was in the process of applying to be the registered manager. 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 using the service told us they felt safe and we saw there were systems and processes in place to protect people from the risk of harm.

Assessments carried out by the staff ensured that people's needs were identified and met. Risks were assessed and reviewed regularly to ensure people's individual needs were being met safely. Staff spoke confidently about people's needs and treating each person as an individual.

There were sufficient numbers of staff to support people to live a full, active and independent life as possible in the home and community. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were stored safely, and people received their medicines as prescribed.

CQC is required by law to monitor the implementation of the Mental Capacity Act (MCA) 2005 and the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people are only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. The service met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Where people did not have the capacity to consent to specific decisions the staff involved relatives and other professionals to ensure that decisions were made in the best interests of the person and their rights were respected.

There was a programme of training, supervision and appraisal to support staff to meet people's needs.

People were supported to keep healthy and well. Staff responded to people's changing needs and worked closely with other health and social care professionals when needed.

Staff were caring, and treated people with dignity, compassion and respect. Care plans were clear and comprehensive. They were written in a way to address each person's individual needs, detailed what was important to them, how they made decisions and how they wanted their care to be provided.

People were supported to access activities, education, employment and facilities in the local community, so that they developed their skills and independence. Opportunities were provided for people to be part of the local community and the service celebrated people's achievements.

People, staff and families told us that the management team were open, approachable, inclusive, and supportive. There was a transparent and open culture within the service and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider regularly sought people's, relatives and staff's views about how the care and support they received could be improved. There were systems in place to monitor the safety and quality of the service that people experienced.

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?

Good

The service was safe.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

Staffing levels were appropriate to keep people safe and meet their needs.

Assessments identified risks to people and management plans to reduce the risks were in place.

Safe arrangements were in place for the management of medicines.

Is the service effective?

Good

This service was effective. Staff were knowledgeable about how to meet people's needs. Staff attended regular training to update their knowledge and skills.

Staff had undertaken training on the Mental Capacity Act 2005 and were aware of their responsibilities in relation to Deprivation of Liberty Safeguards.

People were supported to eat and drink well and stay healthy

People had access to healthcare professionals to meet their needs and the service worked well with other healthcare professionals to coordinate people's care.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Care plans provided staff with guidance on how to support people with their care needs. People and their relatives told us they were involved in making decisions about their care.

Staff had a good understanding of people's diverse needs and how these were too be valued and respected.

Is the service responsive?

Good

People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement.

Staff demonstrated a good understanding of people's individual needs and choices.

The home had links with the local community and people enjoyed taking part in a range of activities.

Is the service well-led?

Good

The service was well- led.

The staff team regularly assessed and monitored the quality of the service provided. Staff were clear about the values of the organisation and spoke confidently about caring for people in a person centred and safe manner.

Summary of findings

The culture in the home was open, inclusive and transparent.

Staff were supported, felt valued and were listened to by the management team.

Positive Community Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15, 16 and 20 April 2015 and was unannounced. The inspection team consisted of one inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the notifications we had received about the service since we last inspected on 7 January 2014.

During our inspection we spoke with five people using the service. We spoke with the provider, deputy manager, five care staff and the community liaison officer. We reviewed three people's care records. We reviewed records relating to the management of the service including medicines management, staff training and supervision records, audit findings and incident records. After the inspection we spoke with three relatives and two healthcare professionals and asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

People told us they felt safe and staff supported them to stay safe within their home and out in the community. One person said "My keyworker knows me very well and she provides the support I need to keep safe." Another person said "I am perfectly safe here, I spend a lot of time in my bedroom and it is like a safe haven." All the relatives we spoke with said their family member was looked after safely. Comments from the healthcare professionals included "My client's needs are very complex and I am very impressed with the support that is provided. Staff do focus on risk and safety." And "They are good at monitoring people's mental health so that they can seek early intervention."

At our last inspection in January 2014, we were concerned that there was not enough qualified, skilled and experienced staff on duty to meet people's needs. At this visit we found that improvements had been made in this area. People told us there were sufficient staff to keep them safe. One relative said "There is always a member of staff present in the dining room/lounge area, this has been the case at every visit." Another said "I'm glad to say that staffing has improved, it was not like that before."

All the staff we spoke with told us staffing levels had been increased and this had meant they were able to spend quality time one to one with the people they were supporting. They said that additional staff were provided when people's needs changed and they required more support or for activities and appointments. Duty rotas confirmed the number of staff on duty. We observed staff attending to and supporting people in a calm and unhurried manner. People confirmed they were able to choose what they wanted to do each day and there were staff available to support them when required.

Risks to people's health, safety and welfare had been assessed and managed. People's care records outlined the potential risks to their safety, risk history, trigger factors and the plans that had been put in place to support them to keep safe. For example, there were plans in place to support people at risk of self-neglect and relapse of their mental health condition. We observed staff accompanying a person to withdraw money from the cashpoint so that their safety was maintained.

Staff told us about the various approaches they used to support people who displayed behaviours that could challenge the service and others. For example, they were able to tell us about a person that could be verbally challenging. Staff described the management guidelines they would follow to keep the person safe, including how many staff were required and what language to use. We viewed the guidelines for the person in this area and saw that they reflected what staff had described. One member of staff said "If you follow the guidelines, it keeps the person safe and keeps us safe." Relatives told us staff interacted positively with their family member when they displayed behaviours that challenged. Staff told us that any potential bullying, harassment or acts of aggression between people were promptly dealt with and police were notified if required.

Staff were able to describe signs and symptoms of potential abuse, and were aware of the reporting procedures they would follow if they had concerns about a person's safety. They gave us examples of how they safeguarded people, such as keeping a record of all financial transactions where people were supported with their money to protect people from the risk of financial abuse. Staff told us they had undertaken training in safeguarding adults and the training information we viewed confirmed this.

During our visit we observed a shift handover between staff. This was comprehensive and staff passed on essential information to keep people safe, such as changes in people's mood, medicine, activities, outcomes of any appointments and any other information required.

People were aware of what medicines they were required to take and when to take them.Medicines were obtained, stored and administered appropriately and safely. People were supported to administer their own medicines when they could do so safely, otherwise staff provided full support. A record of all medicines received, carried forward from the previous medicine cycle and disposal records were maintained. Weekly stock checks were carried out and in the residential service daily stock checks were carried out for boxed medicine. This helped staff to identify any issues which could then be addressed. One person who was self-medicating said "The staff check my medicines weekly and I sign the medicine record when I

Good

Is the service safe?

receive my month's supply of medicine. I have a lockable drawer in my room to store it." We checked a sample of medicines and the stock balance was correct and matched the quantity that had been administered.

Staff undertook health and safety checks of each building to ensure everything was working and there was a safe and suitable environment for people. Fire alarms and emergency lighting was checked weekly, and fire evacuation drills were undertaken to ensure people knew what to do in the event of a fire. Three people confirmed that staff supported them with cleaning their bedrooms each week and this also included a health and safety check.

The service followed safe recruitment practices. We viewed two staff records which detailed that the relevant checks had been completed before staff began work. One member of staff we spoke with confirmed that all required checks had been carried out before they commenced employment.

All accidents and incidents were recorded, reviewed and monitored for any trends or patterns. Learning from accidents and incidents took place and appropriate changes were implemented, for example the provider told us they had arranged a 'Understanding Anger' workshop for people using the service in response to incidents of conflict. This showed that steps were taken to protect people and reduce this type of incident from recurring.

Good

Is the service effective?

Our findings

People told us staff knew how to support them. People, healthcare professionals and relatives confirmed they felt staff were well trained. One person said "The staff are much better here than where I was before. One relative said "They provide more of a specialist service here, people get the support they need to live a good life." All the healthcare professionals we spoke with said that the staff team provided a service according to people individual needs. Comments we received included "They [staff] are very open to any suggestions I make and they are very proactive." And "Things are much better for the clients here."

Staff we spoke with demonstrated that meeting people's needs was at the centre of the support they provided. One activities/support worker told us they had a background in sports fitness and nutrition and were specifically employed to work with people and provide them with support in these areas.

Staff had the skills and knowledge to meet people's needs. All staff said they received training, development and supervision which enabled them to carry out their roles and meet people's individual needs. This included training about mental health recovery, substance misuse, challenging behaviour and conflict resolution. They told us about the training they undertook which included a mixture of computer based and face to face training. We spoke with a new member of staff who told us they had undertaken an induction process to ensure they were competent at meeting people's needs before they worked unsupervised. The records we viewed for the member of staff confirmed this.

Staff had regular supervision meetings with their line manager. They told us supervision sessions included a review of their performance, training and professional development and discussions on how to improve the quality of care and support provided. Staff confirmed that supervision records were maintained and that they completed an annual appraisal of their work performance.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that people were only deprived of their liberty in a safe and least restrictive way, when it is in their best interests and there is no other way to look after them. People we spoke with told us they were free to come and go as they wished. They confirmed there were no restrictions to their freedom. Staff told us that people were involved in decisions about their care and consented to the care and support provided by staff. Staff had a good understanding about the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). They told us they had undertaken training in this area and where people did not have the capacity to consent to complex decisions they would work with the family and other healthcare professionals to ensure that a decision was made in the best interest of the person.

People's nutritional needs were monitored through assessment and care planning. The service promoted healthy eating options for people's health and weight. There was a staff member who was the designated food champion. They told us their role included having discussions with people, developing menus and providing health education. One person told us "My key worker helps me with my budgeting and menu planning." Another said "I don't eat meat so they always make me something else. I like the meals here, the staff respect my choice." We saw that people chose their own food and meals, with support and guidance from staff. Some people prepared their own meals, according to their needs. For example, in the supported living services people discussed menu planning, budgeting and meal preparation with their keyworker. Staff told us they cooked a variety of food to meet people's individual choices, religious, medical and cultural needs.

People's health and welfare were monitored and they were referred to healthcare professionals as required. People we spoke with confirmed that they were supported to attend routine appointments for health checks and treatment. Care records detailed that people had received input from other healthcare professionals, including GP, community psychiatric nurse, psychiatrist, optician and podiatrist, to ensure their healthcare needs were being met. For example, we saw that people had regular blood tests at the hospital to monitor the physical effects of a medicine they were taking. During our inspection we saw a person being supported with to exercise as part of their weight loss care plan. The healthcare professionals we spoke with said they were kept informed about people's care and that the staff liaised with them if they had any concerns about the person's mental health. Staff participated in care programme approach (CPA) meetings where this was part of people's treatment and support plans.

Good

Is the service caring?

Our findings

People spoke positively about the care, support and treatment they received. They told us they were listened to, respected, valued and had good relationships with the staff. One person commented "The staff here are very good." Another said "It is absolutely excellent here."

Staff were knowledgeable about the people they supported, their personal preferences, routines and life histories. Throughout our inspection we observed staff interaction to be professional, positive and non-judgemental. In the kitchen/dining area we observed staff chatting and spending time with people. In conversations with staff we heard them talk about people in a kind and affectionate way. One member of staff said "We treat everybody as an individual, we treat them with respect and give them the best care we possibly can." Another said "We get to know people and we support them to achieve their best."

Relatives spoke highly about the support and care their family members received. Comments we received included "All the staff are brilliant, they are very helpful and I would say they have gone the extra five miles." And "The staff are very pleasant." People told us they were able to maintain relationship with those who mattered to them, they told us where required staff supported them to visit family, keep in contact by telephone and for family to visit them at the service.

Staff responded sensitively to occurrences within the service, for example they told us they had arranged for the Priest to visit the home and talk with people about what to expect at the funeral of a person who had died, which they were attending. One healthcare professional told us the staff were mindful of situations within the service and how they could affect people's mental health.

People told us they were involved in the development and review of their care plan. One person said "I discuss my care with my keyworker, we talk about things that I want to do and how I am going to achieve them." Another told us "I prefer female staff to support me with my personal care and they respect this." They confirmed they had a copy of their care plan and met with their keyworker (a staff member dedicated to lead and coordinate the care and support provided) regularly to discuss their goal, progress and support required.

Relatives told us they were invited to review meetings and that staff kept them informed of changes in their family member's condition or support, along with any progress they had made.

The healthcare professionals we spoke with both said that staff communicated effectively and sensitively with people, and they were also invited to review meetings.

People made decisions about the care and support they received, and how they spent their time. For example, we saw that people were supported to seek work either in a paid or voluntary capacity. One person told us they liked to spend time in their bedroom rather than the lounge area and the staff respected this. A second person said that staff supported them with their hobbies and another person told us they had enjoyed their time at a local day centre.

Staff had a good understanding of people's diverse needs and how these were to be valued and respected. For example, we saw a person dressed in traditional Indian attire. Another person liked to eat traditional Jamaican food and staff prepared this for them. Staff responded to people sensitively. For example during our inspection we observed staff reassuring a person that was distressed. Staff sat down with the person and spoke with them in their preferred language.

People's privacy and dignity were respected. Each person had a key to their bedroom and throughout our inspection we saw staff knocking on people's bedroom doors and seeking their permission before entering. People told us that staff always waited for a reply and if they requested that staff come back at a later time this was respected.

Good

Is the service responsive?

Our findings

At our last inspection in January 2014, we were concerned that people's needs were not always assessed and planned for, which put the person and other people who use the service at risk of inappropriate or unsafe care. At this visit we found that improvements had been made in this area. The provider and deputy manager undertook assessments of people's needs prior to them using the service to ensure that the service could meet the individual person's needs. Assessments we viewed were comprehensive and we saw that people and their families were involved in discussions about their care, support and any risks that were involved in managing the person's needs.

One person using the service confirmed they and their family had been involved in their pre-admission assessment. Relatives of another person told us they had been provided with information about the service and encouraged to visit with their family member. All the healthcare professionals we spoke with said the staff team provided a service according to people individual needs.

Staff told us they discussed the referrals they received as a team and the provider ensured they had all the information they required about a person before the referral was accepted. This ensured that staff had the skills and knowledge within the team and that appropriate preparations were made before the person moved in.

The service used the recovery model of care to support people recovering from mental illness. This is a recognised model of care and encourages people recovering from mental health problems to move forward, set goals and do things and develop relationships that give their lives meaning. People told us they were supported to be independent and take responsibility for their own lives. Two people told us they wanted to develop their living skills so that they could move into the community with reduced support.

People were supported to pursue activities, hobbies and employment opportunities in line with their abilities. People we spoke with told us they went out and did the things they enjoyed, comments we received included "I go to Costa coffee everyday on the bus and I really enjoy it." And "I like going to the day centre. I can go on the bus independently." Activities took place in the home and community and included cooking, concerts, sports activities, team games and voluntary work at the local food bank. People we spoke with told us they enjoyed meeting with other people, being part of the local community and being involved in the activities. One person told us "We have a football team and I like playing." Another person said "They have arranged for me to attend a musical concert, I am looking forward to it."

People's achievements were celebrated. We saw a newspaper article detailing the support people and staff had provided in preparing toiletries and bedding for Ealing night shelter (a charitable organisation which provides winter shelter for homeless people). Staff and relatives told us about a 'Master chef' competition that had taken place at the service and how staff had celebrated and acknowledged people's involvement. Photographs taken by a person had been framed and displayed throughout the service.

People told us they were confident to speak out if they had any concerns or complaints. They told us they could speak with any of the staff. Comments included "I would speak with the deputy manager if I was worried." And "I can speak with my keyworker or the service user representative (a person who people could go to that could discuss any concerns on their behalf)."

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. Relatives said they were confident if they made a complaint they would be listened to and their complaint would be acted upon. One relative said "When I have raised a concern in the past they have acted quickly and resolved my concerns, they take things seriously and want to know if there are any concerns." Another said "I would definitely raise my concerns, firstly with the deputy manager and if I had no joy, I would contact the provider directly."

Good

Is the service well-led?

Our findings

People spoke highly of the management team and said the service was well managed. Comments we received included “very good”, “approachable”, “very understanding”, and “want to put things right”. Relatives told us the management team were visible, easy to speak with and that they were listened to. The healthcare professionals we spoke with said the staff worked with them using a collaborative approach towards each individual.

Staff we spoke with described the values of the organisation, which were to ensure people received person centred support that aided their mental health recovery, and that the support fitted around the person rather than the person fitting around the available support. They told us they were clear about their roles and responsibilities, the quality of the work that was expected and that the managers supported them to carry out their role effectively.

Staff told us the provider and deputy manager provided good leadership to the service. Staff said the provider encouraged them to develop their skills and knowledge for example, two staff told us they were completing their mental health awareness distance learning course.

The service had an open, fair and transparent culture. The provider and deputy manager were visible and spent time with people who used the service. Staff told us that they worked as a team and they all helped each other. They told us they felt the provider was approachable and listened to their concerns and ideas for improvement. They said they could raise issues without fear of recrimination in team meetings and individually with the management team.

There had been no registered manager at the service since December 2013. We had been informed about this by the provider in accordance with their responsibility as set out in our regulations. A manager had been recruited, however they left in January 2015. The provider knew about the condition of their registration which required the service to be managed by a person who was registered with the Commission. They had made a decision to apply for registration as the manager and were in the process of submitting their application.

People and their families were asked for their views about their care and support and they were acted on. Feedback was sought through care plan review meetings, individual meetings and by completing feedback questionnaires. The completed questionnaires we viewed were overall positive. Three people told us the service held regular meetings for people. Minutes we viewed showed that people were able to provide feedback on the service, raise any concerns they had and make suggestions. For example, people had suggested a trip to Paris and this was arranged.

The provider, deputy manager and staff had regular contact with relatives and other professionals and had acted on any advice from this. Two relatives told us they had attended a recent ‘Meet the family day’ at the service, which they had found informative and had enjoyed.

The service had arrangements in place to monitor the quality of the service. These included care plan audits, health and safety checks, medicine audits, staff training and monitoring the level of support people received. Reports were available which detailed various aspects of the service that had been reviewed such as care planning, health and safety and people’s wellbeing. Where issues had been identified an action plan had been implemented to make sure that the issues were addressed.