

# Promoting Active Support Limited

# Newport Square

## Inspection report

5 Newport Square  
Newport  
Launceston  
PL15 8EN

Tel: 01566786736

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Newport Square is a residential care home providing accommodation and personal care to up to 2 people. The service provides support to people with a learning disability or autistic people. At the time of our inspection there were 2 people using the service.

The premises had been divided into 4 self-contained flats, one of which was being used as an office. The 2 people using the service each had a flat which had been furnished and decorated according to their needs and preferences.

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

#### Right Support:

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms.

Staff supported people to take part in activities and pursue their interests in their local area. Good local transport links were available, and staff supported people to access this facility in order to develop their independence and confidence in the community.

People were supported to have maximum choice and control of their lives and support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were able to make choices, planned and spontaneous, about how they spent their time and who with.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People received care that supported their needs and aspirations and was focused on their quality of life. Staff and people cooperated to assess risks people might face. Staff provided people with information to help them make informed decisions.

### Right Culture:

People were supported by staff who had received training in learning disability and autism. Staff knew and understood people well and were responsive, supporting them to live a life of their choosing. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. Staff evaluated the quality of support provided to people, involving the person and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 28 October 2020 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service is well-led.

# Newport Square

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Newport Square is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Newport Square is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We visited the service and met with the registered manager. We reviewed people's care records and medicine records. We also looked at other records relating to the running of the service including training records, rotas and a range of policies. We spoke with both people living at the service and 2 members of staff.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff and people told us they believed people were safe. Comments included; "I can talk to staff if I am worried about anything."

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe. Staff provided people with information about how to keep themselves safe. They spent time with people discussing the information to remind them of any risks.
- Staff managed the safety of the living environment well through checks and action to minimise risk. Regular fire checks and checks of utilities were completed.
- Personal Emergency Evacuation Plans had been developed with information on how to support people to leave the building safely in an emergency. People took part in regular fire drills.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service.
- People told us they were able to request support whenever they needed it, including in the evenings and overnight.
- Staff recruitment and induction training processes promoted safety. For example, Disclosure and Barring Service (DBS) checks were completed before new staff started work. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received supported from staff to make their own decisions about medicines wherever possible.
- People were not being supported to take their medicines in private. We discussed this with the registered manager who said they would ask people if they would prefer to keep their medicines in their rooms when appropriate and safe.
- Staff made sure people received information about medicines in a way they could understand.
- People were supported by staff who followed systems and processes to prescribe, administer, record and

store medicines safely.

- When people took medicines to be used as required (PRN) such as pain relief medicines, staff recorded the reasons for administering and the amount and time taken. There was no system for recording whether the medicine had been effective. The registered manager said they would ensure this was done in the future.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported and encouraged to have visitors in line with government guidance.

#### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers took steps to minimise the risks of adverse incidents 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- The provider was applying to increase the available beds from 2 to 3. The registered manager told us any new residents would meet the current residents first to try and ensure people's needs were compatible.
- The registered manager was aware of the statutory guidance, Right support, right care, right culture and worked in line with the principles.

Staff support: induction, training, skills and experience

- Newly employed staff completed an induction and a period of working alongside more experienced staff before working independently.
- People were supported by staff who had received relevant training. This included training in learning disability and autism, mental health needs, and positive behaviour support.
- Updated training and refresher courses helped staff continuously apply best practice.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received regular supervision. They told us they were well supported and could ask for advice and guidance at any time.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- People could have a drink or snack at any time and they were given guidance from staff about healthy eating.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.

Adapting service, design, decoration to meet people's needs

- The two people living at Newport Square each had their own self contained flat. The environment was homely and people had personalised their flats to reflect their individual taste.
- Both people commented on how much they liked their flats and appreciated the privacy and independence their living arrangements gave them. One commented, "[Name of previous care home] was alright but it could get really hectic. I've got my own flat now."
- The design, layout and furnishings in a person's home supported their individual needs. When staff had

identified that the layout of one person's flat was not meeting their needs they had supported them to move into a different flat.

- Shared areas such as hallways and stairs were clean, well maintained and well lit.

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

- People had hospital passports which had been developed for use by health and social care professionals to support them in the way they needed if they needed to go to hospital.
- People were supported to attend annual health checks, screening and primary care services. Staff were alert to any changes in people's health and supported them to seek the appropriate support.
- Staff encouraged people to lead healthy lifestyles. They provided information about the benefits of exercise and a balanced diet.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support.
- Capacity assessments had been completed appropriately and the best interest process followed in line with the Mental Capacity Act.
- A DoLS authorisation was in place. Conditions attached to a previous DoLS had been met. The most recent authorisation had no attached conditions or recommendations.
- Staff worked in line with the underlying principles of the MCA. People told us they were able to make decisions about how they spent their time and who with.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were calm, focussed and attentive to people's emotions and support needs. Care plans included details of any sensory sensitivities.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. There were systems in place to record people's achievements and support them to recognise their own successes.

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

- People were given time to listen, process information and respond to staff and other professionals.
- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Managers and staff had regular formal sessions with people to provide an opportunity for them to express how they felt about the service provided.
- In addition, staff communicated daily with people about how they wanted to spend their time.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to try new experiences such as voluntary work and leisure activities.
- Staff knew when people needed their space and privacy and respected this.
- People had the opportunity to develop new skills and gain independence. Staff spoke of the importance of supporting people to develop independence and confidence.
- Staff sometimes supported people to meet with friends. When this happened staff would remain in the background to enable people to have privacy and time alone with friends.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Preferences (i.e. gender of staff) were identified and appropriate staff were available to support people.
- People were supported to understand their rights and explore meaningful relationships.
- Staff supported people to set goals and work towards achieving these aims.
- Care plans were individualised and reflected people's needs and preferences. Staff told us they provided a useful source of information when they were getting to know people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans contained information about how to support people to understand complex information.
- One person's care plan described how to support people when they were receiving information from health care professionals. For example, the need to be alert for the use of jargon and ensure people received information in a way they understood.
- One person had requested picture communication tools to support their understanding and this had been provided.

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 were supported to participate in their chosen social and leisure interests on a regular basis.
- Staff helped people to have freedom of choice and control over what they did. People confirmed they were able to make spontaneous decisions about how they spent their time.
- Staff supported people to contact friends using telephones and social media. Any associated risks were discussed with people and staff worked with people to ensure they remained safe.
- The service was located in an area with good public transport links. People told us they were able to travel easily to different places. Staff commented on how using public transport helped people develop their independent daily skills.

Improving care quality in response to complaints or concerns

- There were no complaints at the time of the inspection. People told us they would raise any concerns or worries they had with staff.
- There was a satisfactory complaints policy in place. This outlined the expected time frame for dealing with a complaint.
- Staff supported people to provide feedback so they could ensure the service worked well for them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Management were visible in the service, people and staff told us they were approachable.
- The model of care focused on providing care and support that was tailored to people's individual needs.
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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

- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- There was a Duty of Candour policy in place. This clearly set out the requirements of the legislation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff reviewed people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.
- The registered manager was also registered to manage the providers larger sister home. This was located close by so the registered manager was able to move between the two quickly if required.
- The registered manager was supported by a deputy manager. They both had clearly defined roles and responsibilities. The deputy manager was in the process of completing their Level 5 qualification in Health and Social Care.
- Records were kept securely. The registered manager completed weekly manager checks. The provider carried out regular whole service audits to help ensure the service was running effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People worked with managers and staff to develop and improve the service.
- The provider sought feedback from people and used the feedback to develop the service.
- Staff meetings were organised so staff could share any learning and ideas on how to develop the service.
- The service worked with other health and social care organisations, which helped to ensure people received support from the relevant agency.

#### Continuous learning and improving care

- The provider invested sufficiently in the service, delivering improvements where required.
- The registered manager was a member of a registered manager forum. This was a platform for sharing experiences and learning.