

Principle Support Ltd

Principle Support - Cardwell Avenue

Inspection report

16 Cardwell Avenue
Sheffield
South Yorkshire
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Tel: 01142131750

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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

About the service

Principle Support – Cardwell Avenue is a residential care home, which provides respite care to younger adults with learning disabilities or autistic spectrum disorder. The service can support up to four people.

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.

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

People received safe and caring support at the service. People received their medicines when they needed them, and there were systems in place to ensure people were protected against the risk of abuse. There was a friendly atmosphere at Principle Support – Cardwell Avenue, and we saw people looked well cared for.

Staff were recruited safely and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training which was relevant to their role and people's needs. Staff were supported by the management team and were receiving formal supervisions where they could discuss their on-going development needs.

People's needs were assessed, and care was planned and delivered in a person-centred way, in line with legislation and guidance. Staff knew people and their needs well, and we saw caring interventions and conversations throughout our inspection. People said they enjoyed their meals and their dietary needs and preferences were met. A range of meaningful activities were on offer to keep people occupied, according to their individual interests. Complaints and concerns were well managed, and the manager took prompt action to address any minor issues we raised during the inspection.

The management team conducted audits and checks to further ensure the quality and safety of services provided to people. The operation of the quality assurance processes had improved and actions arising from audits were being recorded and progressed. People, their relatives and staff were able to share their ideas and views about the service and support provided. Information and comments received were reviewed to explore any themes or patterns so improvements could be made.

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

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 (published 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

Principle Support - Cardwell Avenue

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 team comprised of one inspector.

Service and service type

Principle Support – Cardwell Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies who work with the service. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with five staff members, including the registered manager, locality manager and three support workers. We spoke to one relative and attempted to contact two other relatives via telephone for feedback. We spent time observing daily life at the home.

We reviewed a range of records, including medication administration records (MAR's), care records staff personnel files, training records as well as information relating to the health and safety and management and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- Staff understood what adult safeguarding meant and what action to take if they became aware of an incident of abuse. One staff member said, "It is secure this service and people are safe. There is always a staff member with people and we are always checking that the house is safe."
- The service had a safeguarding policy and staff confirmed they had read them. There had been no safeguarding concerns raised at the service since our last inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff and management had a very good understanding of each individual and how to support them safely.
- People had a range of risk assessments and care plans in place, which provided relevant guidance for staff to follow, such as how to support a person safely in the community. When risks were identified the management team had implemented relevant assessments and preventative measures to reduce the risk occurring.
- Risk assessments were reviewed regularly to ensure information was accurate and reflective of people's assessed needs.
- Accidents, incidents and untoward events were monitored both within the service and at provider level.

Staffing and recruitment

- There were enough staff deployed to ensure people's support needs were met.
- Staff were recruited safely and all the appropriate checks were carried out to help protect people from the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed by their health professionals. We saw all medicines and medicine administration records were correct.
- All staff had completed training before they were able to administer medicines and received an annual review of their knowledge, skills and competence to administer medicines.

Preventing and controlling infection

- People were protected from the risks of infection and the home was clean and tidy. We saw the bathroom tap was functional but slightly loose. The registered manager assured us they were aware and refurbishment plans were in place.
- Staff had access to the appropriate cleaning materials and equipment.

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.

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

- People's needs were assessed to ensure the service could provide appropriate care and support.
- Care planning was undertaken in line with best practice guidance and research.

Staff support: induction, training, skills and experience

- Staff received ongoing training, which was tailored to the needs of the people who used the service. For example, staff were trained in areas such as learning disabilities or autism.
- Staff spoke highly of the support and supervision they received from the management team.
- New staff received a structured induction program and completed a period of shadowing with an experienced staff member before they began to work unsupervised. This meant key learning objectives in a staff member's induction to the service and role were met, such as checking their competency or understanding of the service's policies and procedures.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and care was delivered in the least restrictive way possible.
- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met. Where people lacked capacity, we saw

evidence best interest processes had been followed to help ensure people's rights were protected.

- Consent was consistently sought from people before they received a service. In one person's care file we saw their relative or representative had signed but the service had not obtained evidence they were legally authorised to do so. This concern was discussed with the registered manager and we directed them to seek further guidance about this from a reputable source.

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

- The service was an adapted house, which was appropriate for people who used the service on a respite and permanent basis. The home deliberately had no distinguishing signs that it was a care service, as such, the home blended into its residential setting. We saw one person was living at the service on a more permanent basis. They had their own bedroom with ensuite, which they were free to personalise.
- The service was well decorated, with people having a say in how it was decorated.
- Risks in relation to premises and equipment were identified, assessed and well managed.

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

- The service worked and communicated with other agencies and staff to enable effective care and support.
- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met.

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

- The service supported people to eat, drink and maintain a balanced diet.
- Plans for eating and drinking were developed collaboratively with health professionals, people and their representatives.

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; respecting equality and diversity

- All the staff we spoke with knew people well. We saw people and staff were comfortable and relaxed with each other. A relative said, "They (management team) are marvellous, they are really easy to talk to. They have some staff that are exceptional. On the whole they are really good with [relative's name]."
- People told us they were happy living at the service and were respected by kind and caring staff. One staff member said, "It's a very good service. Support workers really do care. I feel like all the staff do have a passion for care."
- The service complied with the Equality Act 2010 and ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race.

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

- People, their relatives and representative were involved in devising care plans to ensure these fully involved people in making decisions about their care. Relative's commented, "It has been marvellous, just some teething issues in the beginning. But it is sorted and that was easy to do. We met with the managers who were responsive to what I was telling them" and "I look at [relative's name] care plan often. If the service alter it they always send a copy. The communication is marvellous."
- People's choices in relation to their daily routines were listened to and respected by staff.
- People and relatives were supported to give feedback about the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- Throughout the inspection we observed staff treated people with dignity and respect.

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 meet people's needs, preferences, interests and give them choice and control

- People's care needs were assessed, and clear and detailed plans of care put in place. People's likes, dislikes and what was important to the person were recorded in people's care plans.
- Through the effective use of technology, the service was very responsive to people's changing needs. All staff accessed information about how to support people through an application (app) on their mobile phone. Should changes to people's care be required, managers were able to send updates to staff via the app or even assign specific tasks to staff.
- All staff spoken with commented positively on the app and said it was very straight forward to use. One staff member said, "Everything I need to know about a person I am supporting is on Pass. Definitely good communication at the service."
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's interests and hobbies were actively encouraged by the service and people were offered regular opportunities to access the community. A staff member said, "The activities the service provide really do get people to engage. We make it a nice place to be so family have that reassurance that all their family member's needs are met, they are safe and comfortable. But also have a nice and relaxed time while here."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded and staff knew how to communicate with them and meet their needs. This included the use of aids, and bespoke communication techniques. We saw these used to good effect during the inspection to provide comfort and reassurance to people.

Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints. Since we last inspected we saw the provider had followed their complaints procedure.
- Information on how to complain was clearly displayed in the home.

End of life care and support

- Due to the temporary nature of the respite services provided, end of life support was not applicable to most people who used the service and at the time of the inspection no one was in receipt of end of life care.

However, through good person-centred care, should a person require end of life care, we were assured the service would be responsive to their needs, wishes and beliefs.

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 regulatory requirements such as sending notifications to the CQC.

- The provider had made changes to the management structure to ensure roles and responsibilities were clearly defined. Staff told us changes in the management structure had been positive and the running of the service was now better organised and inclusive. The locality manager said, "It has been a wonderful change, the speed that things are completed is better and staff are much more autonomous and self-managing."
- Through good integration of technology the management team had good oversight of the service and were able to monitor people's care in real-time. When care-tasks had not been completed on time, such as administering a person's medicines, the management team received an alert. This enabled the service to respond quickly to potential safety concerns.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider's ethos, vision and values were person-centred. This ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve.
- There was an open, honest, caring and positive culture across the service. People told us the management team were supportive and approachable. The locality manager said, "I started working in care as I felt I was patient and had a lot of empathy for people. It sounds like a cliché, but I get real job satisfaction in supporting people to achieve their life goals." Another staff member said, "[Locality manager's name] is very supportive. If I'm not sure about something can always speak to a manager. Team leaders are also very approachable."
- The registered manager understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts.

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

- People's feedback was sought and valued through a variety of mechanisms. Surveys were sent out annually to assess people's level of satisfaction with the service. People and their relatives we spoke with were all very positive about the service.
- Staff and management meetings were held providing opportunity for information sharing as well as enabling staff to share their views and ideas.

Continuous learning and improving care

- Systems continued to be in place to monitor the quality of the service. Checks were completed by the management team as well as staff working at the service. This helped to ensure all areas of the service were monitored and reviewed. Action plans were implemented where areas of improvement had been identified.
- The management team were committed to continuous improvement of the service, learning from incidents, audits and new guidance/best practice to help improve the service.
- The service followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes.

Working in partnership with others

- The management team had made good links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service.