Person Centred Care & Support LLP

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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

Summary of findings

Overall summary

This unannounced inspection took place on 26 and 29 November 2016. Person Centred Care and Support LLP provides support for people with mental health needs living in the community. At the time of the inspection 18 people were using the service and residing at the provider's managed supported living scheme.

There was a registered manager in post. 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.

The previous inspection of the service took place on 14 March 2013. The service met all the regulations we checked at that time.

Staff understood how to protect people from harm. Staff assessed risks to people and had guidance on how to keep people safe and healthy. Support plans contained guidance for staff on how to manage behaviours that may challenge the service. The service monitored incidents and accidents and put plans in place to prevent recurrence.

People received support from suitable staff who were recruited through a robust recruitment process. There were sufficient numbers of staff to meet people's needs.

People received the support they required with their medicines. Staff managed people's medicines safely.

Staff understood people's needs and had relevant skills and knowledge to support them. Staff received regular supervision and annual appraisal. Staff were supported and understood their roles and responsibilities to provide care to people.

People, their relatives and healthcare professionals were positive about the quality of care people received at the service. They were involved in planning people's care and supported people to make decisions in their best interests. People consented to care and support. Staff supported people in line with the principles of the Mental Capacity Act 2005.

People were supported to maintain a balanced diet and encouraged to adopt healthy lifestyle choices. Staff sought advice from professionals to ensure people had appropriate nutrition. People accessed healthcare services they required.

Staff provided people's care in a caring and compassionate way. Staff respected people's dignity and privacy.

The service sought people and their relative's views about the service. The registered manager considered and acted on their feedback to improve the service. People were encouraged to develop new skills and further their level of independence.

Staff carried out assessments of people's individual needs. People's care plans contained detailed information about how they wanted to be supported and were updated when their needs changed. People received their care as planned.

People valued their relationships with staff. Staff had developed relationships with people and their relatives in order to help understand and to support people better.

People took part in activities they enjoyed. Staff supported people to pursue their interests according to their preferences and abilities.

People knew how to raise a concern and how to make a complaint. The registered manager responded and resolved complaints in line with the provider's guidance.

The registered manager checked the quality of the service and took action to improve the care and support people received.

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.

People were safe from the risk of avoidable harm. The service identified and managed risks to people to keep them safe.

Recruitment procedures were robust and staff were recruited safely. Staffing levels were sufficient to ensure people received the support they required.

Staff knew how to recognise and report signs of abuse to keep people safe. Staff understood the procedures to follow if they suspected abuse.

People received the support they required with their medicines. Staff managed people's medicines safely.

Is the service effective?

Good

The service was effective.

Staff received training which ensured they had relevant skills to meet people's needs. Staff had regular supervision.

People were supported in line with the requirements of the Mental Capacity Act 2005. Staff involved people to make in decisions about their care. People consented to care and treatment.

People received the support they required to maintain a healthy diet. People had access to health care services when needed.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were kind and caring.

People were involved in developing their care plans and felt listened to at the service. Staff encouraged people to develop their independence.

People were treated with dignity and respect. Staff respected

people's confidentiality, privacy and human rights.

Staff knew people and had developed positive relationships with them.

Is the service responsive?

Good

The service was responsive. Staff assessed people's needs and responded to the changes in their health. Staff planned and delivered people's support with the involvement of their relatives.

People received support to make choices and to be as independent as possible.

People were encouraged to maintain hobbies and interests. Staff supported people to maintain relationships and social contact.

The registered manager considered people's views and opinions about the service. People knew how to make a complaint and raise any concerns. The service acted and resolved any issues.

Is the service well-led?

Good

The service was well led. There was a positive culture in the service. People and staff described the registered manager as approachable and effective. Staff felt supported and valued at the service.

The registered manager carried out checks on the way the service operated. Quality assurance systems were used effectively to monitor the quality of care and drive improvements at the service.

The service worked in close partnership with people, relatives, organisations and other professionals to shape the service and to ensure they followed current best practice to meet people's needs.

Person Centred Care and Support LLP

Detailed findings

Background to this inspection

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

The inspection took place on 26 and 29 November 2016 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 also reviewed statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used all this information to inform the planning of the inspection.

We undertook the inspection at the offices housed at the complex people using the service resided at. During the inspection we spoke with four people using the service. We also spoke with four members of care staff, a deputy manager and the registered manager.

We looked at nine people's care records and their medicines administration records. We looked at staff records including recruitment, training, supervision and appraisal reports. We reviewed safeguarding procedures and the complaints procedure. We looked at records relating to the management of the service, including quality audits, team meeting minutes, accident and incident reports and quality assurance records.

After the inspection we spoke with two relatives and received feedback from three healthcare professionals.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "I am safe here. I have no worries at all living here." Another person said, "[Staff] are here to help me stay safe." One relative told us, "[Person's name] is safe at the [service]. Staff are always around to look after everyone." A health professional, "Staff understand people's needs and provide a safe environment."

People were protected from the risk of harm and were supported to understand what abuse is and how to report it. Staff knew the types of abuse that could happen and how to recognise the signs and symptoms. Staff understood the service's safeguarding policy and reporting procedures to ensure they protected people in the event of suspected abuse. One member of staff told us, "Safeguarding is about keeping people safe. We had training and covered signs of abuse and how and who to report to." Staff told us they felt confident the manager would act on any allegations of abuse. Records showed the registered manager had made referrals to the safeguarding team when they had concerns to ensure appropriate action could be taken to protect a person's safety.

People's money was kept secure and accounted for. Staff supported some people to manage their money. Records showed staff followed the provider's financial procedures. The registered manager carried out regular checks of people's cash balances and financial records to reduce the risk of people's money being misused.

Risks to people were managed appropriately. People had comprehensive risk assessments which identified any risks to each person and the actions necessary to minimise the identified risks. Staff had sufficient guidance on how to keep people safe. Staff carried out environmental risk assessments in relation to people's health and support they required. For example, one person was anxious about the risk of fire in their house. Staff supported the person when they prepared their meals and reminded them about how to keep safe when cooking. One healthcare professional told us, "The service shares information appropriately to manage risks."

The premises were safe and maintained by the landlord, a housing association. The registered manager completed a weekly health and safety inspection of the service and ensured repairs were carried out promptly. Staff stayed overnight at the service which meant emergencies could be responded to promptly.

Staff knew what to do in case of emergency to keep people safe. Staff knew the appropriate healthcare professionals and emergency services to contact to ensure people received care and treatment in a timely manner. For example, the service reported concerns promptly to a person's care coordinator for support when the person had showed signs of a rapid deterioration with their mental health.

Staff understood how to 'whistle blow' to keep people safe. Staff told us they would not hesitate to contact external agencies if they felt their concerns had not been dealt with appropriately for example, the local authority, the police or the Care Quality Commission. The service had an up to date whistle-blowers policy which supported staff to question practice.

People were kept safe from a recurrence of incidents or injury. Staff recorded and maintained a log of incidents at the service. The registered manager reviewed and analysed accidents and ensured staff had appropriate guidance to minimise the risk of recurrence. Incidents were discussed at team meetings to ensure staff learnt from such events.

People received the support they required because the service was sufficiently and consistently staffed seven days a week on a 24 hour basis. One person told us, "There's always someone in the office and I can ask for help anytime." Another person said, "Staff will come and check if everything is ok." People and their relatives had telephone numbers for the service so they could ring anytime if they needed help or support. Staff told us there was an on-call manager and staff on standby in case of any emergency at the service. The registered manager told us they determined staffing levels by assessing people's needs and the tasks they wished to carry out. For example, staff were available to support people to attend appointments or social events to help ensure people were safe as possible.

People received support from staff suitable for their role. The provider used a robust recruitment and selection process which helped ensure staff had appropriate skills and knowledge to meet people's needs. Recruitment files contained all the relevant checks to show staff were safe to work with vulnerable people. The provider ensured they obtained and verified applicant's references, criminal record checks, identity and right to work before they started work at the service.

People received the support they required to manage their medicines safely. The service had a medicines policy which provided guidance to staff in relation to supporting people with their medicines. Staff undertook assessments on people's support need in regards to medicines management including any specific arrangements, such as safe storage in the person's home or office had been considered with the person and/or their relatives. People's individual support plans described the level of assistance people required from staff with their medicines. These guidelines also included information about people's medical history and how they chose and preferred to be supported with medicines. Staff supported those people that were unable to manage safely their medicines.

Medicines were safely stored and kept securely at the service. Where necessary people's medicines and records of any medicines administered were kept in the office to ensure people received their medicines as required. Staff carried out daily checks to ensure people had received their medicines safely. Medicine administration records were completed accurately and there were no medicine errors. We checked the stocks of medicines kept at the service and these tallied with the balance recorded on their MAR charts. Staff had received relevant training and were competent to administer and manage people's medicines safely.

Good

Is the service effective?

Our findings

People received support from staff who had the knowledge and skills to meet their needs. People and their relatives spoke positively about the staff and care provided. We observed staff knew people well and they had a good rapport and were friendly in their interactions.

Staff had appropriate training and experience to support people. Staff completed an induction which included going through the service's values, policies and procedures, shadowing experienced colleagues and training to develop their knowledge and skills. Staff showed their competence before they were allowed to work on their own. The registered manager carried out regular evaluations during and at the end of the induction to identify any areas for improvement or further learning.

People received their support from staff with up to date knowledge about their practice. Staff had on-going training to support their continued learning. One member of staff told us, "We get regular training and attend refresher courses when due. The manager organises this." Staff received tailored training that showed how an individual wanted and needed to receive their care. This helped ensure staff understood people's individual needs. Records showed staff had received training in medicines management, fire safety, health and safety, safeguarding and infection control. Staff told us the training helped them to support people to maximise their independence and quality of life. One healthcare professional told us, "The manager liaises with us with regards to the level of support required to meet the changing needs of [people] and has sought to ensure that the team are suitably trained and skilled to provide for their on-going needs." However another healthcare professional had a different view and told us, "This [skills and knowledge] could be improved. Staff have the basic skills and do the basics well. They could improve their skills and knowledge around personalisation and recovery orientated work." The registered manager told us the service arranged training for staff if necessary to ensure they developed their skills further. We found staff had the appropriate skills and level of knowledge required to support people.

Staff were supported by colleagues, senior staff and managers to do their work. Staff told us the registered manager was always available to give them advice. One member of staff told us, "If I'm stuck on anything, there's always someone I can contact." Staff said they valued the support they received through supervision, daily handovers and team meetings. Staff received supervision and an annual appraisal and the registered manager had reviewed their training needs. Supervision records showed relevant topics such as dignity and respect and confidentiality were discussed. Staff had discussed and sought advice about any difficult situations they had met. The registered manager followed up on action plans to ensure they were implemented.

People received appropriate care and support to keep healthy. Staff were knowledgeable about people's healthcare needs and recognised quickly if they were unwell. For example, one person showed behaviour that may challenge the staff in response to ill health. Staff monitored and kept records of the person's behaviour and referred them to the appropriate health care professionals. One member of staff told us, "We recognise the early signs a person is becoming unwell so we are able to get to the GP immediately." However, one healthcare professional said, "[A person] should attend with [a member of staff] who has up to

date knowledge of their health and is fully briefed about the current concerns leading to an appointment, or who brings written instruction from the manager." Staff told us they documented and shared any concerns about people to ensure they had up to date information for healthcare professionals.

People were supported to choose what they wanted to eat or drink. This helped ensure people had a healthy balanced diet and were protected from risk of poor nutrition and dehydration. One person told us, "Staff talk to me about healthy eating. I buy a wide selection of foods, including more fruits and vegetables." People's care plans recorded what they enjoyed eating and drinking and staff knew what foods people liked. One member of staff told us, "We encourage people to plan and buy nutritious foods. We share any new information about healthy eating and we log how successful new experiences have been."

People received the support they required with their dietary needs. The staff and registered manager sought guidance to support people's needs. Care records highlighted where risks with eating and drinking had been identified. Staff supported one person to manage their weight. This person was actively involved in menu planning and did their own grocery shopping to enable them to meet this objective of eating healthily and losing weight. Staff sought advice and liaised with relevant professionals to seek best practice in supporting the person. Staff followed guidance to improve the care they provided. One healthcare professional told us staff could do more to support a person with their diet.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

People gave their consent to care and treatment. Staff understood and supported people in line with the principles of the MCA. We observed staff asking people what they wanted in terms of their support. One member of staff told us, "If people's mental capacity changed, I would report this to the manager and monitor this." They told us they always presumed people were able to make decisions about their day to day care. Staff told us and records confirmed where a decision had to be made for the person the service had followed 'best interest' process and involved healthcare professionals and relatives. Staff had attended training in the MCA and DoLS. Staff were able to explain to us what they would do to ensure they respected people's liberty.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. People and their relatives told us staff treated and respected each person as an individual. One person told us, "I get on well with the staff. They are caring and treat me well." Another person said, "I am happy and feel comfortable around here." One relative told us, "Staff are caring. They are patient and understanding." One health professional told us, "Most [staff] are very caring and dedicated, and interested in achieving the best for the individual concerned." Another said, "Staff at the home are caring and people have been cared for to a good level."

People had developed and valued their relationships with staff. One person told us, "I like all the staff. We get on well and they are quite supportive." People and their relatives told us people benefitted from the positive relationships. For example, being willing to try new things, staying healthy, developing new skills, increasing independence and following guidance from professionals. One person told us, "I do trust [staff] to support me to do the right things like reminding me to do certain things." Another person said, "I can talk to staff if I am feeling a bit down. They have a knack of making me cheerful and making me relax." Records showed staff had developed a rapport with people and supported them for example with their anxiety and manage their mental health.

Staff knew people well including their background, wishes and preferences. They told us about individual's likes and dislikes, which matched what was recorded in individuals care records. This included people's communication skills, preferences and abilities. Relatives confirmed staff were skilled at responding to people appropriately with their needs and to help ensure people felt they mattered and had control of their care. One member of staff told us, "Staff know how to communicate with [relative] and listen. It's very important to them and their recovery." Staff spent time with people and understood when people required them to interact with them or not. These were recorded in people's care plans so all staff could communicate consistently and positively with the person.

People were involved in planning and making decisions about their care. One person told us, "Staff ask what I want and I contribute and always have a say about my care. We agree with staff on how this is to be done." People told us the service provided them with the information they needed regarding their care and support. Records showed intervention and treatment plans were in place which showed people's individual needs and what they wanted to achieve. Staff respected people's choice and allowed them to maintain control about their care, treatment and support.

Staff kept people's information confidential and secure. The registered manager ensured staff understood data protection. People's information was shared appropriately with other healthcare professionals involved in their care. Staff had access to people's care records as required.

People's privacy was maintained and respected. Staff understood their responsibility to protect people's privacy and confidentiality. Staff told us the registered manager emphasised the importance of respecting people's privacy and dignity at induction, team meetings and handovers.

Staff respected people's dignity when visiting people. Staff had information about each person's needs and understood the importance of respecting people's dignity. For example, staff told us one person preferred to have staff call them before they visited them. Staff told us they knocked on a person's door and waited to be invited in. One person told us, "Staff respect me in my home. They discuss with me about things I need to do and they never tell me off."

People were encouraged to live as independently as possible and to do as much as possible for themselves. People told us how staff supported them to improve their lives by promoting their independence and well-being. One person said, "I do most of my household chores like cleaning my house, doing my shopping and laundry." One relative told us, "[Person's name] has come a long way. They are doing things we never thought possible before they started getting support from the service." One person received support to develop the skills they required to manage their finances independently and to ensure they settled their bills on time. The person had gained confidence and maintained their tenancy agreement conditions avoiding the risk of being late with their payments.

Good

Is the service responsive?

Our findings

People received care appropriate to meet their needs. The registered manager carried out an initial assessment before people started to use the service. The service involved people, their relatives and healthcare professionals in identifying people's individual needs and how these should be met. One person told us they liked the service, their flat and the staff. One healthcare professional said, "The team have a good relationship with the mental health team. They communicate and engage with health and social care services when necessary."

People were involved as far as possible in planning their own care and making decisions about how their needs were met. One member of staff told us, "We encourage people to be involved in planning their support." Staff held meetings with people to enable them to communicate how they wanted their care provided. The service involved relatives where appropriate to enable staff to provide personalised care to people.

Staff knew how people liked to have their needs met. One member of staff told us, "[People] set out goals and work towards achieving them. We see people make real progress developing their skills." For example, one person required support with their personal care and support plans showed how staff were to help with this task. Staff told us they spent time with the person explaining why this was important and reported the person had benefitted from this and were now doing more tasks such as cleaning their house to maintain their hygiene. One healthcare professional said, "The team works well to support people to achieve their goals. They understand [people's] needs."

People received support appropriate to their needs. Staff reviewed and updated people's care and support plans regularly and in response to their changing needs. People and their relatives were involved in regular reviews of each person's care plan to ensure they were accurate and that staff provided people with appropriate care. One person told us, "I meet with staff and my care coordinator and talk about how things are going with me." Records showed people attended review meetings with healthcare professionals to ensure people received appropriate care and support.

People engaged in activities and social events according to their interests and preferences. Care plans record showed how people wished to spend their day. People received the support they required with their preference such as going in the community. One relative told us, "Staff have really supported and encouraged [person's name] to be independent and take up activities they have always enjoyed. [Person's name] has never been this happier." Staff told us they asked people of their preferences for support when they wished to attend an event or hospital and the rotas were adjusted accordingly.

People were encouraged and supported to follow their interests. Staff had information about people's preferences and abilities were taken into account to provide personalised, meaningful activities. The service was flexible and responsive to people's needs and preferences. People were supported to plan outings of their choice and could choose staff they wanted to support them on the trips. The service was responsive to people's requests and rearranged staff rotas to accommodate their needs. People told us and records

confirmed staff had supported people to visit places of interests.

People were enabled to live full lives that reflected each person's needs and wishes. One person told us, "[Staff] are always asking me to make choices about anything. "Nothing's ever done without me choosing. I get the impression I come first in everything they say." One member of staff told us, "It's about empowering people to make choices about how they live." Another said, "[People] get to choose what they want and we help them with their choices."

People and their relatives said they would not hesitate in speaking to staff if they had any concerns. One person told us, "I tell them [staff] if there's anything wrong and they do listen!" People and their relatives told us they knew how to make a complaint. They had received the information when they started using the service. One person told us, "Yes I would complain if I had to." Another person said, "The manager quickly sorted out an issue I had." The service had a policy and procedure in place for dealing with any concerns or complaints. People and their relatives knew who to contact if they needed to raise a concern or make a complaint. Staff recorded all complaints and the registered manager followed up and resolved any concerns raised. Team meetings were used to share any learning and to ensure improvements to practice were identified and implemented.

People's views were listened to and acted on. The registered manager encouraged people and their relatives to express their views about the service. Relatives told us they also contacted the registered manager by email and telephone on concerns about the service and people. People said the registered manager was responsive to their feedback.

Staff supported people to maintain links with the community to help ensure they were not socially isolated. Staff encouraged people to interact with their local community and take part in events or activities on offer. One person told us, "I attend the [local club] regularly." One member of staff told us, "We try to involve people in activities in the community. We are mindful of their likes and anxiety or dislikes they may have." Records showed staff encouraged people to do more activities such as volunteering, taking part in festivities and engaging with social clubs.

Good

Is the service well-led?

Our findings

There was a positive and open culture within the service. Staff understood the provider's visions about how they wished the service to be provided. This was reflected in the way staff responded to and spoke about the people they were caring for and how they promoted people to be as independent as possible.

Staff were positive about how the service was run. One member of staff told us, "The manager is person centred and is all about empowering people and staff. Staff told us they were happy in their work and understood their role and responsibilities to provide the highest standard of care to people. The service held team meetings regularly to encourage staff to discuss ideas to improve the service. Staff told us the registered manager promoted teamwork and they worked together well. The registered manager ensured staff had a range of skills, knowledge and competencies to complement each other when supporting people.

People, their relatives and staff all described the registered manager and the management team as approachable and supportive. One person told us, "They'll come around to check if everything is ok." Another person said, "I know the manager and have spoken to her a few times." During the inspection we saw people come to the office for a chat, to tell staff when they were going out or just to have a cup of tea. Staff told us they could contact the management team if they had any concerns or wanted guidance. They felt confident to share their views about the service.

There was an effective audit and quality assurance system in place to drive continuous improvement within the service. People completed satisfaction questionnaires to provide feedback about the support they received. Comments from the latest survey showed positive comments about the quality of care and support provided. The registered manager had a schedule of internal audits to ensure staff received training, supervision and appraisals when due. People's care and support plans and staff's record keeping were checked regularly to ensure they were accurate and reflected people's needs. The registered manager followed up on all issues raised and ensured staff took appropriate action. Staff's practice was subject to regular and random spot checks to ensure they supported people appropriately. The registered manager followed up on any issues identified in one to one and group meetings. Staff followed the provider's robust system to monitor and manage people's finances.

The registered manager regularly checked the quality of service being provided. Senior staff checked whether accident and incident forms were completed in good detail and shared any learning to improve practice across the service. The registered manager completed medicine audits and worked closely with their local pharmacist who audited the service's medicines management systems annually. The latest audit showed no concerns.

The registered manager understood and met their responsibilities in relation to their registration with the Care Quality Commission (CQC). The service had notified the CQC of all significant events which had occurred as required. The registered manager understood their responsibility under the duty of candour and encouraged openness in relation to care and treatment. The registered manager promoted the ethos of

honesty to ensure staff learned from mistakes and adopted best practice.

The service worked in close partnership with organisations and healthcare professionals to develop the service and support people's care provision. One healthcare professional told us, "[Staff] contact us and explore different ways to help meet people's rehabilitation needs." The provider reviewed policies, procedures and practice in line with changes in legislation and best practice.