

Principle Care Limited

Principle House

Inspection report

95 Ringwood Road
Walkford
Christchurch
Dorset
BH23 5RA

Tel: 01425277707

Date of inspection visit:
04 June 2019
06 June 2019

Date of publication:
11 July 2019

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 House is a care home. It provides accommodation, personal care and nursing care for up to six people who have learning disabilities and mental health needs. At the time of the inspection six people were living at the home.

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:

People told us they were happy, felt safe and that staff had a good understanding of their needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Staff listened to what people wanted and acted quickly to support them to achieve their goals and outcomes. Staff looked to offer people solutions to aid their independence and develop their skills.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities. The registered manager, team manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that

would impact positively on people's lives.

A full description of our findings can be found in the sections below.

Rating at last inspection:

Requires improvement (published 23 May 2018)

Why we inspected:

This inspection was a scheduled inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Principle House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one adult social care inspector.

Service and service type:

The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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.

Inspection site visit activity started on 4 May 2019 and ended on 6 May 2019.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with three people who used the service and met with one social care professional. We received feedback from two relatives and a health professional via the telephone.

We spoke with the registered manager, team manager and nominated individual. A Nominated Individual

has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided. We met with seven staff including an internal quality manager and support workers. We reviewed four people's care files, four Medicine Administration Records (MAR), policies, risk assessments, health and safety records, incident reporting, consent to care and treatment and quality audits. We looked at three staff files, the recruitment process, complaints, and training and supervision records.

We walked around the building and observed care practice and interactions between support staff and people.

Is the service safe?

Our findings

At the last inspection in May 2018, we asked the provider to take action to make improvements in the safety of the environment. During this inspection we found improvements had been made.

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

People were safe and protected from avoidable harm. Legal requirements were met.

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

- Risk assessments were in place which gave clear measures for staff to follow to reduce the risk of harm. Assessments covered areas such as; catheter care, accessing the community, using the kitchen and seizures.

- The registered manager told us, "We are pro positive risk taking here. We look at what people want to do and work with them to achieve it by putting steps and measures in place".
- We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service.
- There were enough staff on duty to meet people's needs. A person told us, "There are enough staff, all very nice". A professional said, "I think staffing levels have improved a lot. Previously there were issues but not now". A relative told us, "There are always enough staff when I visit".
- The registered manager explained that since starting they had worked hard to recruit permanent staff and not use agency. We were told that this had been successful, and that agency staff were no longer used. The registered manager went on to say that they monitored the amount of staff needed based on people's needs and their activities and appointments.
- The registered manager responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity. We were told that learning was shared with staff during supervisions and staff meetings.
- Improvements in the homes fire safety had been made. For example, new fire doors. This meant risks to people from fire had been minimised. Fire systems and equipment were regularly checked and serviced. Fire procedures were displayed around the home.
- People had Personal Emergency Evacuation Plans (PEEPs) which guided staff on how to help people to safety in an emergency.

Safeguarding systems and processes, including recruitment.

- People, relatives, professionals and staff were confident people were safe. For example, doors were secure, policies were in place and care plans were clear.
- A person said, "I feel safe. I have my possessions and there are always staff in the home". A relative told us, "[Person's name] is safe at Principle House, I know the staff and can see that he is happy".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.

- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning. We found that there were no safeguarding alerts open at the time of the inspection.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A health care professional said, "We have no safeguarding concerns. The management seem very open and transparent".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.

Using medicines safely

- People told us they were happy with the support they received to take their medicines.
- We found that the service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines. On day two of the inspection we observed the team manager logging in a new stock of medicines.
- Medicines were stored securely. Daily temperature checks were completed, and records were up to date.
- The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.
- Where people were prescribed medicines that they only needed to take occasionally (typically referred to as PRN), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicine Administration Records (MAR) were completed and audited appropriately.

Preventing and controlling infection

- The home was visibly clean and odour free. There was an infection control policy and cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised.
- Staff had received infection control training and understood their responsibilities in this area. A staff member told us, "We use different colour mops and chopping boards. We also now use disposable cloths".
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. Which we observed staff wearing these during both days of the inspection.
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- The service ensured a high level of hygiene was maintained and checks were completed. Regular infection control audits were completed by the management and up to date. A relative told us that they found the home to be clean and tidy during their visits.

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

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

- There was a clear referral and admissions process in place which ensured people received pre-admission assessments and effective person-centred support during transition between services. The registered manager told us that they were working with one local authority to actively find a new placement for one person upon their request.
- People's needs, and choices were assessed and care, treatment and support was provided to achieve effective outcomes. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "It's good training. I like it. Gives me an opportunity to learn as things change. It's all about keeping people safe and equipping us to do our job". A professional said, "Staff seem professional in their role".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A staff member told us, "My induction was good. It involved shadow work for about one and a half weeks which was more than enough. I'm working towards completing my Care Certificate which is going well".
- The registered manager told us staff received annual appraisals and regular 1:1 meetings. Staff told us that they felt supported and could request supervision or just approach the management team should they need to. We found that annual appraisals had just been completed and were with the registered manager to be typed up..

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

- People told us they enjoyed the food at Principle House and some liked preparing meals. One person told us, "Food is nice. I can choose to have other options too". The person went onto say, "I like cooking Carbonaro and bolognese".
- Staff understood people's dietary needs and ensured that these were met. Where nutritional needs had been assessed clear guidelines were in place. The home had recently put a healthy meal and recipe guide together for people and used it during house meetings.
- People took part in choosing meals in weekly house meetings. The menu was displayed in the kitchen area. However, this was not pictorial. We discussed this with the registered manager who told us that they

would review this and ask people if a pictorial menu would be better for them.

Staff told us that alternative dishes were made available should people prefer something different on the day. For example, we were told that one evening last week some people were having mash potato and another person asked if they could have something else. The staff member supported the person to choose and cook wedges instead.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; learning disability nurses, GP and social worker.
- A health professional said, "Staff know why I am here when I visit and I am provided with a private room to meet with people. I am kept up to date with changes".
- People told us they were supported by staff to visit health professionals. One person said, "I go to the doctor. Staff support me".
- People received an annual health check as per best practice for people with a learning disability.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- Improvements had been made to the environment since the last inspection and we were shown that the home's redecoration plan was due to commence later this month. We read the last house meeting notes which included discussions with people about paint colours for their bedrooms and communal areas.
- The registered manager told us that people's art work and photos of them enjoying activities would soon be displayed on walls around the home.
- People told us that they liked their home. One person said, "I am more than happy with my bedroom and am looking forward to the painting". A relative said, "They [staff] have started to make improvements in the environment which is nice. The garden is always kept tidy and people like to sit out in it".
- There was a large dining room and lounge area which led into the garden. There was a main kitchen which was accessible to people.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The majority of people living at Principle House has been assessed as having capacity and consent to care had been sought.
- Where necessary, for others, mental capacity assessments and best interest paperwork was in place. This covered areas such as; care and support, finance and medicines. A relative said, "They always act on [person's name] best interests and I am kept involved too".

- Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Two people had a authorised DoLS in place with no conditions attached to them.
- Staff told us how they supported people to make decisions about their care and support. People confirmed that staff asked them before supporting them in tasks or with personal care.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People, professionals and relatives told us staff were kind and caring. Comments included; "Staff are always nice to me", "Staff aren't bad they're lovely" and "Staff are kind, caring and dedicated. If there are ever any problems, they let me know".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- People were supported to attend their places of worship. During the inspection there was conversation between a staff member and a person discussing their next visit to church which included who would be supporting the person.
- Training records showed that all staff had received training in equality and diversity. A staff member told us, "We are all equal and have the same rights as each other regardless of ability".
- The registered manager told us that they had received several verbal compliments. However, they added that these were not recorded. The registered manager told us that they would start recording these.

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

- People were able to express their needs and choices and staff understood their way of communicating. A staff member said, "We give some people options if they need them to support them make decisions".
- People and relatives were pleased with their care and felt involved in decisions. Comments included; "I am happy with my care here thank you" and "The care I receive here is good". A relative told us, I happy with the care [person's name] receives. They have been there a while now. I can see they are happy there and that is enough for me".
- People were encouraged and supported to maintain contact with those important to them including family, friends and other people living at the home. For example, staff had supported a person to use the phone to call a relative.
- Relatives told us they were made to feel welcome and involved. One relative said, "I visit regularly and [person's name] comes back to the family home regularly too. If [person's name] is ever sad, staff support them to call me on the phone which is always nice and helps".
- Where needed the home sought external professional help to support decision making for people such as advocacy.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately.

- A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Promoting independence was important to staff who supported people to live fulfilled lives. A person told us, "I like being independent, it's important to me" another person said, "I'd like to be more independent and staff are helping me with this".
- Staff told us that, at times, people liked tasks done for them however, they used approaches which encouraged people to engage and do things for themselves.

Is the service responsive?

Our findings

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

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

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Care plans were personalised and updated in response to people's needs. A professional said, "Care plans are very person centred and give the information and guidance required for staff to follow".
- People's likes, dislikes and preferences led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.
- People had set their own specific goals and were working to achieve these. Others had been achieved and led to positive outcomes. We were told about one person who had been supported to access the local community on their own. This included visiting the local café, newsagent and barbers. The registered manager told us that this had taken some time and involved confidence building, gradual supervision and observation. The person said, "I find this has helped my confidence and I am planning to go further soon like into other towns on my own". A professional told us, "The fact that [person] is going to local shops and accessing the community on their own is a great step forward and has had such a positive impact on their life".
- 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 identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's identified information and communication needs were met. For example, one person who was visually impaired had their information read to them by staff. Copies of information and procedures were also available in easy read format. For example, safeguarding. Other easy read documents included hospital passports and health action plans.
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and treatment. The registered manager told us that regular review meetings took place with the local authorities, families and people.
- A relative told us, "I attend review meetings, and these are good. [Person] attends these. They are centred around what [person] wants to achieve and I am happy".
- A professional said, "Review meetings are attended by people and they are given an opportunity to speak up".
- We asked how people were actively involved in the planning of their care. The registered manager told us that this was an area they were working on at the moment. The registered manager said, "I don't want it to be a quick fix. It needs to be meaningful and appropriate for each person. This means working with them to understand the level of involvement they want and support they may need". This had been identified as an area of improvement following a recent internal quality team audit.

- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans. One person who enjoyed music was being supported to attend music college. In addition to this they were supported to play gigs at local venues around the Dorset area. On day two a staff member told us that the person had been invited to an audition for a local band. We heard them practicing their guitar skills in preparation for the evening.
- The registered manager told us, "We want to support people to contribute to the wider community and be part of it. We purchased a set of drums for the person to practice and build confidence. They don't receive any 1:1 hour's but we don't let that limit their opportunities".
- Another person enjoyed swimming and golf. This person told us that they were supported to do these activities on a weekly basis. The person said, "I've just been introduced to the golf driving range and love it".
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone. For example, one person had been supported to work for a national charity in one of their local shops. The person said, "I've been to the shop working today. I really enjoy this".
- Staff were creative in their approach when supporting people to make decisions about activities they wished to participate in. We observed a staff member giving a person options based on their interests. The person was unsure what they wanted to do. The staff member provided more information, describing what they could do during the activity. This gave the person a clear picture of what they could expect and look forward to.
- During the inspection we noted that people who did not require support from staff were free to come and go from the home. Others who required support were readily supported. One person went to purchase a t-shirt whilst others were supported to go to local cafes and pubs. A person said, "I've just come back from the local pub, I like it there".

Improving care quality in response to complaints or concerns

- The registered manager told us that they welcomed complaints and said, "I see complaints as positive. They are a learning opportunity and give us an opportunity to learn. They are valuable".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of our inspection there were no live complaints.
- We found that complaints had led to improvement. One person had complained about how a report had been written. The registered manager showed us evidence of meetings they had had with the person and how they had agreed to implement a daily record for the person to complete themselves. This meant the person was actively involved in their own record keeping.
- Another complaint had been raised in a house meeting and had led to the registered manager raising staff awareness on body language and tone of voice. This had had a positive impact on people and staff themselves.
- People told us they knew how to raise concerns and make complaints. One person said, "I would speak to the registered manager if I had a complaint. They would listen and sort it out. I have in the past".
- Relatives and professionals told us they had no complaints and felt they could approach the staff or management should they have a concern.
- An easy read version of the complaint's procedure had been created for people who required additional support to understand information.

End of life care and support

- People's end of life wishes had started to be explored by the service.
- The registered manager told us they were working closely with the local authority and quality monitoring team to develop a suitable template to use. We found that conversations had started to take place with families using a sensitive approach.
- People had different religious beliefs and the registered manager told us, "These are very important to

people and it is crucial that we capture these along with their other preferences and wishes". The registered manager went onto say, "The approach we use has to be meaningful to the people who live here and not just a tick box exercise"

Is the service well-led?

Our findings

At the last inspection in May 2018, we asked the provider to take action to make improvements in the quality and monitoring of the service, learning from lessons and reporting notifiable events. During this inspection we found improvements had been made.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the last inspection there had been positive changes to the management of the home. A new registered manager and team manager had been appointed.
- The registered manager promoted a person-centred culture and had a passion for inclusion and making a difference to people. For example, people were given the opportunity to be involved in the recruitment of staff through a meet and greet process. People told us that this made them feel important.
- Staff, people, relatives and professionals were positive about the management of the home. A person said; "The new manager is fine. I have a good rapport with them. We meet regularly which is nice. These meetings are important to me".
- Staff comments included, "The registered manager is great and so is the team manager. Both very friendly, approachable and ask if we are ok" and, "I absolutely love [registered managers name]. They share the same values and vision as me. They are definitely a positive and inclusive leader".
- A professional told us, "The registered manager seems to understand what is needed. They appear to support people well and staff respond positively to them".
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. A professional said, "I believe the service is open and transparent in their approach".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff; Continuous learning and improving care

- The provider, nominated individual, registered manager and team manager demonstrated a commitment to ensuring the service was safe and of high quality.
- Regular checks were completed by the registered manager and team manager to make sure people were safe and that they were happy with the service they received.
- The nominated individual and internal quality team completed regular audits. Areas audited included; care files, staff supervision and personnel records, health and safety and an environmental walk around.
- A quality manager told us, "We have a quality audit schedule and visit services once a year for about two

days. The audit process is reflective of the key lines of enquiry used by CQC. We sample records such as medicines, care files and incidents".

- Managers and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "Staff are kept well informed and involved in changes. For example, we are asked for our views and opinions and people are asked for theirs too".
- The service had just identified champions for different areas such as; wellbeing, inclusion, medicines, safeguarding and dignity. The registered manager told us, "The idea is for these staff to champion their areas and make sure that these important topics are regular agenda items in meetings. We will arrange additional champion meetings, I believe that this will encourage us all to challenge each other, develop and move forward. The dignity champion is particularly in response to the recent concerns raised by people about staff approach and manner".
- Staff meetings took place on a regular basis and were held outside of the home. Staff confirmed that these were positive, and person focused. We read that reflective learning took place in these meetings.
- Residents meetings were held, and minutes taken. People had an opportunity to discuss issues such as the building, care and support, activities and concerns. At the most recent meeting, people fed back that they were happy and discussed the environment.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Working in partnership with others

- Principle House worked in partnership with other agencies to provide good care and treatment to people. At the time of inspection, the service was working closely with the local authority to review a person's placement and a local learning disability team.
- Professionals fed back positively about partnership working with the home. A professional said, "Partnership work is really good. If the staff have any concerns they contact me. Information we may need is always available and actions are met timely".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.