

PhiLori Care Limited

Ambleside

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

Ambleside provides personal care for up to four adults with learning disabilities and/or autism spectrum disorder in Northampton. At the time of our inspection there were four people using the service. This unannounced inspection took place on 10 May 2016.

There were two registered managers in post at the time of our inspection. 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.

One of the registered managers was the owner, and as a provider they had values and a clear vision that were person centred and focussed on people having the opportunity to be part of their local community and gain their independence. All staff and managers demonstrated passion and commitment to providing a service for people that met their individual needs.

People had beneficial relationships with staff. Relatives commented on the positive impact staff had made on people's lives and how they had changed for the better. People's lives had improved as a result of using the service; people were enabled to become more independent by gaining everyday life skills and understanding how to care for their health and well-being.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. People were empowered to make their own decisions and to take responsibility for them. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs. The provider included people in the in-depth recruitment and selection of new staff.

People benefited from staff that had received training that specifically met their needs. Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

There was a person centred and flexible approach to each person's nutritional needs and staff promoted healthy eating. Individuals were supported to realise the knowledge and understanding they needed to attain a healthy weight, plan and prepare meals.

Care records contained risk assessments and risk management plans to protect people from identified risks

and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff protected people's privacy and dignity. All interactions between staff and people were caring and respectful; staff were consistently patient, kind and compassionate. Staff demonstrated affection and warmth in their contact with people, which was clearly reciprocated.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

People were involved in monitoring the quality and safety of the service and staff regularly monitored the support people received. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

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 felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

People were involved in the safe recruitment practices. Staffing levels ensured that people's care and support needs were safely met.

People were supported to learn how to manage their own medicines. There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff received bespoke and mandatory training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care

was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

Good ●

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good ●

This service was well-led.

Two registered managers were in post and they were active and visible to people using the service. They worked alongside staff and offered regular support and guidance.

The managers strived to include people in training and coaching that would provide the knowledge and understanding they would need to live life independently.

People were involved in the systems to monitor the quality and safety of the service and actions were completed in a timely manner.

Ambleside

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.

This inspection took place on 10 May 2016. The inspection was unannounced and was undertaken by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During this inspection we visited people in their shared home and spoke with two people who used the service and spoke with two relatives on the telephone. We also looked at care records and charts relating to three people. In total we spoke with three members of staff, including the registered manager and the provider. We looked at three records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People were supported in a way that maintained their safety. One person's relative told us the service had provided "constructive activities and on balance allowed [name] to make mistakes as safely as they can." We observed that people were happy and comfortable with the staff supporting them and that people interacted freely with one another.

People were aware of how to raise a safeguarding alert as there was a poster in easy read format, which gave people the telephone numbers for the safeguarding authority. One person had used the number to test it and found that they had direct access to the safeguarding team should they ever need it. Staff were aware of the service's safeguarding policies and procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described to us how they would report concerns if they suspected or witnessed anyone being at risk of harm. The registered manager had submitted safeguarding referrals when necessary, which demonstrated their knowledge of the safeguarding process.

Staff had assessed people for their individual risks; they demonstrated their awareness of the need to adapt the level of support they provided depending on the person's support needs and circumstances. For example staff recognised that some people required closer supervision in the community to help prevent a situation which may have an impact on how a person may behave.. People had individual risk assessments, which were graded for their severity. Where possible people had been involved in the development of the care plans so they understood what was required to mitigate their risks. For example one person was at risk of overeating, they had been involved in developing their plan to manage their diet. The plans guided staff to support people to manage their behaviours to enable them to learn how to live independently. Positive risk taking was discussed in staff meetings and this was reflected in the records we looked at.

People were involved in keeping themselves safe, for example people had been shown how to evacuate their home in a fire and be fire safety aware. Each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

There were enough staff to keep people safe, provide their care and enable people to take part in activities that promoted their independence. One relative told us that during high periods of anxiety, their relative was provided with one to one care. Staff allocation was directed by needs of the people using the service; this was demonstrated as the staffing levels had increased as new people had been admitted.

People were actively involved in the safe recruitment of staff, the provider had developed an easy read "qualities" tick sheet to help people record their thoughts and support them to make their own decisions about recruiting staff. One member of staff recalled "The clients asked me about myself and if I enjoyed football, the manager interviewed me and applied for my references." Recruitment files contained evidence that people had been assessed for their suitability to work with the people who used the service, criminal record checks were carried out and satisfactory employment references were obtained before staff were allowed to work in the service.

People's medicines were safely managed. People had set goals to ultimately become independent at managing their own medicines. We saw that each person had an easy read plan that explained what all of their medicines were for and how often to take them. Staff worked closely with people to gain skills in managing their medicines with great importance placed on safety. The manager demonstrated how this element of people's assessment was the 'most important element of their road to independence' and told us "We must never lose sight of this". Staff told us they had completed their medicines training, where they had been observed and passed their competency. Records showed that all staff were trained in the administration of medicines and our observations confirmed that this training was followed in practice. The medicines policy covered receipt, storage, administration and disposal of medicines. Records were well maintained and monthly medicines audits took place to check that stock levels and records were in order; actions resulting from audits had been completed.

Is the service effective?

Our findings

People's needs were met by staff who had the required knowledge and skills to support them appropriately.

Staff were introduced to the service by means of an induction period of twelve weeks. Staff told us that during the first two weeks of their induction they had shadowed experienced staff and had been given time to read the support plans of people using the service. Staff were aware of the impact of introducing new staff. One member of staff told us "You have to bear in mind that as a new person you are causing a disturbance to people's homes." We saw records of the induction that had taken place in staff training files. Staff continued to be mentored and guided by the manager and experienced staff, new staff told us this helped them to "form bonds with people using the service and get to know the team."

The provider had set up bespoke training for staff to better understand people with autism. Staff received training to specifically meet the needs of the people using the service, such as understanding people's behaviour and autism. One member of staff told us that "In my mind this training is key to caring for the people here." Training such as first aid, epilepsy and mental capacity were added to the standard training they received to attain their Care Certificate; this is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were assessed for their competencies in key areas such as medicines and safeguarding vulnerable adults.

Staff had opportunities to carry out vocational qualifications. Staff told us the studying towards qualifications had enhanced their knowledge of people using the service and how they as a team were making a difference. One member of staff told us "The observations I carried out for my level 3 showed the bonds between client and staff, and the client's growing independence."

People were actively encouraged to take part in any training offered to the staff team and the provider had adapted training packages to meet their needs for example food hygiene and infection control to help them understand how to keep themselves safe.

People benefited from staff who received regular supervision that provided them with opportunities to discuss their ideas on how to improve the service. Staff told us they received regular supervision and they felt supported. One member of staff said "The supervisions give us the opportunity to discuss ideas, but there is a good dialogue between us and the manager at all times." We saw evidence that regular supervision was taking place, where training, staffing levels and people's support were discussed; ideas and actions to resolve issues were set and followed up.

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 were supported to understand the MCA and making choices. The provider had created an easy read version of this and a charter of rights to help people understand what MCA meant to them. Staff supported people to understand these documents through discussion and workshops. The registered managers and staff were aware of their responsibilities under the MCA code of practice. The care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. Staff that we spoke to knew where to find information relating to MCA which were regularly discussed in staff meetings.

We saw that staff sought people's consent before undertaking day to day tasks. Staff asked people's consent before they entered their rooms and ensured they consented to the inspector looking at the medicines in their rooms. Records showed that people had provided consent for their blood pressure and other procedures to be taken if required. One person had not consented to some procedures, and this was clearly documented in their health plan, and staff were aware of their decision.

People were supported to eat a varied, balanced diet that met their preferences and promoted healthy eating. One person had identified that they wanted to lose weight and had set goals to achieve this; staff supported them to plan their own menu. People discussed what they wanted to be on the menu at the weekly service user meeting where staff would support people to think about choosing healthy options. People's care records contained information about their dietary preferences and evidence that people were weighed regularly. Staff worked in collaboration with other health professionals, such as the dietitian when needed.

People had set goals to maintain their health and well-being, for example one person was being supported to learn how to book their own health appointments. Staff helped people to understand the information provided by their GP about their health, for example advice about healthy eating and how to stop smoking. People had set short term goals to reduce the amount they smoked every day, staff supported them to make daily decisions about their smoking which had reduced the amount they smoked. Person centred health action plans were developed to help people and staff to understand people's health needs and keep track of their healthcare appointments. People were supported to access a range of healthcare professionals such as the dentist, optician, podiatrist and had annual health checks with their GP. People had their own booklet that showed healthcare professionals what their needs were and how to communicate with them.

Is the service caring?

Our findings

People had developed beneficial relationships with staff. This had been made possible by the same staff being present over a number of years and careful recruitment and integration of new staff. The management team demonstrated that their organisation put people first in all of their working practices, one relative told us "we are very happy, we are very lucky to have found Ambleside."

People were cared for by staff that were kind and passionate about providing good care. People spoke extremely positively about the attitudes and characteristics of the staff that supported them. One person said "I am very happy here the staff are kind." Staff spoke fondly and passionately about the people they supported. When staff spoke with people they ensured they were face to face and listened and acknowledged their responses.

People had moved from residential settings to the shared house to receive personal care and support to become more independent. We observed staff praising people for the progress they had made with their life skills and how well they got on with other people in the group. One relative told us "Ambleside has made a big difference to [name], they are relaxed and content." Staff told us positive feedback was essential; one said "showing people how well they are doing gives them the confidence to keep trying." Records showed people's progress included learning to trust others and getting along with peers and staff.

Staff knew the people they supported well; they were able to tell us about people's interests; their previous life history and family dynamics. Staff had been recruited that had shared interests such as comics or sport. Staff were respectful of people's interests and knowledge, for example one person had a particular interest in languages and staff used their language skills to support the person to settle into the home and build rapport. People were helped to maintain family relationships by staying in touch with them regularly and supporting them to practice their religions and special occasions. One relative told they were informed of their relative's progress, they said "I am kept up to date on a day to day basis."

Staff understood the impact of illness and new environments had on people. We saw how staff reassured people when they were anxious and took time to talk through their anxieties and fears to help them to reach a resolution.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to remind people to maintain their hygiene or manage their medicines. One member of staff described their language as "subtle reminders which helped people to continue to feel in control."

There were arrangements in place to gather the views of people that lived at the home via weekly meetings, surveys and during care reviews. People had provided a great deal of positive feedback about the kindness of staff and the progress they had made towards their independence. One relative told us "It's the happiest [name] has been for years." We saw examples of positive feedback from relatives, such as a relative thanking staff for working positively with their family member to reduce their feelings of anxiety and distress.

People were encouraged to express their views and to make choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time and any important goals that they wanted to achieve. People were supported to choose the food they liked. Information about how to access advocacy services on behalf of individuals was available.

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. The assessment was carried out by one of the registered managers, who told us that they first visited people where they were residing to carry out the initial assessment. Staff had worked with people's existing providers of care to plan their transition to the service. Staff held meetings to discuss people's history and risk assessments to understand people's needs before they used the service. Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary.

Staff were dedicated to their role of providing support and guidance to people using the service by means of assessment and personalised goal setting with a view to them becoming more independent. People's assessments were made up of twelve elements and focused on life skills such as communication, personal care and managing their medicines. People were supported to set goals that would lead them to achieving their objective of becoming more independent.

People were helped to identify their strengths and areas for growth, and this was used to create personalised care plans that provided people and staff with a structure to record how they were going to achieve their goals. Where there was a theme such as remembering details, staff helped people to create prompts to remind them, for example to keep healthcare appointments, take their medicines or feed their pets. We saw that one person had made a chart to remember to care for their pet and had got into the habit of using the chart; this was a transferable skill, which they used to remember their medicines.

People's achievements were closely linked to their behaviours. Staff regularly assessed people's behaviours and took time to identify each person's specific triggers that had led to positive or negative behaviour. Where there had been an incident a very detailed analysis was recorded, taking into account all factors. Staff used these records to identify how people reacted to situations and the set of circumstances that would lead to an incident. This informed staff how to support people with their behaviours; these were recorded in detailed care plans. We observed staff supporting people to choose to dress appropriately for the weather; they used a gentle approach, and use 'passive words' to remind the person to keep warm. Staff told us that this approach was the most effective way of supporting this person.

The provider had developed workshops to support people to identify and manage their behaviours, such as anger management. People took part in small group discussions and games to help them to understand their reactions to stressful situations. Staff used specially created tools and games to support people to gain an understanding of how their normal body reactions had an influence on how they felt. People were supported to discuss stressful situations and recall what they felt and how they reacted; these were then used to explore how they could react next time. We saw that over a course of time people could manage their anger better as they understood the feelings they were experiencing and could make choices, for example to flee the situation, fight or stop and think. The provider worked with people to reflect on the consequences of their actions and whether they had a positive or negative outcome.

This was followed up by staff with coaching in coping skills; the provider had developed a way of teaching coping strategies such as breathing exercises and relaxing that people practiced. People were encouraged to find what worked for them, some responded to exercise and others to distractions such as music. We observed that one person had become anxious by the presence of a stranger in the house (the inspector) and staff supported them to go outside for some exercise which we observed to have worked as the person was calm and happy on their return.

People had set goals to become more independent in the community. The provider had developed a programme to improve people's social skills. These regular social skills groups provided support for people to learn how to recognise body language and how to introduce themselves to others. One person had used these skills to recognise when people may not be genuine as they would report to staff if people were unable to make eye contact. This had helped people to communicate with staff and recognise some of the emotions people experienced in their shared accommodation.

Care was planned and delivered in line with people's individual preferences, choices and needs. One relative said "Staff take into account [name's] wishes and needs and provide a useful framework for behaviour." The assessment and care planning process also considered people's hobbies, past interests and future goals. Person centred support plans were up to date and contained information about people's support needs and potential risks to their safety. Care plans covered areas such as personal care, behaviours, personal safety, communication, religious needs, food likes and dislikes and life history. People were involved in planning their care and staff signed in the care plan folder to demonstrate that they were aware of the content of people's care plans. Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs. Care plans were reviewed in a timely manner by the person's key worker.

One person wanted to go on holiday with their parents. The provider had suggested that one of the staff that knew them well could accompany them on their family holiday to support them. The relative told us "The holiday was made possible by [staff name], we had shared responsibility on holiday as [name] can be quite demanding." The staff had ensured that the relatives had been involved in the strategies staff used to assist the person with their behaviours to continue their therapeutic regime.

The provider recognised that some people's goals required a little extra help to succeed, for example one person wanted to be able to attend a premier league football match. The provider arranged for them to attend with him, and now the person holds a season ticket and attends the matches regularly with the provider.

People said they had no complaints about the service. There was a complaints policy and procedure in place, but no complaints had been made. People were made aware of how to raise a complaint. The information was available in picture and written formats. During service user meetings, people were asked if they had any concerns that they wanted to share, there were also regular opportunities for people to speak in private to staff or the registered managers. We saw service users go to the office when there were things they wanted to talk about.

Is the service well-led?

Our findings

The registered managers demonstrated passion and commitment to providing an excellent service for people. One of the two registered managers owned the business and as a provider they had values and a clear vision that were person centred and focussed on people having the opportunity to be part of their local community and gain their independence. Both of the registered managers worked very well together. They told us "We actively listen to and encourage clients to take part in every aspect of how Philori Care is run, from running groups, recruiting staff to auditing the service."

Both managers had completed a diploma in Autism and a teaching qualification which enabled them to deliver training in a professional and confident manner. One manager was working towards their level 7 in Health and Social care, they told us "All of these opportunities allow me to excel in my role and ensure that staff are given the correct training, guidance and mentoring as I was provided with, as a result this ensures that service users are receiving outstanding care."

The managers believed that understanding autism lay at the heart of understanding how to care for people with autism. The managers developed a Philori Care Autistic Diploma for the staff team, to enable the staff team to have deeper knowledge and understanding of autism. They were in the process of developing an easy read version for people who used the service. They had created courses in 'Keeping Safe' and 'Sex & Relationships' that supported people to understand what abuse is and how to keep safe in the community. The provider had shared their developed training package with other care providers, adult social care teams and the safeguarding team.

Some staff had been employed due to their interpersonal skills and specialist backgrounds. For example staff had creative therapy and drama degrees which they used to create easy read documents such as a cook book; this had further been adapted to meet individual sensory and communication needs. Staff helped people to role play social situations to develop their coping strategies.

The registered managers provided clear leadership and used systems effectively to monitor the culture of the service. This included the consistent presence of the registered managers in the service, working alongside staff. The success of this approach was evident in the consistent person centred care and support staff provided.

The registered managers and staff were committed to understanding and helping people communicate their views. Staff used a pictorial survey with people and observed and recorded their responses. People had responded positively and had made suggestions which had been used. For example one person had wanted to communicate with their family more, the managers had installed a facetime account to ensure this could happen.

People were involved as far as possible in every aspect of the on-going development of the service. For example people were involved in the recruitment of staff by means of an interview panel, people were given time to prepare their questions and meet potential employees to help establish their suitability for

employment as new staff.

The provider held regular meetings with people that used the service to discuss their care and provide a forum to plan future events. People had used these meetings to say thank you to staff and the staff had provided encouragement to people to continue to do well with achieving their goals and becoming more independent.

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive culture, with discussions about accentuating the positives of people's abilities, mental capacity, completion of key paperwork, staffing matters, supervision, training and the value of teamwork.

People were involved in understanding how the service was managed, for example the health and safety policy was in an easy read format and contained information on fire safety, first aid and what to do in an emergency. Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and mental capacity.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out by people who used the service, staff and the manager. For example the health and safety risk assessments carried out every three months. The audit was in an easy read format and was carried out by the people using the service with the support of staff; the audit included medicines and staff training. People set actions for improvement, one person had recorded that they had learnt that if their light bulb did not work, they could tell staff then it would be changed.

One of the managers was able to tell us about ways they had improved and developed the service. They told us "There was a gap in some staff's knowledge around regulations, so we displayed all the key questions that a CQC inspector would ask them to help them better understand how it relates to their work." The office had many examples of how their daily work related to the regulations. The registered managers understood their requirement to submit appropriate notifications to the CQC and knew how they could do this.