

# Possability People Limited

# Montague House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

The inspection took place on 5 July 2016. Montague House is a domiciliary care service that provides support and personal care to adults living in the community either alone or with family or friends. On the day of inspection the service was supporting seven people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives. Staff who supported people using the service were known as personal assistants and are referred to as personal assistants throughout the report.

The service had 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.

People said they felt safe. One person told us, "Knowing that they always turn up makes me feel safe." However the recruitment process for staff was not robust. The provider had not undertaken the required pre-employment checks to ensure that staff employed were of good character and were suitable to work with people. The registered manager immediately addressed this when it was brought to their attention.

Staff had received training in safeguarding adults with regular updates. Staff had a good understanding of their responsibilities regarding keeping people safe and how to recognise abuse and report any concerns. Staff had been subject to appropriate checks through the Disclosure and Barring Service.

People were supported to take make decisions about taking risks and to maintain active independent lives. There were environmental and individual risk assessments in place that were reviewed and updated regularly to guide staff and minimise the risk of harm to people. Accidents and incidents were reported and monitored to ensure that appropriate actions were taken to prevent recurrence.

Staff were employed in dedicated teams to support people and rotas showed that there were sufficient staff employed to cover any absences and to provide flexibility for people to live their lives as they chose. One person told us, "They are absolutely brilliant; they provide me with a personal assistant who comes when it suits me." Each person also had an emergency contingency plan in place to ensure continuity of service should there be an unforeseen period of staff absence.

Staff were trained to give medicines and the registered manager undertook spot checks to ensure staff were competent and administering medicines correctly.

Staff had the knowledge and skills to support people. One person said, "They know exactly what they are doing, they are well trained." There was an induction process and a training plan in place for essential training such as, emergency first aid and Health and Safety. Staff also received training specific to the person

they were employed to support. Staff received regular, documented supervision from the registered manager and they said that they felt supported and listened to.

People were supported to make choices and decisions in their day to day lives. Where people were assessed to have fluctuating mental capacity this was reflected in their individual support plans with guidance to staff on how to gently support them at times when they lacked capacity to make day to day decisions.

People were supported to maintain adequate nutrition and hydration through risk assessment and detailed individual plans. Staff were knowledgeable about people's needs and preferences around food and followed guidelines where specific nutritional needs had been identified.

Staff monitored people's health and wellbeing and supported them to access routine and emergency health care appropriately. Where people had complex health needs there was detailed guidance in place for staff to follow.

Positive relationships had developed between staff and people. Staff knew people well and supported them thoughtfully and with empathy. People were involved in selecting the staff who supported them and were included in team meetings. They had control of their lives and chose when, where and how support was delivered.

The provider was dedicated to supporting people to live independent lives by providing a flexible person centred service. A member of staff said, "We make the impossible possible." People received personalised care that was responsive to their needs. People were fully involved in planning and reviewing their support and the provider sought feedback through surveys and regular reviews. People were supported to follow interests and maintain relationships through flexible staffing arrangements. A member of staff said that they were, "Supporting (the person) every day to be productive."

People, staff and health care professionals spoke positively of the registered manager and service. A member of staff told us, "If I am feeling a bit unsure I can just call her up to ask." The registered manager undertook regular reviews and spot checks to ensure that support delivered was appropriate, safe and met people's needs. The quality assurance system was appropriate and the provider was working on expanding its scope as the service grew. There was a complaints procedure in place and people and health professionals told us that any issues or concerns were dealt with promptly and effectively.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The provider had not undertaken the required pre-employment checks to ensure that staff were suitable to work with people and we have identified this as an area that requires improvement.

Staff had received training and understood their responsibilities regarding keeping people safe from harm. Staff had been subject to checks through the Disclosure and Barring Service.

There were environmental and individual risk assessments with up to date plans in place to reduce and manage risks to people. Accidents and incidents were monitored and appropriate actions had been taken to minimise the risk of recurrence.

### Is the service effective?

**Good** ●

The service was effective.

Staff had the knowledge and skills to meet people's needs. They received regular supervision and felt supported and appreciated in their roles.

The provider was acting in accordance with the Mental Capacity Act 2005 (MCA). Staff recognised where people had fluctuating mental capacity and supported people to make choices and decisions about their everyday lives.

People were supported to maintain adequate nutrition and hydration in a variety of circumstances and were supported to access health care services as needed.

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were kind and caring and positive relationships had developed between staff and people.

People were fully involved in planning and making decisions about their support and had control over how they wanted to

live their lives.

Staff supported people sensitively and discreetly. They ensured that the people they supported were given privacy and staff treated with dignity and respect.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care that was responsive to their preferences and health needs.

People were supported to lead active, productive lives and to maintain contact with family and friends.

There was a complaints process in place, the provider sought regular feedback from people and people, staff and health care professionals told us that the registered manager responded to any issues or concerns promptly and effectively.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The provider was dedicated to promoting independence through flexibility and person centred care. People were encouraged to take control and make decisions regarding their support to ensure that it was delivered how and when they wanted it.

There was a high level of confidence in the registered manager who was approachable and made regular contact with people and staff.

Quality was assured through a system of spot checks and surveys for people and staff.

# Montague House

## **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 5 July 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that people and staff would be available to talk with us. The service has not previously been inspected.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by experience was an expert in domiciliary care services and assisted the inspection by interviewing people by telephone.

We looked at information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about. We received feedback from one health care professional involved in the service.

We conducted telephone and face to face interviews with people, relatives and staff. We spoke to four people, one relative and seven members of staff. We also spoke to the nominated individual and registered manager. We reviewed staff files, policies and procedures, accident and incident records, rotas, training plans and surveys undertaken by the provider. We looked at individual records relating to two people, which included risk assessments and support plans.

Staff who supported people using the service were known as personal assistants and are referred to as personal assistants throughout the report

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel confident that someone will be there to assist me." Another person told us, "Knowing that they always turn up makes me feel safe." A relative told us that their family member, "Looks up to her carer and feels safe having the same one all the time." However we found that the service was not consistently safe with regard to staff employment practices.

The process for the recruitment of staff was not robust, which meant that the provider had not undertaken the required pre-employment checks to ensure that all staff were suitable to work with people. The provider had not obtained or checked employment histories for staff and we found that the provider had not obtained the necessary references for four members of staff. There was Recruitment and Selection procedure in place, however it did not list all the pre-employment checks required by law, such as employment histories. This meant that the procedure did not provide sufficient guidance to staff undertaking recruitment activity and that the provider could not be sure that staff employed were suitable to work with people and of good character which could put people at risk of harm. The registered manager immediately undertook an audit of staff files and references and employment histories have since been obtained. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in safeguarding adults with regular updates. They were able to describe how they would recognise the types of abuse and what actions they would take should they be told or suspect that abuse had taken place. There were safeguarding and whistleblowing policies in place in the office and in people's support folders in their homes. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation or directly to external organisations. Three members of staff spoke confidently about the whistleblowing policy, and said they would not hesitate to raise a concern regarding poor practice should it be necessary. Staff had been subject to checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Staff told us that environmental risk assessments were available in people's homes. These were updated as required and during general reviews. Two staff told us how an environmental risk assessment had been updated to include adaptations made to a person's home to make it safer.

Individual risk assessments were reviewed regularly and gave detailed guidance to staff on how to minimise the risk of harm to people. For example one person had difficulties eating and their individual plan gave clear guidance on how staff should present their food to make it easier for them to eat. Another plan gave staff strategies to help a person to limit their alcohol intake such as keeping them busy by helping them plan and activities to fill their time and distract them. One person's support plan was up to date and consistent with the support described by the person and the staff supporting them. Another person's referred to their support plan as, "The bible," because it was the person's view that it contained everything in it that they and their personal assistants needed to know.

Accidents and incidents were reported promptly to the registered manager who checked to ensure that all appropriate actions had taken place to minimise the risk of recurrence. There was an accident and incident matrix to track actions and monitor for trends. For example one person reported to staff that they had fallen asleep with the stove on. Staff had alerted the registered manager of the incident immediately and an urgent referral was made to the Home Fire Safety Team who installed a sensor and additional smoke alarms to alert the person and reduce the risk of fire.

There were sufficient staff employed to meet the needs of people. Each person had a team of dedicated staff to support them, with their own rota. Sufficient staff were allocated to each person to ensure that there was cover for annual leave, training and short term absence. Each person had an emergency contingency plan in place should there be a period of unforeseen staff absence. A person told us, "I have care 24/7, I have a team, they always come and if someone is ill they will always replace them." Rotas were flexible and person centred to support independence and choice. One person's rota demonstrated members of the team covering each other's shifts to allow for staff holidays and training. The rota also showed where extra members of staff had been booked to support the person to go out and take part in their chosen activities. A member of staff told us that they were developing an 'On call wheel,' for their team to help staff to give greater flexibility to the person they supported. The 'On call wheel,' would identify one member of staff per day as available where two members of staff were required, for example for trips out or hospital appointments.

Staff were trained in the administration of medicines and there was clear guidance to staff as to when and how medicines should be administered. The registered manager undertook medication competency checks as part of regular spot checks which involved observing practice and checking records. Two medicines dispensing errors had been recorded where staff had recognised that the blister packs supplied by the pharmacy contained the wrong medicines. In both cases staff had acted quickly and appropriately to ensure that the person had the correct medicines before it ran out.



## Is the service effective?

### Our findings

People told us that the service was effective, one person said, "They absolutely know what they are doing, they are well trained." There was a training plan in place for essential training, such as health and safety and basic first aid. Additional training specific to the needs of people was provided in house or through local authority courses. There was an induction process which involved essential training through a combination of eLearning and face to face training and a period of shadowing experienced staff until confident and competent. Staff received regular supervisions and these were documented and available in staff files. Supervisions were undertaken by the registered manager and included observed practice and feedback. A member of staff explained how supervisions involved a discussion around the person they were supporting, as well as how they were doing and what support they needed. They said that they, "Definitely felt supported."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Staff told us how they supported people to make decisions and choices about their everyday lives. One person's individual support plan recognised that they had fluctuating capacity and detailed ways in which staff could gently support that person to make choices at times when their capacity was compromised. For example prompting the person to have a shower where ordinarily they would make that decision for themselves. One person told us, "It's up to me." This meant that staff was supporting people in accordance with the principles of the MCA.

Staff supported people to have sufficient to eat and drink by helping them with shopping and preparing food. One person said, "They make sure that I eat properly, they prepare my food for me and check I've eaten it." Another person told us how staff assisted her to do her shopping online. Two members of staff and the person they supported told us how they struggled to maintain their weight. Staff and the person were working together to manage this and told us how they were keeping a food diary and monitoring the person's weight. Staff were knowledgeable about people's preferences and dietary requirements. For example one person had to follow a specific diet and needed food presented to them in a certain way. Staff were able to describe how they supported the person and this support was accurately reflected in the person's individual support plan.

People were supported to access and attend routine health care appointments such as visits to the GP, dentist and chiropodist. One person told us that staff were supporting them to attend a podiatry appointment the following day, and their personal assistant showed us the entry in their diary to remind them. Staff monitored people's health and wellbeing and supported them to access or request referrals to

services as and when required. One person was supported to manage a complex health need. There was detailed guidance for staff in place and staff clearly understood this person's condition and were able to confidently describe the actions they would take should they become unwell.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. One person described their relationship with their personal assistants as, "Like family, coming out with a friend." A person and their two personal assistants joined us on the day of the inspection. There was friendly conversation between them and it was clear that their relationship was based on mutual trust and respect. A member of staff said, "We are a really good team, everyone really cares and will help each other out."

Staff spoke about the people they were supporting with kindness and empathy. A member of staff told us how they helped a person with day to day chores, so that they could conserve their energy to do the things that they wanted to do such as socialising with friends or gardening. Staff were thoughtful. For example, one person told us how their personal assistant had given them a water bottle to encourage them to keep hydrated. The person did not like the taste of tap water, so their personal assistant had chosen a water bottle with a filter which they preferred.

The service aimed to support people to maintain independent lives. The registered manager explained that this was achieved by being person centred and flexible. One person told us that if they decided to go out, they would let their personal assistant know where they were and they would come to them rather than having to wait in at home for their visit.

People were supported how they wanted to be supported. For example one person wanted to go to the supermarket to do their food shopping while another needed support to do an internet shop. One person said that her personal assistants encourage her to, "Make a list of what I want to do that day and then we decide together what is possible to do in that day." Another person was supported to run their own business. Their personal assistant said that whilst there were many other things they could support that person with they took their direction from them and only did those things that they were asked.

Staff explained how they would respect people's dignity and privacy. One member of staff told us how they had respect for people's private space. They said that they would not tidy up a person's home if they preferred it to be kept a certain way. One person needed a member of staff with them all the time. A member of their team of personal assistants explained how they supported a person by giving them privacy when they had visitors. Another member of staff told us how they would agree a code word with a person, so that they could discreetly prompt them to use the toilet when they were out. Staff also told us that they would ask how a person would like them to introduce themselves if they were meeting people for the first time; for example as their friend or as their carer.

The provider regularly sought feedback from people and undertook regular reviews to ensure that they were fully involved in planning their support. Feedback from people was positive, one person had written, "I feel very lucky to have the support of such an amazing team."

## Is the service responsive?

### Our findings

The service was person centred and responsive to people's needs. A person said, "They are very centred around the person." A member of staff told us that the person they supported was "At the centre of my considerations."

Rotas were planned according to each person's needs with flexibility to allow for day to day choices and health needs. For example one person had a dog. They told us that if they felt too tired or unwell to walk their dog then their personal assistants would make sure to incorporate a dog walk into the support delivered for that day. A member of staff told us how the team supporting one person worked flexibly to allow for a person's ad hoc socialising, such as meeting a friend in town for a coffee or going on a shopping trip.

People told us they were fully involved in developing their support plans to suit their individual lifestyles and preferences. One person told us, "We have recently done a care plan and have ongoing discussions." Another person explained how they were involved in developing their care plan. They told us that they had two meetings, one to find out their care wishes and another to decide on any equipment they might need.

People were supported to follow interests and hobbies. One person enjoyed making remote control model cars and they were supported to visit specialist shops in nearby towns to obtain parts. Other people were supported to keep pets. One person had a cat and a dog and was supported by staff to walk the dog and take both the dog and the cat to veterinary appointments. People were supported by staff with daily activities such as shopping and housework, but were also supported with their social lives. People were also supported to make plans and aspire to achieve goals, such as planning holidays and at the time of inspection one person was visiting a family member in Italy. One person was being supported to find more suitable accommodation. They described their current goals as "Forwards and upwards."

Staff told us how they supported people to maintain relationships with family and friends. A relative said, "They take my (family member) to groups which gives her confidence". One person told us how staff had supported them to attend an event where they had met up with people who they had not seen for years. They explained how their personal assistants had helped them to reconnect with their community and their culture and the positive difference this had made to their wellbeing. A member of staff said that they regularly supported one person to visit their family home, to receive visitors to their home and meet up with friends. A further member of staff told us how they supported a person to make new friends by supporting them to attend community groups.

There was a complaints process which was available in people's folders in their homes, but no complaints had been received. One person told us that when they had had a problem they contacted the registered manager. They told us, "Everything was ironed out and smoothed out." People said they had regular contact with the registered manager, that they felt comfortable to approach them and that they felt listened to. One person told us how the registered manager, "Comes out to see me now and then." A health care professional told us that the provider had, "Always responded effectively to any issues/queries raised."

## Is the service well-led?

### Our findings

The nominated individual of the provider told us that supporting people to maintain their independence through person centred flexible support was the aim of the organisation. This was reflected in the planning and the delivery of the service. A health care professional told us, "The needs and requirements of clients are always at the forefront of the approach of the organisation – both in terms of services delivery and management of processes." A member of staff added, "They are flexible in their way of working."

There was a registered manager in place supported by a small administrative team. A health care professional told us that the service had, "Strong effective leadership encompassing both strategic direction and service delivery with a personalised focus."

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014. For example, the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

A member of staff described the registered manager as, "Dedicated and approachable," and told us that they, "Make it clear that they are always available." One person said that the registered manager, "Always gets back to me straight away, she bends over backwards to help me."

Staff received regular contact with the registered manager and told us they felt supported and appreciated. One member of staff told us that she saw the registered manager twice a week in addition to regular supervisions. Two members of staff explained how the registered manager helped to preserve the relationship they had built up with a person, by talking to them on their behalf or vice versa. This meant that the person and their personal assistants had a method of giving feedback to one another through the registered manager. All parties felt that this was a good way of managing their relationship as it made sure that the person receiving support was at the heart of everything they did.

Personal assistants were matched to the people they supported. One person said, "They found me the right person, she is well matched, we get on well." People were included in the selection and employment of personal assistants. For example a member of staff told us how they were interviewed by a person and one of their existing personal assistants.

Staff were positive and motivated. One member of staff said, "Everyone is working together to make it work." Teams supporting individuals held meetings which were attended by the registered manager and the person they were supporting. A member of staff told us that if the person did not prefer to attend a full meeting, they would add items to the agenda or just come along for the beginning or the end of the meeting.

There was a limited quality assurance system in place which was appropriate to the size of the service. This

involved regular spot checks by the registered manager and the reviewing of feedback surveys from people and staff. The provider had a plan in place to extend the quality assurance system in the next few months to ensure that quality was maintained as the service grew.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that staff employed were of good character and suitable to work with people.</p>