

Reamcare Limited

The Porthouse

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

About the service

The Porthouse is a supported living service providing 24-hour personal care and support for up to five young adults with learning disabilities and autism. At the time of our inspection two people were using the service.

The service had 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 received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were happy living at The Porthouse. Staff treated people with kindness and respect and the atmosphere was relaxed and friendly. Relatives told us their communication with staff was good and they felt involved in their family members care. Staff had received the training and had the support they needed to understand and meet people's needs.

Staff helped people work towards their goals and encouraged people to engage in the activities they wanted to do. They supported people to learn new skills and be as independent as they were able to be. Staff helped people keep in contact with their family and friends.

Staff knew how to keep people safe and used different ways to communicate with people to find out how they were feeling and the choices they wanted to make. Care records helped staff know what was important to people and how they wanted to be supported. Information was available for people in a way they could understand.

Managers and staff made sure people were asked their views about how the service was run and what staff could do to make things better. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people to attend health care appointments and made sure health care professionals knew how to support people during treatment. Staff made sure people received their medicine in a safe way.

Managers and staff knew how to record and report concerns, this included any safeguarding concerns. When an incident or accident happened, the reason was investigated and changes were made to make things better for people.

The provider had a range of audits in place to make sure people were safe and drive improvement. When

things had gone wrong lessons were learned and this was shared with staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

We did not give the service a rating at our last inspection (05 June 2019). This was because there was insufficient evidence available to make a judgement and award a rating.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Porthouse

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before our inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

During our inspection we spoke with one person using the service. We observed interactions between people and staff to help us understand their experiences of receiving care and support at the service. We spoke with the registered manager, and three staff members. We looked at records which included two care

plans, medicine records and other records relating to the management of the service.

After the inspection

After our inspection we spoke with two relatives of people using the service to find out their views. The registered manager sent us additional information such as staff meeting minutes.

Is the service safe?

Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has now been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us their family members felt safe at the service. One relative said, "[Name of person] is safe and they would say if they were unhappy."
- Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place.
- Systems and processes were in place for managers to report, investigate and review safeguarding concerns. The manager understood their responsibility to report any allegations of safeguarding to the local authority and the CQC.
- Staff had received training in safeguarding and this was renewed regularly to keep their knowledge current.

Assessing risk, safety monitoring and management

- Staff knew about the risks people faced and supported people to be as independent as they could be while remaining safe. Staff gave us detailed examples of how they managed risk. For example, managing the risk associated with people's health or situations that could increase people's anxieties.
- Risk assessments were in place and these were regularly reviewed as people's needs changed. These covered risks to the person both at home and in the community.
- Environmental risks were identified and reported to the landlord to make the improvements necessary to keep people safe.
- Health and safety and fire checks were routinely carried out at the service.

Staffing and recruitment

- There were enough staff on duty to keep people safe. Staff told us their rotas were planned flexibly to accommodate people's outings, activities and healthcare appointments. Duty rotas and shift planners confirmed staff numbers. During our inspection staff were always visible and on hand to meet people's needs and requests.
- The provider followed safe recruitment practices. Checks were carried out before employment started to make sure staff were suitable for the role.

Using medicines safely

- People received their prescribed medicines safely. People's medicines were kept securely and records gave staff the information they needed to make sure they knew how people liked to be supported with their medicine.
- We checked the medicine administration records (MAR) for two people and did not find any recording errors. Additional information was provided for as required medicine including when it was needed and

why.

- Staff knew about people's medicines. They told us they had received training in medicine management and competency checks were completed by the registered manager to ensure staff continued to have the skills and knowledge to keep people safe.
- Staff carried out regular audits to check that medicines were being managed in the right way. The pharmacist visited yearly to make sure the service was up to date with their systems and processes in line with national guidance.

Preventing and controlling infection

- Staff had access to personal protective equipment when needed and all staff had received training in infection control and hand hygiene. Cleaning schedules and a monthly infection control audit was in place.
- The communal areas of the service were clean and tidy. Communal toilets had hand washing and drying facilities and were clean and free from odours.

Learning lessons when things go wrong

- Staff were fully supported to report concerns and incidents and knew they would be listened to by the registered manager.
- When something went wrong the registered manager fully investigated concerns and acted appropriately. One relative told us they were reassured when something had been reported because the registered manager had acted immediately to put things right.
- The registered manager reviewed all accidents, incidents and safeguarding concerns and there was a strong focus to learn lessons to make things better for people. When there was learning from events these were circulated to staff so action could be taken to reduce any risk that people could face.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was not rated. At this inspection this key question has now been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed to identify all of the support they required. Staff thought about how to develop people's skills to help them cope with the challenges of life and used evidence-based guidance to achieve good outcomes for people. For example, staff identified strategies to help one person with their anxieties when they were in the community.
- When new people joined the service, staff made sure they made the transition as smooth as they were able. One relative told us, "They [the service] handled it [the transition] very well, they couldn't have done better."
- People's care records were updated when people's needs changed. The registered manager explained how important this was, especially when a person was new to the service and staff were learning new things about them all of the time. This meant staff had access to the most up to date information about people's individual support needs so they could provide the care that promoted a good quality of life.

Staff support: induction, training, skills and experience

- Staff had the training and skills they needed to help them carry out their roles effectively.
- Staff felt they were well supported by their managers. Regular one to one meetings, team meetings and yearly appraisals gave opportunities to discuss any issues including learning and development.
- Staff told us they received enough training to provide people with the care and support they needed. Staff training was provided in a mixture of e-learning and face to face training. The registered manager monitored staff training during one to one meetings to make sure staff had completed the training they needed.

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

- People were supported to be as independent as possible with their choice and preparation of food.
- People planned their weekly menu with help from staff and these were displayed in the kitchen in pictorial form, so people could see what they had chosen. One person told us what they were going to eat that evening and said they were looking forward to their dinner.
- Staff worked with people to try new foods and to encourage healthy choices.
- People's likes and dislikes were recorded in their care records along with any special dietary needs.

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

- People were supported to access the healthcare services they required. Care records confirmed there were good links with local health services and the GP. There was evidence of regular visits to healthcare professionals, together with the advice given and action taken.

- Records contained health action plans and hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be taken to hospital or healthcare appointments to show healthcare professionals how people liked to be looked after.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff used a variety of methods to make sure people were fully involved in decision making.
- Staff made sure people had the maximum choice and control over their lives and supported them in the least restrictive way possible.
- Mental capacity assessments were in place for specific decisions relating to people's care and support and best interest decisions had been made in line with best practice. This involved staff, family members and healthcare professionals.
- The registered manager was in discussions with the local authority regarding an application to the Court of Protection. We will check on the progress of this application during our next inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was not rated. At this inspection this key question has now been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us they thought staff were caring and they always felt welcome at the service. One relative told us, "Staff are very professional and caring. They make every effort to know [family member] as best they can."
- Staff told us they had time to get to know people well and understand their care and support needs. They gave examples of how they enjoyed supporting people to learn new skills or trying new activities.
- We observed one person with staff, conversations were happy and relaxed, staff knew the person well and gave the person time and space to speak about their day. It was clear the person valued and trusted the support provided by staff.
- People were asked about their religious beliefs and cultural beliefs and staff worked with people and families to respect these in line with their wishes.

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

- People were involved with choices about their day to day care and support. This included food choices, what to wear and how to spend their time. One person returned from college and chose to do some arts and crafts. Staff supported them to do this and helped answer any questions the person had about the rest of the day.
- Care records contained detailed information about people's choices and views. For example, how they would like to be supported, their likes and dislikes, and daily routines.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be as independent as they could be. People were supported to engage in household chores but also to try new things in the community to give them a sense of pride and achievement.
- Staff told us how they respected people's privacy and dignity and made sure they gave people choice in their everyday decisions. One staff member showed us the dignity posters displayed around the service and told us that many staff had signed up to be dignity champions. A dignity champion is someone who have made a pledge to uphold people's privacy, dignity and respect. The registered manager told us, "I am really passionate about [dignity in care]" and went on to tell us about the planned events over the coming months to promote awareness in their area.

Is the service responsive?

Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has now been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. People and their family members were involved in the care planning process and records confirmed people's views were recorded. For example, what made people happy or sad, their likes and dislikes and preferred routines were recorded. Staff were knowledgeable about these.
- Care records were regularly reviewed and reflected any changes in people's care and support needs.
- Staff thought carefully about how to develop people's individual skills to help them cope with new challenges. This included a personalised approach for people to manage their anxieties.
- Staff told us they were happy with the progress people had made since they have been living at The Pothouse and gave us examples of how people's confidence had increased while in the community.
- Relatives told us they felt involved in their family member's care and support. They felt they worked as a team with staff and the registered manager.

Meeting people's communication needs

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

- People's care records included information about their individual communication needs and how these should be met. Staff used a variety of methods to help people communicate including social stories, pictures and objects of reference.
- Staff knew people's communication needs well and were able to support people appropriately to gain people's views and choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities of their choice. Photographs were displayed around the service of days out and activities people had taken part in. Each person had an activity schedule that was relevant to them and staff told us they were able to spend time with people supporting them either at home or in the community.
- People were encouraged to attend college and certificates of achievements were celebrated and displayed on the wall in the main living area.
- Staff encouraged people to maintain relationships that were important to them. People were supported to regularly visit their family and friends. One person missed their family when they first moved in so staff

brought a voice recording sound board. Staff added photographs of each family member and recorded messages from each relative. When the photograph was pressed it played a message from the persons relative. The registered manager explained how much this had helped the person to settle in, and going forward how this method of communication could help with other aspects of their care and support.

Improving care quality in response to complaints or concerns

- Relative's told us they knew who to make a complaint to if they were unhappy but had not needed to do this. They told us they had total confidence that they would be listened to and changes would be made when they spoke to the registered manager about their family member's care.
- The registered manager took concerns and complaints about the service seriously with any issues recorded and acted upon. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. People's records included preferences relating to protected characteristics, culture and spiritual needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was not rated. At this inspection this key question has now been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us they thought the service was well led. They spoke positively about the registered manager, one relative told us, "I like how it is managed, if I have any problems or want an update I just call or email, they always come straight back to me."
- Staff told us they felt supported in their jobs and would speak to the registered manager if they had any concerns or ideas to make things better for people. One staff member told us, "We are able to make suggestions for improvements and we are always listened to...everything I have asked for or suggested has been granted."
- Equality and diversity were actively promoted at the service and staff received regular training in equality and diversity.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

- During our conversations with the registered manager we discussed what the service did well and where there was room for improvement. The registered manager was open with us about the changes they wanted to make and how they were always looking for ways to improve the care and support people received.
- When things went wrong the registered manager explained they shared lessons with staff to help reduce risk and improve people's care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear governance structure in place. The registered manager was supported by the provider to meet their legal and regulatory requirements. The registered manager had reported notifiable events to the CQC in line with the legislation.
- The registered manager had a robust quality assurance program in place that allowed them to manage and assess the risks to people and the quality of care and support people received.

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

- People were asked for their views about their care and treatment and their views were acted on. We observed people were encouraged to give their views to staff at any time and also had the opportunity to do so during regular one to one keyworker meetings.

- Staff told us they were able to share their views and experiences with the registered manager at any time and during their staff meetings and supervision.
- The registered manager regularly spoke with relatives and told us how important they felt it was to involve people's family in the care and support people received. Relatives confirmed this, one relative told us, "[The registered manager] is great, she is always available, we work together really closely."

Working in partnership with others

- The service worked with other agencies such as health care professionals to make sure people had the care they needed.
- People were encouraged to build friendships in the local community and staff gave examples of how they had worked with local charity shops and the library to improve experiences for people.