Peace of Mind Healthcare Ltd

Branch House

Inspection report

Taunton Road
North Petherton
Bridgwater
Somerset
TA6 6NW

Tel: 01278661290

Date of inspection visit:
07 June 2017

Date of publication:
29 June 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 7 June 2017 and was unannounced. It was carried out by one adult social care inspector. This was the first inspection of the service since it was registered by the Care Quality Commission in October 2016.

Branch House provides accommodation with personal care for up to four people. The home specialises in providing a service to adults who have a learning disability or associated mental health needs. There are large private gardens and parking. The home is staffed 24 hours a day.

At the time of our inspection there were three people living at the home. Some people were not able to tell us about their experiences of life at the home so we therefore used our observations of care and our discussions with staff to help form our judgements.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The philosophy of the service was "To support individuals to reach their own level of independence and develop personal skills. To ensure people have freedom to express opinions and encourage full participation in the running of the home." Through our observations and discussions with staff it was evident that this ethos had been fully adopted and promoted by the staff team.

There was a very happy and relaxed atmosphere in the home and people looked relaxed and content with the staff who supported them. Staff understood people's needs and preferences and engaged with each person in a way that was most appropriate to them. A person who lived at the home told us "I love it. I am very happy here. I like the staff; they are my friends." Another person smiled and gave thumbs up when we asked them about the staff and whether they were happy living at the home.

There were enough staff deployed to help keep people safe. People were supported to live the life they chose with reduced risks to themselves or others. There was an emphasis on supporting people to develop and maintain independent living skills in a safe way.

There were policies and procedures which helped to reduce the risks of harm or abuse to the people who lived at the home. These were understood and followed by staff. These included recognising and reporting abuse, the management of people's finances, staff recruitment and the management of people's medicines.

People were supported by a caring staff team who knew them well. Staff spoke with great affection when they told us about the people they supported.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

People and the people close to them were involved in developing and reviewing the care they received. Each person had a care plan which detailed their needs, abilities and preferences. These had been regularly reviewed to ensure they reflected people's needs and aspirations.

People accessed various activities in the home and local community. People were supported to maintain contact with the important people in their lives.

There were systems in place to monitor and improve the quality of service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People received their medicines when they needed them and these were managed and administered by staff who were competent to do so.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to make choices and be as independent as they could be.

There were sufficient numbers of suitable staff to help keep people safe and meet their individual needs.

Is the service effective?

Good

The service was effective.

People saw appropriate health care professionals to meet their specific needs.

People were supported by staff who knew how to ensure their legal and human rights were protected.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Good

The service was responsive

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed with people to ensure they reflected their current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Good

The service was well-led

The registered manager had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

Branch 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.

This inspection took place on 7 June 2017 and was unannounced. It was carried out by one adult social care inspector. This was the first inspection of the service since it was registered by the Care Quality Commission in October 2016.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection there were three people living at the home. We were able to meet with two people however one person was unable to tell us about their experiences of life at the home. We therefore used our observations of care and spoke with the registered manager, deputy manager and two care staff.

We looked at a sample of records relating to the running of the home and the care of individuals. These included the care records of two people who lived at the home. We also looked at records relating to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment.

Good

Is the service safe?

Our findings

We observed people were well treated and they looked relaxed and at ease with their peers and with the staff supporting them. One person told us they felt safe and happy living at the home. Another person who was unable to express themselves verbally gave us the thumbs up when we asked them if they felt safe living at the home.

People were potentially vulnerable to abuse due to their learning disabilities and mental health needs. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries.

The risk of abuse to people was reduced because the provider had effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. We saw staff were able to respond to impromptu requests when people indicated they wanted to go out. For example during the morning two staff supported one person to go out for a drive. During the afternoon staff responded to another person's request to go shopping. A member of staff told us "It is amazing here. We always have plenty of staff which means we can support people to do the things they want to do."

Care plans contained risk assessments with measures to ensure people received safe care and support. These included risks and management of people's finances, health care needs and accessing the community. There were clear plans in place for supporting people when they became anxious or distressed. The circumstances that may trigger anxiety were identified with ways of avoiding or reducing the likelihood of these incidents.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. Medicines were securely stored and people's medication administration records (MAR) showed when medicines had been administered. Some people were prescribed medicines on an "as required" basis. The registered manager told us they would implement clear protocols for the use of as required medicines which would help to ensure staff followed a consistent approach and that people received these medicines when they needed them. Records showed people's prescribed medicines had been regularly reviewed by health care professionals to ensure they remained appropriate and effective.

There were plans in place for emergency situations. People were involved in monthly fire drills and staff monitored their ability and responsiveness to evacuate the home. Staff had access to an on-call system

which meant they were able to obtain extra support to help manage emergencies.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. During the induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. We met with two members of staff who had been recently employed. One member of staff told us "I had a brilliant induction and I had lots of shadow shifts. The support has been great."

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home such as diabetes management and mental health awareness. Many staff had nationally recognised qualifications in care which helped to ensure they were competent in their roles. The registered manager told us newly appointed staff would complete the Care Certificate following completion of the induction programme and that this would also be completed by existing staff to ensure their skills remained effective. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Care plans showed people had access to healthcare professionals including doctors, opticians and chiropodists. People also saw health care professionals to meet specific health care needs such as the management of diabetes. People's care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. Care plans included 'hospital passports' which are documents containing important information to help support individuals with a learning disability when they are admitted to hospital.

People were supported to eat well in accordance with their needs and preferences. Menus were developed with people each week and people chose when and where they had their meal. Through our discussions with staff we found they were very knowledgeable about the needs of one person who required a strict diet due to a medical condition. A nutritional care plan had been developed by a specialist health care professional which was understood and followed by staff.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) Staff had been trained to understand and use these in practice. The 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. Care plans demonstrated that assessments of people's capacity to consent to their care and treatment had been completed. Where a person had been assessed as lacking the capacity to consent, staff had involved people's representatives and health and social care professionals to determine whether a decision was in the person's best interests. These included decisions about the management of people's medicines and finances. This ensured people's legal rights were protected.

Throughout our visit we observed people choosing how and where they spent their day. Staff respected

people's wishes and were keen to empower people to make their own decisions.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments about people's capacity to consent to living at the home and for certain restrictive practices to keep people safe from harm had been completed. Where required DoLS applications had been submitted/approved.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. The atmosphere in the home was relaxed and cheerful and people engaged in friendly banter with the staff. A person who lived at the home told us "I love it. I am very happy here. I like the staff; they are my friends." Another person smiled and gave thumbs up when we asked them about the staff and whether they were happy living at the home.

Through our observations and discussions with staff it was evident they cared a great deal about the people who lived at the home. One member of staff said "It's amazing here. We have a great staff team who are all so positive which makes it a really happy place for people."

Staff saw their role as supportive and caring but were keen not to disempower people. They promoted people's independence within the bounds of their capabilities. For example, people were encouraged to be involved in carrying out household chores with just a little assistance or prompting from staff when needed. We observed one person preparing lunch for themselves and another person who lived at the home. Staff encouraged and reinforced such positive behaviours with lots of "Well done" and "Thank you" responses.

Staff knew people very well. They told us about the people they supported, what was important to them and who were the important people in their lives. This meant staff could have conversations with people about things that were important to them and about their interests. Staff told us about people's families and how they regularly met with them either at the home or when supporting people for home visits.

People's wishes were respected and nobody was made to do anything they did not want to. People were encouraged to make their own decisions, as far as they were able to. We observed staff offered people options to choose from and then acted on the person's wishes. People could choose to spend private time alone in their rooms or join others in the communal areas of the home. Staff were always on hand when people needed their assistance.

Each person had their own bedroom which they could access whenever they wanted. Bedrooms were decorated and furnished in accordance with each person's tastes and preferences. People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. The layout of the home meant that there were ample communal areas where people could chose to spend their time. Staff respected people's dignity within the home. For example, personal care was only provided in the privacy of people's own bedrooms. We observed staff always assisted people in a discreet and respectful manner during our inspection.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. The care plan format provided a framework for staff to develop care in a personalised way. The care plans were person centred and had been tailored to people's individual needs. For example, there was information about people's preferred daily routines such as what time they liked to get up and go to bed and how they liked to spend their day. The staff we spoke with and observed demonstrated a very good knowledge of the people they cared for.

People had their needs assessed before they moved to the home. This helped to ensure the home was a suitable placement and that the person's needs and aspirations could be met. The service ensured people experienced a smooth and positive transition from their previous placement to the home. The deputy manager told us about one person who had recently moved to the home. They explained that they, and members of the staff team, had spent several weeks visiting the person and this had helped to get to know them and their preferred routines. In response to the person's needs, the service converted some buildings in the grounds of the home to provide the person with their own space and garden. This had been positive for the person and had resulted in reduced anxiety and improved communication and interactions with staff.

People participated in the assessment and planning of their care as much as they were able to. Others close to them, such as their relatives or other professionals involved in their care, were also consulted and involved in reviewing the person's plan of care to make sure that it remained accurate and up to date.

Each person had a named support worker (key worker) who had particular responsibility for ensuring their needs and preferences were understood and acted on by all staff, and that people had everything they needed.

Staff recorded information about each person at the end of each shift. These records included information about the person's well-being, health and how they had spent their day. This information helped to review the effectiveness of a person's plan of care and made sure people received care which was responsive to their needs and preferences.

People had opportunities to take part in a range of activities and social events. On the day we visited people went out for a drive and tea and cake. People also enjoyed regular trips to the nearby town and places of interest. We were informed that a holiday was being planned for people during the summer. The home had some kittens and chickens and one person who lived at the home enjoyed taking responsibility for caring for them. The registered manager told us about plans to create an allotment in the grounds of the home for one person who enjoyed gardening.

The registered manager operated an open door policy and was accessible and visible around the home. People knew the registered manager well and looked relaxed and comfortable in their presence. One person was able to tell us "I can talk to staff if I am worried." The service had not received any formal complaints.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a staffing structure which gave clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager, senior care workers and care workers. Staff were clear about their role and the responsibilities which came with that. Systems were in place to monitor the skills and competency of staff employed by the home. Staff received regular supervision sessions and observations of their practice. All the staff we spoke with told us they felt well supported and received the required training to meet the needs of the people they supported. One member of staff told us "I get excellent support. Supervisions are really good because you get praise and thanks for doing a good job. I feel really valued." This meant people are always supported by staff who are competent to meet their needs and monitor their well- being.

The philosophy of the service was "To support individuals to reach their own level of independence and develop personal skills. To ensure people have freedom to express opinions and encourage full participation in the running of the home." Through our observations and discussions with staff it was evident that this ethos had been fully adopted and promoted by the staff team. There was a positive culture within the service where there was an emphasis on empowering and involving people whatever their disability. For example, the service was not risk adverse and it was proactive in enabling people to have control over their lives and to receive care and support which was personal to them.

There were quality assurance systems in place to monitor care and plan on going improvements. The registered manager carried out monthly quality audits which covered all aspects of the running of the home and the quality of care people received. One of the provider's directors also carried out regular audits. The findings of two recent audits had been positive and no areas for improvement had been noted. Routine weekly and monthly health and safety checks were also carried out by staff to ensure a safe and homely environment for people..

The service had recently sent satisfaction surveys to people's representatives to seek their views. Those which had been completed showed a high level of satisfaction about the quality of the service provided.

The registered manager kept themselves up to date with current guidance and best practice through regular research and the Care Quality Commission's website. We saw an example of where this had resulted in a positive outcome for the people who lived at the home. Following research and consultation on guidance produced by the Department of Health, Skills for Health and Skills for Care about reducing the need for restrictive intervention, the service converted an outbuilding into an annexe with garden for one person who found it difficult to share communal space with other people. This had resulted in the person becoming calmer.

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve.

The registered manager was aware of the need to report significant events to the relevant statutory authorities. Records showed there had not been any significant events since the home was registered in October 2016.