PLUS (Providence Linc United Services)

Springbank Road

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

Springbank Road provides personal care and support for up to four people with a learning disability. At the time of our inspection four people were living in the service.

At our last inspection in June 2015 the service was rated as 'Good'. At this inspection we found the service remained Good.

The service had a registered manager at the time of the 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.

People continued to be kept safe by staff who were trained to identify and respond to any suspicions of abuse. Staff assessed people's risks and developed plans to reduce them. People received their medicines safely from staff who were recruited safely through robust procedures. The service maintained a high state of readiness to respond to an emergency such as a fire.

People continued to receive their care and support form staff who had been inducted and trained and who were supervised by the registered manager and their performances were evaluated. People were treated in accordance with the principles of the Mental Capacity Act 2005. People continued to eat well and were supported to access healthcare services whenever they needed to.

Staff continued to be caring towards people and support people to maintain the relationships that were important to them. People were supported to develop their independence through skills teaching activities around daily living tasks. Staff continued to treat people with respect and to maintain people's privacy.

People continued to receive care and support that was responsive to their needs. Staff supported people's changing needs and updated people's care and support plans. People's anxieties and behavioural support needs were well managed. Staff supported people to engage in activities of their choosing. The registered manager dealt with people's complaints appropriately and in a timely manner.

The service continued to be well led. Staff felt supported and communication within the team was open. The provider continued to monitor and audit quality at the service and ensure continuous improvements were made. The service worked closely with health and social care professionals to ensure positive outcomes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Springbank Road

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 15 June 2017. It was unannounced and undertaken by one inspector.

Prior to the inspection we reviewed the information we held about Springbank Road including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with three people, four staff and the registered manager. We reviewed four people's care records, risk assessments and medicines administration records. We looked at documents relating to staff and management. We reviewed four staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance information and audits. We looked at complaints and compliments from people and their relatives.

Following the inspection we contacted three health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People continued to be safe living at the service. Staff continued to be trained in safeguarding people from abuse and improper treatment. Staff we spoke with were able to explain the varying types of abuse people may be at risk of and the actions they would take to keep people safe. Staff told us they would inform the manager if they suspected a person had been abused or was at risk of abuse. We found that the service had raised safeguarding concerns appropriately, had cooperated with local authority enquiries and implemented recommendations to keep people safe.

People continued to have their risk of experiencing avoidable harm reduced by the actions of staff. People's risks were assessed by staff and plans put in place to manage the risks. For example, one person's care records contained a risk assessment to keep them safe whilst cooking. Control measures included, ensuring that work surfaces were clear, they were supported by a member of staff whilst preparing food and completing one task at a time to reduce opportunities for distraction. In another example, we found that people with visual impairments had clear information in their care records about supporting their mobility safely and reducing the risk of falling. This included, when staff should provide people with a supporting arm and the support people required to scan the ground around them using their cane.

There were enough staff deployed at the service to keep people safe. Staff were available in numbers sufficient to enable people to be supported in several areas within the home and the community at the same time. Assistive technology was used by staff who were supporting people over night. Motion detectors were used to activate audio voice alerts in the staff sleeping room. For example, one automated message said, "Someone has entered the kitchen." This meant that staff could go to that location and ensure people were safe.

The staff supporting people continued to be suitable for their roles. Staff delivering care and support to people had successfully completed applications, interviews, background checks and a six month probation period. This meant people continued to receive care and support from safely recruited staff.

People received their medicines safely. People's allergies to medicines were stated prominently in care records. People's medicines were stored separately within a locked medicine cabinet. Staff recorded the administration of medicines to people on medicines administration record (MAR) charts. We found there were no gaps in staff recording on MAR charts and the medicines stocks tallied with balances on MAR charts. This meant that people received their medicines in line with the prescriber's instructions. People were supported with regular review meetings to ensure that medicines continued to safely meet people's needs.

The registered manager coordinated checks of health and fire safety within the service. This included checking the condition of electrical sockets and switches, the contents of the first aid box and ensuring that fire escape routes were free of tripping hazards. The registered manager ensured that all health and safety certificates were up to date. These included the landlord's gas safety record, fire alarm and emergency lighting certificates and the building regulations certificate for electrical installations.

People were protected by the readiness of staff to respond in the event of a fire. Staff routinely tested the service's fire alarm call points and people were supported to rehearse building evacuations during regular fire drills. When undertaking fire drills a member of staff wore a readily available high visibility armband. This practice was followed so that in the event of a fire the member of staff would be immediately identifiable to the responding emergency services. Staff maintained records of fire drills. For example, in April 2017 records confirmed that a full evacuation of the building was achieved within one minute of the fire alarm being activated during a test. This meant staff maintained a high state of readiness to keep people safe in an emergency.

Good

Is the service effective?

Our findings

People continued to be supported by staff who were trained to deliver effective care. A member of staff told us, "Training is good. It's on going and you learn continuously even on refresher courses you have done before." Staff training included first aid, food hygiene, safeguarding adults as well as training specific to the needs of people living at the service. For example, skills teaching, supporting people's behavioural needs, and communication methods.

Staff supporting people continued to be supervised and appraised by the registered manager. Staff were supported to reflect on their practice during supervision sessions and to discuss improving people's support. For example, we read records of staff and the registered manager discussing people's activities and house repairs. Staff were supported with annual appraisals. These were used to evaluate staff performance and plan improvements and personal development. For example, staff and the registered manager identified training needs.

People's communication needs continued to be met. Staff had guidance on supporting people's communication in care records. People were supported with communication passports which were produced following assessments by healthcare professionals. These detailed how staff should support people's understanding and expression. For example, one person's communication passport stated, "[Person's name] can understand simple sentences." This meant staff knew to use short sentences when talking with this person. In another example, a person's care record said, "[Person's name] is better at understanding when they are not distracted." The Makaton signs people used were noted. Makaton is a signing system based upon natural gestures. The signs used by people and staff included, "Hello", "toilet", "shower", "music", and "biscuit." Staff received Makaton refresher training each year.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that care records reflected where DoLS had been authorised to keep people safe. Details included the purpose of the authorisation, the assessments carried out by health and social care professionals and the date upon which the authorisation expired.

People were supported to eat healthy meals and to choose what they ate. One person told us, "I like food. I

like toast for breakfast and pasta for dinner. I like it a lot." People's preferences were noted in care records. For example, one person's records stated that their favoured breakfast was, "A toasted cheese and ham sandwich with tea." When we spoke with the person they confirmed this, adding they enjoyed all of the meals they were served. The support people required to eat was stated in care records. For example, some people required their food to be cut.

People were supported to remain healthy. Staff supported people to attend yearly health checks with their GP when routine checks were undertaken and the outcomes recorded. People were supported to have hospital passports. These were laminated documents which accompanied people when they went to hospital. Hospital passports contained important information about people including the support required to eat and drink, use the toilet and have their personal care needs met. This meant the service prepared information so that people could have their needs met should they be admitted into hospital.

Good

Is the service caring?

Our findings

People continued to receive support from caring staff. One person told us that the staff were, "Very nice to me." A member of staff told us, "Making people happy is a great priority to have."

People and staff shared positive relationships. We observed warm interactions between people, the care staff and the registered manager throughout the inspection. People were supported to maintain important relationships outside of the service. For example, staff supported people to visit and receive visits from family and friends.

People received information about their care and support. The provider gave people a 'service users guide'. This contained information about the service including, the property and staff team. The service users guide was produced in an accessible format with large print and a large number of photographs to support people's understanding.

People's independence continued to be promoted. The service adopted an 'active support approach' to skills teaching. The active support approach seeks to involve people in all aspects of daily living. For example, staff supported people to participate in making drinks, folding and putting away their laundry and cleaning. One person we spoke with was immensely proud of developing their skills to where they were able to make a cup tea for themselves. Where people could not meet personal care tasks independently and required staff assistance this was noted in care records. For example, one person could brush their teeth independently but required support to put toothpaste on their toothbrush.

People's care records were written in a way that conveyed respect. For example, within one person's care records, under the heading, "What people like and admire about me" it said, "[Person's name] is very sociable and great fun to be with." Within another person's it said, "I'm a good dancer." Care records referred to people positively and highlighted people's strengths. For example, one person's care records stated, "I'm really good at painting."

Staff respected people's privacy. Staff knocked on people's bedroom doors and asked for their permission before entering. Staff we spoke with understood the provider's confidentiality policy and told us they shared information on a need to know basis and did not discuss people's needs within earshot of anybody else.

Good

Is the service responsive?

Our findings

The service remained responsive to people's changing needs. People's needs were assessed by social workers prior to moving to the service. The registered manager used this information to develop support plans to meet people's needs. People were supported with regular reviews of their needs and care plans. People, their relatives and social care professionals were invited to attend people's reviews. Where people's needs had changed care records reflected this and support plans were updated accordingly.

Staff continued to support people to manage their anxiety. Staff followed low arousal techniques in line with guidance and good practice to support people's anxiety and behaviours which may challenge. Low arousal techniques refer to staff approaches which are non-confrontation and used to de-escalate situations when people are agitated. Staff made timely referrals to health and social care professionals to assess people's behavioural support needs and implemented their recommendations. We found that incidents involving behaviours which challenged the service had reduced where people received planned support from staff who were following the professionals guidelines. Guidelines in care records directed staff to support people to avoid situations which made them anxious. For example, the care records of one person who found crowded places distressing, guided staff to support them to avoid shops and buses at peak times.

People were supported to participate in activities of their choice. The activities that people engaged in included, cycling, arts and crafts, healthy eating classes, Zumba fitness classes, cake making, swimming, line dancing, sensory sessions, social clubs, the church and going to the pub.
The support required to participate in activities was clear to staff. For example, care records explained that when swimming one person required a chair lift and staff supporting them in the water using floatation aids.

People were supported to go on day trips which included the seaside, park and museums. People enjoyed cycling and staff supported people to ride tandem bikes and buggies with staff. One person rode a bicycle independently whilst another person used a wheelchair bicycle. Staff assessed people's risks and support needs when planning cycling activities.

People continued to be supported to make a complaint whenever required. We read three complaints. In each one the provider had acknowledged receipt of the complaint, explained the complaints procedure, investigated the complaint and informed the complainant of the outcome within the timeframe stated in the provider's policy.

Good

Is the service well-led?

Our findings

People continued to receive care and support in a service that was well led. Staff told us that the manager was open and supportive. One member of staff said, "Management is really good. The manager is really focused on bringing down the causes of staff stress."

The provider made a counselling service available to staff which was accessible by self-referral. Discussions within these counselling sessions were confidential. This meant people received care from staff whose wellbeing was supported by the provider.

The registered manager arranged meetings for staff to discuss improvements to the support people received. The registered manager used the team meeting forum to provide staff with information. For example, minutes of meetings showed discussion about an updated risk assessment, supporting a person's night-time continence, the outcome from a safeguarding concern and the recommendations from a healthcare professional following one person's assessments.

The quality of the service was monitored by the provider. Senior managers from the provider's head office undertook regular quality assurance checks. The areas audited included health and safety records, care records, staff meetings, medicines records and complaints. Where shortfalls were identified the registered manager developed an action plan to resolve them. The results from the registered manager's actions were checked at the following audit. This meant people continued to be supported in a service with robust quality assurance processes.

The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required. The registered manager reviewed and shared accident and incident forms with health and social care professionals and continued to work closely with health and social care professionals. These included speech and language therapists, occupational therapists, psychologists, psychiatrists and the GP.