Quality Care Providers Limited

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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

This was an unannounced inspection which took place on 1 June 2016.

Quality Care Providers is a residential care home which provides a service for people with learning disabilities and who may have associated behavioural difficulties. The service is registered to provide care for up to six people, there were five people living there on the day of the visit. People were provided with ground or first floor accommodation.

There is a registered manager (who was also the provider) running the service. 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 who live in the service, staff and visitors were kept as safe from harm as possible. Staff received training to ensure they knew how to keep people safe from any form of abuse. The service had health and safety policies and procedures which staff followed to keep people, themselves and visitors as safe as possible. Risks were identified and appropriate action was taken to reduce them. There were high staff ratios to ensure people were looked after safely. Medicines were given safely by staff who had been trained in and fully understood medicines administration.

People were supported to meet their health and well-being needs. Staff were responsive to people's changing needs and preferences. They sought advice from and worked closely with health and other professionals to help them to care for people in the best way. Staff were well trained to enable them to meet people's diverse needs.

People's rights were protected by a knowledgeable staff and management team. The service understood the relevance of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards and consent issues which related to the people in their care. The MCA provides a legal framework that sets out how to act to support people who may not have capacity to do so. People were helped to make decisions and choices about their daily lives.

A very stable, consistent and caring staff team provided care to people they knew well and whose needs they fully understood. People were treated with respect and dignity at all times. Staff understood what person centred (individualised) care meant and why it was important. People were encouraged to participate in a variety of activities, according to their needs, abilities and preferences.

The service was well-led by a respected registered manager and management team. The service had an open and positive management style which encouraged people, staff and others to express their views and opinions. The quality of the care provided was monitored by the management team who made

improvements, as and when necessary or when identified for the development of the service.

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.

Staff protected people in their care. They had been trained so they knew what action to take if they suspected or saw any form of abuse.

Any risks to people's safety were identified and any necessary action was taken to make sure they were reduced.

Staff were trained to look after and give people their medicine safely.

There were a high number of staff so that people's needs could be met and they could be kept safe.

Is the service effective?

Good

The service was effective.

If people could not make some decisions, staff made sure their rights were upheld and they did what was best for them.

People were helped and encouraged to make as many choices and decisions about their daily lives, as they could.

Staff made sure that people were as happy and healthy as possible.

Staff had worked with people for a long time and were well trained to meet their needs.

Is the service caring?

Good

The service was caring.

People's privacy was respected and they were helped to maintain their dignity, at all times.

People were treated as individuals and their preferences and lifestyle choices were respected.

Staff built strong relationships with people and their families.

Staff were kind and patient and knew people very well.

Is the service responsive?

Good

The service was responsive

Staff met people's current needs and reacted quickly to any changing needs.

Staff helped people to keep their relationships with families and others who were important to them.

People were encouraged to do a variety of activities they liked so that they could enjoy themselves, as much as possible.

People, their families and others knew how to and could make complaints about the service, if they wanted to.

Is the service well-led?

Good

The service was well-led.

The service was well-managed. The registered manager helped the staff team to give people good care.

People, staff and others involved with the service were listened to and their ideas and views were acted upon, if possible.

The quality of care the service was giving people was looked at by the registered manager and others. The registered manager and staff team found out what needed improvement and made things better for people, whenever they could.

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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 was unannounced and took place on 1 June 2016. It was completed by one inspector.

Before the inspection we looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at five care plans, daily notes and other documentation, such as medication records, relating to people who use the service. In addition, we looked at other records related to the running of the service. These included a sample of health and safety, quality assurance and training records. The service sent us further information we requested after the inspection visit.

We spoke with the five people who live in the home, four staff members and the service manager. The registered manager was not available on the day of our visit. We asked for comments from nine local authority and other professionals and received two responses. We looked at information held about the five people who live in the service and observed the care people were offered during the afternoon of our visit.

Good

Is the service safe?

Our findings

People told us, by communicating in their individual way, that they felt safe in the home and with the staff. When asked if they felt safe they responded verbally, by behaviour or signs. These included broad smiles, thumbs up and vigorous head nodding. Staff told us they had never seen anything they were not comfortable with. They were confident that senior staff and the management team would take all necessary action to keep people safe.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people as safe as possible. Staff received regular training and were fully aware of their responsibilities with regard to protecting vulnerable adults in their care. The service had not reported any safeguarding concerns during the preceding 12 months. The service manager confirmed there had not been any. Staff were aware of the provider's whistle blowing policy and told us they would use it in the, "unlikely" event it would be necessary. Staff knew where to find contact details of people who could be approached, outside of the organisation.

People, staff and visitors to the service were kept as safe as possible. The service had health and safety policies and procedures in place. These included ensuring health and safety checks and maintenance schedules were completed, as required. Checks included fire protection equipment (23/05/16), portable electrical appliances (04/08/15) and legionella safety (18/05/16). The daily operational file included all the necessary information to instruct staff of actions to take in event of emergency situations, including full evacuations.

Risks to people and staff were identified by means of risk assessments and any actions needed to reduce risks were taken. These included housekeeping activities, fire and challenging behaviour. The service did not have an up-to-date detailed fire risk assessment, but this was to be reviewed by an external advisor on 28 June 2016. Some radiator covers were missing because of redecoration. These were being replaced on 6 June 2016. There was damage to the stair carpet caused by contractors, this had been identified as a trip hazard and it was being replaced on 8 June 2016.

People had individual assessments for any risks specific to them. Risks were identified, assessed and methods of reducing them were added to people's individual support plans. These included opening the front door, being in the community and locking bedroom doors. One person chose not to have a window restrictor. There was a risk assessment in place but this needed additional detail to demonstrate the person was as safe as possible.

People's medicine was given to them at the correct times in the correct quantities by two staff who were properly trained to administer them safely. Their competency to administer medicines was tested before they were allowed to carry out this duty. No medication administration errors had been reported in the previous 12 months.

The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS

meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were fully completed, when medicines were given. People had guidelines for the use of any PRN (to be taken as necessary) medicines. Those prescribed to be taken as required to help people to control their behaviour needed additional detail to describe words such as 'agitation' and 'distress'. This would ensure medicines were given consistently, by all staff.

Staff made sure people's finances were looked after safely. One of the five people took responsibility for their own finances, with staff support. Their care plan included details of how staff were to offer this support. Two people's overall finances were looked after by the local authority, acting on the instructions of the Court of Protection. The other two people's family members took responsibility for their financial affairs. It was clear that one family member had applied for and been granted a power of attorney (legal permission to deal with the affairs of someone who lacks capacity) for the person's finances. However, it was not clear if the other relative had applied for this permission.. The service manager undertook to clarify this and to include a copy of the necessary documents in people's files, as necessary. The service held personal allowance money for people. Records and receipts of expenditure were kept and audited a minimum of monthly, by the provider.

People were cared for by staff who were suitable and safe to work with them. The recruitment processes included checks made to ensure staff were of good character and suitable for their role. These included Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. Application forms including full work histories were completed, interviews were held and references were taken up and verified prior to candidates being employed.

High staffing ratios provided people with safe care suitable to meet their current needs. The minimum number of staff on duty were four per shift during the day (7am until 10 pm), when all five people were at home. There was one waking night staff and one staff member sleeping in. The number of staff was calculated by assessing the care needs of each person, the amount of care hours individuals needed and providing those hours. Any shortfalls of staff were covered by staff working extra hours and the management team working on the care rota. Agency staff were only used in emergency situations. The senior staff member on duty could increase the number of staff in the event of special activities such as holidays or crises such as illness or people becoming distressed.

Good

Is the service effective?

Our findings

A professional commented, "My impression of the home was overwhelmingly positive." People's individual needs were identified and met by a knowledgeable and committed staff team. People had a detailed care plan which contained information to enable staff to provide appropriate care to them. Referrals were made to other health and well-being professionals such as the GP, nurses from the community learning disability teams and psychiatrists, as necessary. People were supported to attend specialist appointments and regular check-ups such as annual health reviews, dentists and opticians appointments. The service manager told us they had developed a very positive relationship with the local doctor's surgery and received assistance very quickly, if required.

People's care records included referrals to and appointments with health and well-being professionals and further actions taken. A professional commented, "The staff are fantastic, and fully engaged with providing the best of care for their residents. Care workers quickly answered all of my queries and were excellent when it came to organising blood tests. They were swift to call in if there were any issues, and built a good rapport with the neighbouring GP surgery."

People's comprehensive plans of care ensured staff knew how to meet people's identified needs. The plans included a pen picture and a one page profile. These described the individual and summarised the more vital aspects of people's care. They gave staff quick and easy access to important information about people.

Staff helped people to make as many decisions and choices, about their daily life, as they could. Care plans included sections such as, "how I like to live and who I want to live with", "my perfect day" and "things I like to do". One area stated that for one person, "not being offered a choice" made them sad. Individual communication plans had been developed and clearly described people's methods of making their choices and wishes known. People signed their plans, if they were able to or it was clear how staff had discussed issues with them and how they showed their consent. Best interests meetings were held as necessary.

The staff team understood and protected people's rights under the Mental Capacity Act 2005 (MCA). Staff had received MCA and Deprivation of Liberties Safeguards (DoLS) training. 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 they lack mental capacity to take particular decisions. Any made on their behalf must be in their best interests and the least restrictive option.

People can only be deprived of their liberty so that they can 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 DoLS. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. The registered manager had made five DoLS referrals, three of which had been authorised by the local authority (the supervisory body). Two applications were awaiting an outcome.

Some people who live in the home displayed, on occasion, behaviour that could cause distress or harm to themselves or others. Behaviour plans were developed, as necessary, with the help of community teams for people with learning disabilities. Behaviour support plans focussed on staff responding to the early signs of distress and taking action to distract and divert people from displaying harmful or distressing behaviour. The service used a nationally recognised training system to train all staff in the use of early intervention and de-escalation (distraction and diversion) techniques. Physical interventions were not used in the service.

People helped to choose and prepare menus which were produced in a picture and photographic format. They could change their minds at any time and be provided with food of their choice. We saw that the food offered was freshly made and of good quality. Nutritional needs were assessed and any specific requirements were included in their care plans, as necessary.

People's widely diverse needs were met by staff who received appropriate and effective training. Staff told us they had the training and skills they needed to meet people's needs. Comments included, "we have very good training opportunities" and "our training is up-dated all the time". Staff completed training which included infection control, food hygiene and safeguarding of adults. Additionally they received training which was provided to enable them to offer effective care to people with specific needs such as, autistic spectrum awareness.

Staff told us they received, "excellent supervision, from an excellent supervisor" once a month and received an annual appraisal. They said they felt, "fully supported" by the registered manager, the management team and their colleagues. The last new staff member was appointed two years ago but the service had prepared to use the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool.

Good

Is the service caring?

Our findings

People communicated that they liked living in the service. One person told us, "It's a good place to live, they care about me". People were supported by care staff who were kind and patient. A staff member told us, "Caring about people and their lifestyle is the most important thing we do. We have to be proficient and professional but work with our heart."

We saw that staff explained to people in detail, and as many times as necessary, what they were doing and why. When asked repetitive questions they patiently answered and used points of reference or other communication aids to help people to understand their responses. People had an individual communication plan which described, in detail, how people made their feelings known and how to interpret people's behaviour. For example, "If I do [this] I may mean [this]." The plans helped staff and others to understand people who were not able to verbally communicate. They also helped staff to identify early signs of distress in people, who were able to verbally communicate. Staff could then use early intervention techniques to help people to control their behaviour.

People and staff interacted positively with each other. Staff were respectful and treated people as equals, involving them in all conversations and 'small talk'. Praise and humour were used to involve people and make sure they remained positive and part of the social interactions.

Staff were aware of and supported people with their privacy and dignity at all times. Care staff described how they helped people with their personal care. They said they were always aware of people's privacy and dignity. They gave examples of closing curtains and doors, making sure people were covered up and advised them on appropriate dress for weather and location. With regard to preserving dignity a staff member gave an example of a person who preferred cross gender personal care. The staff team dealt with this by a same gender staff member giving any intimate personal care and another staff member being available to give the person other types of care and attention before and after the intimate task was completed. They said this respected their choice but maintained their dignity and privacy.

People's equality and diversity needs were identified and met. Staff understood equality and diversity and explained it was about treating people as individuals and meeting any needs they had. Care plans included any specific needs people had to support their culture, religion or other lifestyle choices. For example, if people expressed a wish to eat particular types of food, this was respected.

People told us they went to meetings to discuss their lives and how they were to be supported. They said they told people at the meeting what they wanted and how they felt about their lives. People were as involved in the care planning process as they were able and chose to be. Families and representatives were invited to reviews of care, if people wanted them to be there and if it was appropriate. People without families or friends were provided with informal advocates.

People had opportunities to tell the service what they thought about the care they were receiving. Examples included monthly 'resident' meetings and individual discussions with their key workers. People knew who

their key worker was and felt they had a special relationship with them. On occasion staff interpreted people's communication and behaviour to others, to help them to understand what views people were expressing.

Relevant information was produced in an easy read format which consisted of pictures, symbols and simple English, as appropriate. For example, elements of the care plans and menus this gave people the best opportunity to understand them, with staff support.

People were encouraged to be as independent as possible. One person told us they were supported to do as much for themselves as they could. They said they were being helped to work towards getting a flat of their own, although they knew this would take a long time. Care plans noted how much people could do for themselves and how to support them with independence. For example, in the "how you can support me" section of the care plan it noted, "Explain tasks to me in detail, then let me do everything I can without assistance."

Good

Is the service responsive?

Our findings

The staff team responded to people's needs and requests for help, very quickly. There were a high number of staff on duty to ensure people's very diverse needs could be met in a timely way. The staff team was consistent, with the newest full time permanent member of staff having worked in the service for four years. Consequently, because of the small number of people who live in the service and the longevity of the staff team, staff and people knew each other very well. Staff were extremely knowledgeable about people and their needs. They were able to interpret body language and other forms of communication quickly, to recognise when people needed assistance. We saw staff taking very early action to prevent someone from becoming distressed. They reacted to the person's body language, facial expression and known reaction to a particular stimuli.

People, their families, social workers and other relevant parties were involved in assessing people before they moved into the service. The service manager told us that the registered manager tried to make sure that the person would 'fit into' the service and interact well with the people already in residence. We saw that there had been a vacancy in the service for a prolonged period of time because of the diverse needs of the current residents. After the initial assessment a care plan was developed and agreed by the person or their representatives. A formal multi-disciplinary review of the care package was held once a year. Additional reviews took place if people's needs changed in the short or long term. The service had developed strong relationships with people and their families or other relevant people.

People were offered highly person centred (individualised) care. People's very person centred care plans ensured that staff were given enough information to meet individual's specific needs. Care plans included a person centred profile which noted areas such as, "some great things about me, some dreams for the future, these things make me happy and my favourite things". Staff described person centred care as being, "All about the individual. You're here to help and support people in what they want to do." They said, "We're good at listening to people's needs and responding. At the end of the day we're here for them."

People were offered varied daily activities. During week days people attended a day centre which was run by the same provider as the residential service. There was a different staff group at the day centre, although some staff did, on occasion work in both services. In the evenings and at weekends people were given opportunities to visit the community and use community facilities. The service had a minibus for transport and public transport into the local town of Reading was available. The service did not make an additional charge for transport and people sometimes chose to take taxis to evening functions. Activities included meals out, bowling and swimming. People were, exceptionally, offered the opportunity to participate in two holidays a year. One was with the whole service and the other was an individual or limited number of people holiday, of their choice. A person told us, "We do a lot, I don't get bored, and I can do what I like." A professional commented, "Activities are organised each week to enrich the lives of residents."

The service had a comprehensive complaints procedure which people, their families or other interested people were able to use. A complaints form was kept in the daily operational file, for easy access. A complaints and compliments log book was completed with details about the complaint, the action taken

and the outcome of the complaint. There had been three complaints and one compliment recorded in the preceding 12 months. We saw that the service had taken appropriate action to deal with complaints and the complainants were satisfied with the outcome.

Good

Is the service well-led?

Our findings

Staff told us the service was well-managed. They said that the registered manager and management team were supportive and always approachable. They described the team as, "Committed and caring and very supportive of each other." Staff told us the service had an, "Open and responsive culture which is encouraged by the management team." Another said, "Staff stay for long periods of time because they are well treated. This has meant that we have built a strong team who have common sense and can use their initiative." A professional commented, "The staff at 51A Circuit Lane are dedicated and hardworking. I have never seen anything that would suggest their residents receive less than excellent care."

People knew the registered manager and the management team well. The management team often worked on the care rota to ensure they knew what people's current needs were, to support staff and make sure they completed some direct supervision. The management team knew people's needs in detail and worked closely with other professionals to ensure people received the best possible care.

The service listened to the views of people, staff and others and had a number of ways of collecting them. For example, people had monthly meetings which they all attended and enjoyed. Minutes of meetings were kept and included issues such as activities, if people were happy living in the service and any relevant information. Monthly staff meetings and 1:1 supervision meetings were held, where staff were encouraged to express their views. Staff told us they felt they were listened to and their views were valued by the management team. Families and other professionals were sent feedback forms twice a year. However, the service manager told us these were rarely returned.

The quality of care people received was monitored and assessed to make sure standards were maintained and improved, as appropriate. There were a number of regular auditing and monitoring systems in place. Examples of audits included medicines, people's finances and health and safety practices. Overall quality assurance audits were completed as weekly 'spot checks' by the registered manager/provider and other members of the management team. These included reviewing areas such as people's personal files, money held for people, activities and medicine administration. People and staff were spoken with and any environmental issues were noted. The result of the 'spot checks' were kept in a file with actions and dates for completion noted, as necessary. Changes made as a result of listening to people and the quality assurance processes included using E-mails to up-date families on people's progress more frequently, the weekly 'spot checks' and individual holidays for people. People were also provided with a cooked breakfast at weekends and sausages on the menu more often, as requested.

People's personal records were of good quality and accurately reflected their current needs. They clearly informed staff how to meet people's needs according to individual preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well kept and up-to-date. The registered manager had not sent any statutory notifications to the Care Quality Commission. Notifications for Deprivation of Liberty Safeguards authorisations should be sent to the CQC but this had not been done for the three authorisations already granted. The service manager undertook to advise the registered manager, on her return from leave, that

this should be completed immediately.

The registered manager kept up-to-date with regulation and legislation by means of an external advisory company. They informed the service of any new legislation or other requirements which related to care homes such as health and safety, health and social care and employment legislation