

Perthyn

Nottinghamshire Office

Inspection report

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14 December 2016

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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

We carried out an announced inspection of the service on 13 and 14 December 2016. Nottinghamshire Office is part of the Perthyn group of services and is registered to provide personal care for adults, some of who may be living with a learning disability such as autism spectrum disorder. People supported by this service either live in their own homes, or in shared accommodation with others. At the time of the inspection there were 20 people using the service.

On the day of our inspection there was a registered manager in place. 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 told us they felt safe when staff supported them within their home. People were supported by staff who could identify the different types of abuse and who to report concerns to. Assessments of the risks to people's safety were in place and regularly reviewed. Emergency evacuation plans were in place to enable staff to support people with safe evacuation in an emergency. There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place. People's medicines were managed safely.

Staff were well trained, received regular supervision and felt supported by the registered manager. The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people. People were supported to plan, buy and cook their own food and were encouraged to follow a healthy and balanced diet. People's day to day health needs were met effectively by the staff.

People felt the staff were kind and caring and treated them with respect and dignity. People were involved with decisions made about their care and support. Information was available for people if they wished to speak with an independent advocate. People were supported to live as independently as they wanted to.

People were supported to take part in the activities that were important to them; this included attending college or finding employment. People's support records were person centred, focussed on what was important to each person and provided staff with relevant information to respond to people's needs. People were encouraged to set goals for themselves and staff supported them in achieving these goals. People's support records were detailed and provided sufficient guidance for staff to respond to people's needs and wishes. Complaints and concerns were managed in line with company policy.

People, relatives and staff spoke highly of the registered manager. A number of systems were in place that enabled a wide range of people, staff and relatives to give their views about the service. Staff, including the registered manager had a clear understanding of their roles and responsibilities. The provider was a member of a number of local and national forums and organisations designed to ensure their group of services adhered to current best practice guidelines. Robust quality assurance processes were in place.

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 told us they felt safe when staff supported them within their home.

People were supported by staff who could identify the different types of abuse and who to report concerns to.

Assessments of the risks to people's safety were in place and regularly reviewed. Emergency evacuation plans were in place to enable staff to support people with safe evacuation in an emergency.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were well trained, received regular supervision and felt supported by the registered manager.

The principles of the Mental Capacity Act 2005 (MCA) were considered when supporting people.

People were supported to plan, buy and cook their own food and were encouraged to follow a healthy and balanced diet.

People's day to day health needs were met effectively by the staff.

Is the service caring?

Good ●

The service was caring.

People felt the staff were kind and caring and treated them with respect and dignity.

People were involved with decisions made about their care and support.

Information was available for people if they wished to speak with an independent advocate.

People were supported to live as independently as they wanted to.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in the activities that were important to them; this included attending college or finding employment.

People's support records were person centred, focussed on what was important to each person and provided staff with relevant information to respond to people's needs.

People were encouraged to set goals for themselves and staff supported them in achieving these goals.

People's support records were detailed and provided sufficient guidance for staff to respond to people's needs and wishes.

Complaints and concerns were managed in line with company policy.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke highly of the registered manager.

A number of systems were in place that enabled a wide range of people, staff and relatives to give their views about the service.

Staff, including the registered manager had a clear understanding of their roles and responsibilities.

The provider was a member of a number of local and national forums and organisations designed to ensure their group of services adhered to current best practice guidelines.

Robust quality assurance processes were in place.

Nottinghamshire Office

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 13 and 14 December 2016 and was announced. The provider was given 48 hours' notice as we needed to be sure that staff and people who used the service would be available.

The inspection was conducted by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and to forward this to us. The provider ensured the PIR was forwarded to us. The PIR 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.

To help us plan our inspection we reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service, four members of the support staff, a member of the support management team, the registered manager and a representative of the provider. We also observed staff interacting with people at a party held at the office during the inspection and visited two people at their home. After the inspection we spoke with three relatives.

We looked at the support records for five of the people who used the service. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

Before the inspection we invited external health and social care professionals to comment on the quality of the service provided. One person responded and gave us their views.

Is the service safe?

Our findings

People told us they felt safe when staff supported them. One person said, "The staff help me to feel safe." Another person said, "They know what to do to keep me safe." A third person said, "There are always staff around if I need them, which make me safe." A relative said, "[My family member] is very safe. The staff know how to protect [name]."

Staff had received training in the safeguarding of adults. This ensured the risk of people experiencing abuse was reduced because staff could identify the different types of abuse that people could encounter and knew who to report concerns to. The process explained by staff was in line with the provider's safeguarding policy. This included reporting concerns internally, but also to external agencies such as the CQC or the local authority safeguarding team. The registered manager explained the process they followed if they had concerns about people's safety, or if an allegation of abuse was made. A staff member said, "I'd report concerns to my manager, then higher than them and keep going until someone listened to me."

Processes were in place to support people with their finances and to reduce the risk of them experiencing financial abuse. The people we spoke with were happy with the way staff supported them, if needed, with their money.

Assessments of the risks to people's safety were carried out and regularly reviewed. Each person had detailed risk assessments in place which enabled the staff to assess whether people's safety would be at risk when specific activities or tasks were carried out. For example, people's ability to maintain their own safety when accessing the community had been assessed. Detailed support plans were then put in place to ensure people received the support they needed that did not unnecessarily restrict their freedom. Other risk assessments included people's ability to carry out domestic tasks within their own homes and their ability to manage their own finances.

We spoke with one person who explained the system they had agreed with staff when they went out alone. They told us they agreed with staff to let them know where they were going and approximately what time they would return home. They told us they felt able to lead their lives without unnecessary restrictions

The registered manager had an effective process in place to investigate accidents or incidents that occurred and then to implement changes to people's care if and when they needed. Regular reviews were carried out by the registered manager. The provider requested reports from the registered manager detailing all accidents and incidents that occurred. This enabled them via their health and safety team to review the incidents objectively and to offer guidance to the registered manager on how to support each person affected and to reduce the risk of reoccurrence. A representative of the provider told us this system was effective in ensuring people received safe and effective care at all times.

The risk to people's safety had been reduced because regular assessments of the environment they lived in were carried out and regularly reviewed. Processes for supporting people in case of a fire were in place, with detailed personal emergency evacuation plans to aid staff with a quick and safe evacuation. A health and

social care professional spoken with prior to the inspection told us the environments people lived in were well maintained and as safe as required depending on each person's individual needs.

People and relatives told us there were enough staff available to keep them, or their family member's safe. One person said, "I can do a lot for myself, but the staff are here to help me if I need them. Like when I do some cooking." A relative said, "There are always plenty of staff around."

A representative of the provider explained how they ensured safe recruitment processes were in place. Before staff were employed the provider had ensured references, proof of identification and a criminal record check had been received before staff commenced work. This reduced the risk of people being supported by inappropriate staff. Additionally, when recruiting for staff to support people with a specific mental or physical disability, the provider ensured the staff had the specific skills and experience required skills to support those people. This also applied to the use of agency staff. Where agency staff were required, the same staff were used to ensure people received consistent and safe care from staff they knew, liked and understood their specific needs.

Where people received continuous supervision, sometimes referred to as one to one support, we saw this had been recorded in people's support plan. The registered manager told us, where people required one or more staff to be with them at all times, or at certain times of the day, rotas were planned to ensure they had the staff with the right skills and experience to support them.

People told us they were happy with the way their medicines were managed. One person said, "I only have one medicine and the staff give it to me. They are also working with me to help me to manage my medicines on my own." A relative said, "Yes I think the medicines are managed well."

There were processes in place to assist trained staff to manage people's medicines in a safe way. People's medicines administration records (MAR) provided staff with information that helped them administer medicines safely. This included information for staff about people's allergies and how each person liked to receive their medicines.

Safe and effective processes were in place to support people who received their medicines covertly. Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the individual is unknowingly taking medication. In one person's support records we saw professional guidance had been requested to assist staff with identifying the safest way to provide the person's medicines covertly. This ensured the effectiveness of the medicine was not affected by inappropriate administration.

Processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times. The reasons why these medicines had been administered were recorded, which enabled the manager to review whether staff had done so consistently with the guidance provided. This was particularly important for medicines that could have an effect on people's behaviour and mental state.

Records showed that staff who administered medicines had received the appropriate training. The registered manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

Is the service effective?

Our findings

People and their relatives spoke positively about the way staff supported them or their family members. One person said, "If it wasn't for the staff I know my life would not be as good as it is now. They are amazing." Another person said, "They know how to look after me." A relative said, "They know how to look after [name]. They do a lot for [name] that we couldn't do."

Records showed that staff received a wide ranging induction and training programme designed to equip them with the skills needed to support people effectively. Training was carried out in a number of areas such as safe moving and handling, safeguarding of adults and managing behaviours that may challenge.

The manager told us staff were encouraged to develop their skills and to complete externally recognised qualifications. Many of the staff had either completed or were working towards completing their diploma (previously known as NVQ) in adult social care. New members of staff completed the Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The staff we spoke with told us they felt well trained and supported by the management team. One staff member said, "I have regular, on-going training as the needs of the people I support change regularly." Another staff member said, "I feel well trained. I have some e-learning and some face to face training. I also have supervisions at least every three months, which helps to reassure me that I am doing my job properly." Records showed that staff received regular supervision of their work, which monitored their performance and identified any areas for development; ensuring people received high quality and effective care and support from staff.

Staff had a good understanding of how to support people who may present behaviours that challenge. They could explain how they supported people and how they ensured the person involved and others were safe. A relative spoke positively about the impact of the approach of staff has had on their family member. We reviewed records which showed how examples of these behaviours had been addressed and where needed, changes to people's support plans had been made to reduce the risk of reoccurrence and to educate staff further on how to manage them. During the inspection we observed a number of staff manage a particularly challenging situation involving two people. They did so calmly and effectively, resolving the situation quickly. A social care professional, spoken with prior to the inspection felt staff understood people's needs and the support provided to them was effective.

- People's support records contained individualised communication support plans to provide staff with the guidance they needed to communicate effectively with people. We saw staff manage a situation where a person had started to become aggressive and with the use of communication techniques specific to this person, the situation was managed calmly and effectively. Discussions with staff and observations with the way staff communicated with people, demonstrated effective communication processes were in place.

People's support records were written in a way which showed people were given a variety of options and choices about their day to day lives. These included a choice of activities and choosing and planning their own menu. Relatives spoken with felt their family members were given choices if they were able to make them, or staff understood what was best for their family member. Staff spoken with could explain the importance of ensuring wherever possible people were able to make their own decisions with staff respecting those choices. The people we spoke with during the inspection all felt the choices they made about their own lives were respected by staff.

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

The registered manager and staff had a good understanding of the principles of the MCA. Records showed assessments had been carried out in accordance with the MCA for decisions such as staff managing people's medicines and support needed with personal care. For each decision it had clearly been recorded within people's support plans how a decision had been reached and who had been involved with making that decision. This ensured decisions made were always in people's best interest.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The procedures for people living in supported living environment are authorised via the Court of Protection (CoP). The COP make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made. Where these decisions had been made, we saw appropriate support plans were in place to ensure support was provided in adherence the decisions.

People were encouraged to contribute to the planning, buying and cooking of their own meals to aid and support people with developing independence. One person told us they planned their meals but needed the staff to help them cook them. They were happy that the staff supported them with them this.

People were encouraged and supported to lead a healthy lifestyle. Where needed, people were offered the choice of speaking with a GP or dietician about their weight.

People told us they felt staff supported them with their day to day health needs. One person told us they were able to see their GP whenever they wanted. Another person said, "If I need to see a doctor, or to get a tooth fixed I ask for support from the staff and they will come with me." Relatives spoken with were happy with how their family member's medical appointments were managed.

People's support records showed they were able to see a wide range of health and social care professionals about their health needs. Examples included community psychiatrists and community learning disability teams along with dentists, opticians and where needed, staff support was provided with hospital appointments.

We also were told that a person had asked staff for support with helping them to quit smoking. Support plans were in place to assist them with this. This demonstrated that people had been supported appropriately with their healthcare needs.

Is the service caring?

Our findings

People and relatives told us the staff who supported them or their family members were kind and caring. One person said, "I couldn't ask for better staff. They've made such a difference to me." Another person said, "The staff are always nice to me, they help me." A relative said, "I am very satisfied with the care staff provide, they are always kind and caring."

The staff we spoke with had a good understanding of people's needs and could explain what was important to them. People's support records contained detailed information about them such as, their likes and dislikes and their life history. This provided staff with the information needed to support them with forming meaningful relationships with people.

Staff interacted with people in a positive and caring way. We observed staff sit and talk with people, listening to what they had to say and showing a genuine interest in their views. We observed a jovial discussion about music videos which people and staff contributed to equally, with both enjoying the conversation.

Staff spoke passionately about the support they provided for people and showed a genuine empathy and understanding of each person's individual needs. One staff member said, "I take a lot of positives from this job, it's nice when things go smoothly. I like to get to know people and to have a good laugh with them." Another staff member said, "I like seeing the positive impact I can have on people. It's nice to see how I can improve people's lives."

Effective support plans were in place and guidance was in place to support people who were unable to express whether they were in pain, were angry, upset or needed support from staff. Support plan records showed the signs staff needed to look for to enable them to identify these concerns to reduce the amount of time a person may be experiencing distress or discomfort.

People's support records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. We saw one person, who followed a particular faith, was supported to attend their place of worship.

People told us they felt involved with decisions about their care and support needs. One person said, "I get the choice of lots of things that I want to do." Another person said, "I choose where I want to go and what I want to do." Relatives also felt involved. One relative told us they had weekly discussions with staff, whilst another relative told us they had regular phone calls to discuss their family member's needs.

Information was available for people if they wished to access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. No advocates were being used at the time of the inspection.

There was a clear and strong emphasis on supporting people to lead independent lives. One person told us

they liked to do things on their own and having time to themselves, but also welcomed staff support when they needed it. People's support records contained a number of examples where their ability to carry out daily tasks independently of staff had been assessed. This included carrying out domestic tasks around their home; for example one person preferring to do their own laundry. The staff we spoke with could all explain how they encouraged people to do as much for themselves as possible.

People were provided with a service user guide which explained to them how they should expect to be treated by staff and how they should expect their rights to be respected at all times. This included an expectation that they were treated with dignity by staff. The provider's values included a number of elements to ensure people were treated with dignity. These included; ensuring people were, 'socially included' and have 'choice and control'. Staff spoken with all spoke respectfully and in a dignified manner about the people they supported.

People's support records were handled respectfully ensuring records could not be viewed by others, ensuring their privacy was maintained.

Is the service responsive?

Our findings

People told us they were able to take part in the activities and follow the interests that were important to them. One person said, "I go to the football a lot, I have a season ticket and I go with a member of staff." Another person said, "I go out, I play computer games, the staff give me a choice of what I want to do." Relatives felt their family members were encouraged to do the things that were important to them. One relative said, "[My family member] does go out a lot and has also been on holiday."

People's support records contained detailed examples of the activities that people had been involved in. Records showed people had regular discussions with staff about the activities they wanted to do and then plans were put in place to help people to do them. When a new activity had taken place, this was then reviewed to ensure people enjoyed it and whether there was anything the staff could do improve the experience for each person.

People were encouraged to access activities and courses within the local community that supported people living with a physical and/or mental health disability. One person told us they attended a college course that helped equip them with the skills needed to lead a more independent life. We also saw this person had been supported to use a calculator with the eventual aim of them being able to manage their own finances. This showed staff responded to people's wishes and provided them with the support needed to lead their lives in the way they wanted to.

People were also supported to find employment, either in the voluntary sector or paid employment. One person told us about their part-time job which they said enabled them to become more independent, but also gave them additional money to do the things they wanted to do. They also told us they used this money to help save for a football season ticket to go and watch their favourite football. They spoke with pride about being able to earn their own money and to pay for the things they wanted for themselves.

There was a clear emphasis on providing people with care and support in a person centred way, ensuring people were in control of their own lives, using the support of the staff if and when they needed it. A staff member described to us how they supported a person to lead their lives how they wanted to; "We support [name] to do loads and they go out all of the time. We really try and focus on what is important to [name]." People's support records reflected this approach. People were assisted with setting goals and then agreed plans of support were put in place to help them achieve it. Progress was regularly reviewed, including reviews by representatives of the provider to ensure person had the support needed to achieve what they wanted to achieve. Examples included a person wishing to attend college to complete a specific training course.

People's support needs were regularly reviewed and discussed with people where able to, or, with family and health and social care professionals. Agreed actions were then added to people's support records and were then reviewed again to ensure they had been achieved and were effective.

Prior to people living at the home pre-admission assessments were carried out to assess whether the service

would be able to support each person safely and effectively. Once agreed, people were able to meet with staff and if applicable the people they would be living with to help the transition to the supported living environment.

Staff spoken with told us they felt the support planning records provided them with the information they needed to respond to people's care and support needs. For example, we saw detailed guidance was in place that enabled staff to support a person living epilepsy should they have an epileptic seizure. Each support plan was regularly reviewed to ensure they were applicable to people's current health and welfare needs.

People were provided with the information they needed if they wished to make a complaint. A complaints policy was provided which informed people who they could complain to, both internally and externally to agencies such as the CQC.

People and relatives felt able to raise concerns with the registered manager or other appropriate person and felt their concerns would be acted on. One person said, "If I'm not happy I'll talk to [name of staff member] and they will sort things out for me. I talk to [name of other staff member] all the time. They listen to me and help me." Another person said, "The staff are there to talk to. If I have a problem they sort it." A relative said, "I've never had to make a complaint in all these years."

We reviewed the provider's complaints policy and complaints register and we saw the registered manager managed complaints in line with the company policy.

Is the service well-led?

Our findings

People, relatives and staff were encouraged to become involved with the development of the service and contributed to decisions to improve the quality of the service provided. A wide range of systems were in place to ensure as many people as possible were able to contribute. These ranged from one to one meetings, questionnaires and variety of alternative communication methods to enable people to give their views. These alternative methods included coffee mornings, emails and phone calls.

People told us they felt able to give their views and felt they were respected and acted on. One person said, "The staff and the manager listens to me." A relative said, "I have filled out a survey recently and feel they welcome my views."

We saw the most recent survey was in place to gain the views of people who used the service. Questions asked included, 'Do you feel safe from bullying?' 'Do you know how to raise a complaint?' And 'How can we improve?' All of these questions and many others were provided in a format that would make it easier for people living with learning disability to understand. The registered manager told us the results of these surveys would be used to make continued improvements at the service.

All of the staff we spoke with felt their opinions were valued and welcomed. Staff were invited to attend an annual 'Engagement day' where they met with other staff from within the provider's group of services as well as an opportunity to meet the chief executive officer. Topics for discussion included a review of the provider's aims, values and missions. The staff we spoke with had a clear understanding of these and could explain how they incorporated them into their role. In addition to this staff were invited to the provider's support worker forums where they encouraged to give their views on how the service could be improved and also to learn from other staff with the provider's group of services.

The registered manager had delegated responsibility for daily quality assurance to members of staff within each premise. They were expected to review people's medicines, daily diaries, finances, equipment and behaviour and to report any concerns to the registered manager. The registered manager also completed a quarterly review for each premise. The review looked at how the service was performing as a whole and this was then reported back to representatives of the provider during senior management meetings. Detailed action plans were the put in place if improvements had been identified. Annual audits were also carried out by representatives of the provider to ensure the registered manager was carrying out their role in line with the provider's expectations.

There was a clear emphasis on continued development and improvement both across this service and the provider's group of services as a whole. The representative of the provider told us the provider was part of numerous national groups and organisations, with the aim of continued learning and development. Adhering to best current practice guidelines and the continued dissemination to each service within the provider group was a fundamental aim.

The registered manager clearly leads the service well. They have a good relationship with their staff and staff

understand their roles and responsibilities. All the staff we spoke with spoke positively about the support they received from the management and the provider.

People and their relative speak highly of the registered manager and their management team. One person said, "The manager is amazing. He has arranged a football match for us all to play in. I've met him a few times and he seems great." A relative said, "The manager for the service seems nice."

People and staff were supported by a registered manager who understands the requirements of their role and their responsibilities to ensure the service is well managed. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place.