

Modus Care (Plymouth) Limited

Bull Point House & Annex

Inspection report

Bull Point House
Bull Point, Barne Barton
Plymouth
Devon
PL5 1ER

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15 May 2017

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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

Bull Point House and Annex is a residential care home for up to five people. It specialises in the care of people who have a learning disability and associated conditions such as autism. Each person has their own self-contained living accommodation within the home.

Some of the people who lived in the home had limited communication and used other methods of communication, for example pictures. We therefore used these and observations to understand people.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

People remained safe at the service. There were sufficient staff available to meet people's needs and support them with activities and trips out. Risk assessments had been completed to enable people to retain their independence and receive care with minimum risk to themselves or others. This is particularly important for people who may challenge others. People received their medicines safely.

The Provider Information Return (PIR) recorded; "Each individual has a Positive Behaviour Support Plan which is compiled on an individual basis, looking at behaviours specific to that individual, what their triggers are, signs for staff to look out for in advance and what staff can do at each level to either prevent the individual from escalating further, or how to keep the individual and those around them safe."

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were competent and well trained. People had the support needed to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals according to their individual needs.

The staff were very caring and people had built strong relationships with the staff. We observed staff being patient and kind. People's privacy was respected. People where possible, or their representatives, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices as much as possible in their day to day lives. Complaints were fully investigated and responded to. People were supported to take part in a wide range of activities and trips out according to their individual interests.

The service continued to be well led. Staff told us the registered manager was approachable. The registered

manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Bull Point House & Annex

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 checked 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 was a comprehensive inspection, it took place on the 15 May 2017 and was unannounced.

Prior to the inspection we looked at information we held about the service such as notifications and previous inspection reports. 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. At our last inspection of the service, in February 2015 we did not identify any concerns with the care provided to people.

During the inspection we met with three people who lived at the service. Some people were unable to fully express themselves verbally so we observed how staff interacted with people. The registered manager was also available throughout the inspection. We looked around the premises spoke with one relative, one healthcare professional and four members of staff.

We looked at a number of records relating to individuals' care and the running of the home. These included three care and support plans and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care. Some people who lived in Bull Point House and Annex were unable to fully express themselves but appeared to be very relaxed and comfortable with the staff who supported them. Relatives told us they believed their relatives were safe living at the service. One relative confirmed; "[...] is safe." One staff member, when asked if people were safe at the service said; "Definitely."

To help minimise the risk of abuse to people, staff all undertook training in how to recognise and report abuse. The PIR records; "Modus have a Safeguarding Policy. There is a record of staff who have read this." Staff confirmed they would have no hesitation in reporting any concerns to the registered manager or provider and were confident that action would be taken to protect people.

People's risk of abuse was further reduced because there was a suitable recruitment process in place for all 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 had either one to one, or two to one staffing to support them based on the activity they were undertaking. There were sufficient numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff meet people's needs, support them and spend time socialising with them. Staff confirmed additional staff were available when needed to help people with specific activities or appointments.

Risk assessments were completed to ensure people were able to receive care and support with minimum risk to themselves and others. People identified at being of risk when going out in the community had up to date risk assessments in place. For example, where people may place themselves and others at risk, there were clear guidelines in place for staff managing these risks. People also had risk assessments in place regarding their behaviour. Some people had risk assessments which stated they needed two staff to accompany them when they went out. During the inspection one person went out and we saw two members of staff accompanied them. This showed staff followed risk assessments to provide consistency for people and to keep them safe.

People received their medicines safely from staff who had completed training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed medicines on an 'as required' basis. There were instructions to show when these medicines should be offered to people. Records showed that these medicines were not routinely given to people but were only administered in accordance with the instructions in place.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a very good knowledge of the individuals they supported which meant they could effectively meet their needs.

People were supported by well trained staff. Staff said they were provided with regular updated training and in subjects relevant to the people who lived at the home, for example epilepsy training. A relative said; "The staff are brilliant and well trained to look after them." One staff member said; "Fantastic staff training" and another said "Excellent staff training."

People's health was monitored to help ensure they were seen by appropriate healthcare professionals to meet their specific needs. For example, one person had recently seen a behaviour specialist to support them.

People were encouraged to make choices about the food they ate. Each person had their own menu, a kitchen to cook their meals and went shopping for their own food. One person told us, they had the food they enjoyed, liked and chose. Where there were concerns about a person's weight staff sought advice from relevant professionals and followed any recommendations made.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. One relative said they had been involved in a decision about their relatives care. Records showed independent advocates and healthcare professionals had also been involved in making decisions. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

Some areas of the environment of the home required updating and modernising. Many areas had not been decorated or updated for some time, including the outside of the building. A visiting relative and professional both commented on the décor of the service. One communal room, though not used by people who lived in the service, needed extensive repairs to the ceiling. However the registered manager said they were in discussions with the company who owned the service to undertake this task.

Is the service caring?

Our findings

The home continued to provide a caring service to people. People had lived at the service for a number of years and had built strong relationships with the staff who worked with them. One person lived in a separate annex to the main house and two people shared the main house but had separate living areas. People appeared comfortable with the staff working with them and there was a busy but calm atmosphere in the service.

People's own living area had been personalised to reflect individual tastes and personalities. People had unrestricted access to these rooms and were able to spend time alone if they chose to. They were also able to spend time with their families in them. Families told us they visited regularly and also emailed and called their relatives when they wanted. One person used Skype facilities to talk to family members.

The PIR records; "Staff treat Individuals with respect, communicating thoroughly while providing care and checking with the individuals that they are happy. Staff know the individuals so well that they are able to identify any changes in the individual and take action early on, for instance, if the Individual becomes unwell." Staff knew people very well and were able to communicate effectively with everyone. Staff used appropriate communication tools to ask people questions and people had photos/symbols to help them communicate decisions. This ensured they were involved in any discussions and decisions. Staff respected people's need for privacy. Staff supporting people where observed to be interacting well and appropriately.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis and attended review meetings with staff from the service who knew them well. Personal representatives, for example family members or advocates and health care professionals also attended. Everything that happened in the person's own living area was discussed with them on an on-going basis. This ranged from their own care needs to redecoration of their living areas. On the day of our visit a relative and their representative were attending a meeting to discuss the wellbeing of one person.

Staff understood people's individual needs and how to meet those needs. They knew about people's lifestyle choices and how to help promote their independence.

Is the service responsive?

Our findings

The service continued to be responsive. A relative and professional supporting one person said the service had responded to the person's changing needs by arranging input from other agencies. They reported that this person was now getting better support with this input.

People were well known by the staff who provided care and support which was person centred and took account of individual needs and wishes. Staff told us how they encouraged people to make choices. Staff said some people were shown images, while others were given choices verbally. The PIR recorded; "One individual will make it clear through their behaviour whether they like or dislike a staff member. We endeavour to assign preferred staff members to individuals." This helped ensure everyone's voice was heard. A staff member said; "[...] has the most amazing team looking after them, giving their all." This was in response to one person's whose health had deteriorated.

People had computerised care records. Each care plan was personalised to each individual, contained information to assist staff to provide care and support but also gave information on people's likes and dislikes. In addition to full care plans there were brief pen pictures of people, particularly about people's behavioural needs, which could be used by agency or new staff to make sure they had information about what was important to people. Staff had a good knowledge of each person and were able to tell us how they responded to people and supported them in different situations.

People took part in a variety of activities inside and outside of the service. People were provided two to one staff support whenever needed, to partake in activities. For example, on the day of the inspection, one person had gone into the local town to buy some personal items. People, with staff support, also visited their family at their homes or went with staff support on family holidays. One person confirmed the activities they went on including shopping, walks and an organised fun event planned by the company that own Bull Point House and Annex.

People had a complaints policy in picture format which gave them easy instructions about how to complain. The provider also had a complaints procedure displayed in the service in picture format to make it easy for people to understand. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service.

Is the service well-led?

Our findings

The service continues to be well led. 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 providers mission statement said; "To enable people to have fulfilling and purposeful lives." The registered manager promoted these values and visions for the service to make sure the service was person centred and provided a stimulating and enabling environment for people. The vision was supported by the provider and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about the work they did.

The registered manager was well respected by staff and relatives. People, told us they saw the registered manager regularly and that they were open and approachable and keen to make improvements where necessary. The registered manager kept their practice up to date with regular training. They had completed a management and leadership course. They also met with other managers of the company that own Bull Point House and Annex, for additional support.

When the registered manager was not available there was an on call system available between senior staff and the company's' other services. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt very well supported by the registered manager and the provider.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment, water temperatures and servicing of equipment.

The registered manager was visible in the service and their time was divided between office time and time spent delivering care. This enabled them to work alongside staff to monitor practice and address any shortfalls. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements.