

Cambian Signpost Limited

Ponderosa

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 comprehensive inspection took place on 26 June 2018 and was unannounced, which meant nobody at the service knew we were visiting.

Ponderosa is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service can accommodate five people in one house.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last comprehensive inspection in April 2016, the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ponderosa' on our website at www.cqc.org.uk.

Ponderosa is in a rural area near Doncaster. There are local facilities and shops at the village of Askern, which is approximately three miles away. The service has its own transport to enable people to go out into the community. The home offers accommodation for up to five people aged 16 and over who have complex or challenging needs, such as autism. It specialises in supporting people who are deaf or have a profound hearing impairment. Accommodation consists of a self-contained flat and three bedrooms with en-suite facilities. There are extensive gardens that house stables, a sensory garden and a chicken run.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

There were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding vulnerable people and could explain the procedures they would follow should an allegation of abuse be made.

People received personalised care which was based on their individual needs. People were involved in activities of their choice and had the freedom to lead a life without restrictions.

The registered provider had a complaints procedure in place and people knew how to make a complaint. People who used the service and their relatives were aware of this procedure and on a whole felt able to discuss any concerns, however we received mixed feedback from one relative, who felt complaints could be handled better.

We saw staff enabled people who used the service to follow their preferred interests and be as independent as possible.

There were enough skilled and experienced staff available to meet people's needs and enable them to follow their hobbies and interests.

The company's recruitment system helped the employer make safe recruitment decisions when employing staff.

People received their medications in a safe and timely way, from staff that had been trained to carry out this role.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding and knowledge of this and people who used the service had been assessed to determine if a DoLS application was required.

People were fully involved in choosing what they wanted to eat and drink. People were also involved in preparing and cooking their own meals.

Staff were trained to carry out their role and felt they had the necessary skills to do their job. Through our observations we saw staff knew people well and understood their needs.

Healthcare professionals were accessed as required.

Care records reflected people's needs and preferences, as well as any risks associated with their care. These provided staff with detailed guidance about how to support people and keep them as safe as possible. Support plans and risk assessments had been reviewed and updated regularly to ensure they were meeting each person's needs.

People had consented to their support and took part in various activities. Peoples choices were respected and they were involved in regular meetings about their home.

Staff had confidence in the management team. There were systems and processes in place to monitor, review and improve 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 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 ●

This domain has improved to Good

Ponderosa

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 inspection was carried out by one adult social care inspector on 26 June 2018. The inspection was unannounced.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also requested the provider to complete a provider information return [PIR]. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the time of our inspection there were five people living at the home, one had recently moved there. Some people using the service communicate using sign language. We spoke with one person with assistance from a staff member. Another person living at the home also wanted to speak with us.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, their deputy and two care workers. Following the inspection visit we spoke with two relatives on the phone.

We looked at documentation relating people's care, staff files and management records. This included reviewing two people's care records, three medication records, staff training and support files, recruitment records, as well as a selection of audits.

Is the service safe?

Our findings

People were protected from potential abuse or harm. The provider had robust systems in place for staff to follow and report abuse. Staff were trained in safeguarding and were knowledgeable about how to identify and respond to concerns. One staff member said, "It's about protecting people and helping to keep them as safe as possible. If I had concerns I would report them to the management team, or straight to safeguarding with the local council." Another staff member said, "We try to teach people about safeguarding, so that they know their rights."

Risks to people were well managed. Staff helped people to anticipate and understand risks and actively support them with positive risk taking. We saw assessments provided staff with information on the severity and impact of risk and guidance on what measures to take to reduce risks. We saw various risk assessments, for example on how to reduce the risk from epilepsy, also assessments for people who displayed behaviours which may be challenging. These assessments provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and rights. They were reviewed regularly and where people's behaviour or health needs changed we saw that referrals were made for professional assessment in a timely way.

Accidents and incidents were managed effectively with actions taken to reduce future occurrences. We saw that changes had been made following an incident to keep one person safe from harm.

Medicines were safely stored and managed. The keys to access medicines were held by a nominated individual. This supported the safe administration of medicines. Records showed that medicines administration records were fully completed and up to date, providing evidence that people received their medicines at the prescribed time. We saw that only trained members of staff supported people with their medicines. People were receiving "as and when required" medicines safely and when they needed them. There were guidelines in place which provided information for when to administer medicines which can be given "as and when required." However, they needed to be more detailed to ensure staff knew how soon to seek medical help, when medicines hadn't worked. We discussed this with the registered manager who agreed to update the guidelines.

Staff could identify prevent and manage behaviours which were challenging. They had received positive behaviours support training (PSB) and training in managing actual and potential aggression (MAPA). We observed staff quickly respond to an incident, and diffuse it safely, whilst providing emotional support to the person. This approach from staff brought the incident to a quick end by guiding the person into making a positive behavioural choice, in line with best practice. People had been referred to community professionals for advice and guidance. Care plans described the strategies required to keep people and staff safe. One relative described how staff could encourage their relative in a way they couldn't. They said, "They [staff] motive [family member] and keep them safe."

Appropriate fire safety records were maintained and relevant signs and equipment were seen throughout the premises. People had individual evacuation plans which meant staff knew how to support people to

evacuate in the event of an emergency. The service had put together an evacuation pack which had foil blankets, torches and other equipment to keep people safe in the event of an emergency. People took part in regular fire evacuations with staff to ensure they were aware of how to respond to emergency situations. The fire alarm flashed so that people that couldn't hear the alarm could see when they needed to evacuate.

There was a satisfactory recruitment and selection process in place. The registered manager and staff told us people were involved in interviewing potential candidates to ensure they had a say in who they thought were most suitable to their needs. We saw recently recruited staff recruitment files and found they contained all the required information. This included interview notes, at least two written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We saw that staffing numbers were sufficient to ensure that all areas of the service ran smoothly and people received one to one support.

People were protected by the prevention and control of infection. There was an infection control policy which staff followed and we saw information in bathrooms which prompted people to wash their hands to prevent infectious diseases, this was available in a pictorial format to provide accessible information to people. The kitchen contained coloured chopping boards to avoid cross contamination. We saw that mops were being stored in the kitchen close to food preparation and not stored in the correct position to allow them to air dry. We discussed this with the registered manager who addressed this at the time of our inspection.

Is the service effective?

Our findings

People were encouraged to be involved in the shopping, preparation and cooking of their own meals. People planned their menus on a weekly basis and they were free to have snacks and drinks, when they wanted. Pictorial menus were available to show people what was planned for meal times and people were free to change their mind should they want a different option.

People's care records showed they were supported to attend healthcare appointments. Staff said, "We book an interpreter for routine appointments so they can explain the detailed medical jargon. They are trained to help share this information in simplified terms." Staff could explain how they would recognise and respond to a deterioration of someone's mental or physical health and how they would ensure people receive appropriate support. Staff said they gave people accessible information in the form of easy reads formats so that they could make suitable health choices such as having health checks, healthy eating, and reducing salt and sugar. Various health professionals were involved in people's care.

People were supported by skilled, knowledgeable and suitably supported staff. Staff received induction, regular supervision and appraisals were planned. One member of staff said, "I get enough one to ones, the managers doors are always open, she makes time to show an interest in what's going on."

There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. The staff training records showed staff were kept up-to-date with safe working practices. All staff had, or were working towards achieving, level one in British Sign Language (BSL) and timescales were set for all staff to be level two trained. Staff said, "It's a great learning opportunity to be trained to this standard and it helps to effectively communicate with the people and better meet their needs." All staff were trained to support people with challenging behaviour. The registered manager told us they felt that staff would benefit from further training and had ensured all staff received PBS training which helped them understand people's needs, analyses their behaviour and improve the environment and wellbeing.

We saw that the environment was well suited to people's needs. Although Ponderosa is located in a rural area there was plenty of things for people to do to keep them active. They could access public transport from the next village. The grounds were accessible for people to ride their bicycles, there was a gym, sensory garden and outside buildings where chickens and other small animals were kept. People were seen to be engaged in their environment and taking pride in it. One person was eager to show us the animals and said they liked to take care of them and they helped to keep them calm.

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 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 registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted.

Peoples care plans showed evidence of mental capacity and best interest decisions where applicable.

Is the service caring?

Our findings

A relative said, "The staff that I have met have been kind, caring and motivational." From our observations we saw that staff knew the people they supported very well. We observed staff providing support with compassion and kindness. Staff told us, "There is a great team atmosphere here. We are all united by the same cause, which is to make sure that people have a good life, and we all pull together." Another staff said, "We [staff team] all have our places and we fit like a jigsaw. We make sure people get our full attention. This is their home and we are just an extra pair of hands, helping them along the way."

Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. Staff were skilled in their use of sign language and interpreting what people were communicating. Staff asked people's permission before carrying out any tasks and explained what they were doing, as they supported them. Support plans were written in a person-centred way, and people had been involved in completing and updating them. The language used within people's care records was detailed to enable the reader to understand what support each person needed.

Staff respected people's privacy and dignity. We saw staff waited for permission before they went into people's rooms. Staff said, "This is [name] flat and I wouldn't go in without first asking if it was OK to do so."

Staff were supported with their culture and religious needs. They could choose when and where they wanted to pray. They were given the time to do this, when they needed to, and this helped to make a faith friendly workplace and supported their diversity and protected characteristics under the Equality Act.

Staff knew people well and respected their personal preferences. We saw people were supported to do the things they wanted to and staff gave them time alone when people wanted less support. People were encouraged to be as independent as possible. We saw that each person had a keyworker of their choice. Keyworkers are staff that have been matched to people, and then work closely with them, to support them to achieve their outcomes.

People had information available to them on external services that were available should they need to discuss their support options.

People were actively involved in making decisions in the way their service was run, giving them an active voice. We saw regular meetings took place where everyone participated. The inclusion of people at the meeting enabled the staff to focus on what changes were important to the people living there, to drive improvement.

Is the service responsive?

Our findings

Complaints that were made were recorded and information was available to show the outcome. We spoke to relatives about how complaints were handled and received mixed feedback. For instance, one relative thought they could have been handled better, whilst others felt they were very well handled. We found the provider to have a system in place which promoted learning from complaints. Staff said, "If there was a complaint she [the registered manager] would address it straightaway, I have no doubt."

We found all people were supported to maintain their hobbies and interests. Each person kept a book called "My Life Story" which contained photographs and newsletters about what activities they had pursued each month, what they had tried and learned. We could see that people had varied and active lives. Activities people took part in were meaningful to each individual.

The service had thought of ways to give people information they needed in a way they could understand, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported to have information made available to them in easy read or pictorial formats. We saw throughout their home pictures were displayed to make information easier for people to understand and to help with their communication. Staff with a hearing impairment had been employed and all staff had been trained to use sign language, to enable effective communication with people. Interpreters were used to support the staff and people during health appointments and team meetings.

Care plans were person centred and reflected the individual needs of each person. People had been involved in writing their own care plans so they could have say in the care provided to them. The service had not considered people's end of life needs and preferences. The registered manager told us that people's end of life had not been discussed with them, and their relatives, where appropriate. However, they said they would look at whether this was appropriate to people and reflect their decisions in the care plans.

Is the service well-led?

Our findings

At our last inspection of December 2015, this domain was rated as requires improvement. However, at this inspection, we found this domain had improved to good.

At the time of our inspection 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 registered manager had showed us they had an effective system in place, to enable them to monitor the quality and safety of the service. We saw that there were some internal audits being completed on areas such as medicine management. Audits that were in place were robust but the registered manager agreed to review the systems to ensure that these covered all aspects of the service provided.

We found that people were receiving PRN medicines when they needed them, however, there needed to be more information in the PRN protocols. The registered manager agreed that they would put more detail into them as soon as possible.

The registered provider had a service plan in place which had been devised to show how improvements were being made.

Staff told us that they enjoyed their job and felt supported and valued. Staff were very positive and all said they worked together as a team to ensure each person's needs were being met as the person had chosen. Staff felt that there was a good support network from the management team. The said, "It's a lot more settled with this manager, they have a unified approach with the people and they [the management team] throw themselves into getting involved in all aspects. Its good." Another staff said "She [the registered manager] celebrates things and knows people well."

We spoke with one person's relative who were complimentary about the management team. They relative said, " They let the family know what's happening for [name], we are happy." However, another relative felt the manager could be more responsive in getting back in touch when they made contact and were concerned that there had been lots of changes in staff and managers historically.

It was clear that the service was person centred and people's views and opinions were valued. We saw people were involved in regular meetings about their home and they could offer opinions and suggestions to make any improvements they felt necessary. Each person had been supported to develop a monthly newsletter, which contained photographs of what activities they had taken part in and enjoyed. This showed that the service was person centred and placed a focus on people achieving active outcomes by working in partnership with them. The registered manager demonstrated their person-centred approach by encouraging and enabling people to live a full and active life.

The registered manager was aware of their responsibility to have on display the rating from their last

inspection. We saw the rating was clearly on display on the provider's website. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.