

Accomplish Group Limited

St Georges

Inspection report

100 St Georges Avenue
Northampton
Northamptonshire
NN2 6JF

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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

About the service

St Georges is a residential care home providing personal care for adults of all ages with learning disabilities, autistic spectrum disorder, mental health conditions, dementia and/or physical disabilities. At the time of inspection, five people were supported by the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received safe care, and staff understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks within people's lives, and staff we spoke with felt safe supporting people with a wide range of needs.

Staff recruitment procedures ensured appropriate pre-employment checks were carried out. Medicines were stored and administered safely, and records showed they were administered correctly.

Staffing support matched the level of assessed needs within the service during our inspection, and staff were trained to support people effectively.

People were supported to have their nutritional needs met. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff treated people with kindness, dignity and respect and spent time getting to know them.

Care plans reflected peoples' likes, dislikes and preferences. An activities programme was in place, and people were supported to pursue holidays and activities they enjoyed with staff support.

A complaints system was in place and used effectively. The registered manager was keen to ensure people received good care and support and listened to feedback when provided. Investigations took place into accidents, incidents and any events that could be learnt from. Learning was shared with the team and improvements were made when required.

Staff felt supported by the registered manager and received regular supervisions. The registered manager was accessible to everyone and was open to suggestion and feedback.

The service applied the underlying principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Further improvements would include ensuring people are always given choices over all aspects of their care, including improved communication.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 19 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

St Georges

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

St Georges 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager and care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Staff always do their best for me and keep me safe."
- There were procedures in place to keep people safe. All staff had training on safeguarding and understood their role in identifying and reporting any concerns.
- Safeguarding alerts had been raised appropriately and clear records were maintained.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care and felt knowledgeable about people's risks.
- People had positive behaviour support plans [PBS] this supported staff in understanding potential triggers and strategies to reduce anxiety and any behaviours that may challenge.

Staffing and recruitment

- Safe recruitment practices were followed. Staff files contained all the necessary pre-employment checks.
- Employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- People and staff told us there were enough staff on shift to meet individual care needs. One person told us, "There is always enough staff to take me out."

Using medicines safely

- Medicines were managed safely, medicines were administered as prescribed. Medicine administration record's (MAR) were signed accurately to indicate medicine had been administered to people as prescribed.
- Staff received training in the safe management of medicines and their competencies had been checked.
- There were recording systems in place which clearly showed what people's medicines were for, what the side effects were, and when people had taken their medicines.

Preventing and controlling infection

- People were protected from the risks of infection as the staff supporting them had undergone training in infection prevention and undertook safe practices when providing care.
- The environment was clean including shared spaces, furnishings and equipment. Cleaning schedules were in place and care staff supported people with daily living tasks to help maintain a hygienic environment.

Learning lessons when things go wrong

- The registered manager took a detailed approach to learning from incidents.
- Investigations were completed, and learning was shared with staff to help prevent further incidents. For example; strategies for managing behaviour that may challenge were reviewed by a positive behaviour support specialist to ensure debriefs were detailed and identified shared learning.



Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them. Staff also carefully reflected on the needs and interests of other people within the home to consider if new people would be happy at the home.
- Staff involved people, their relatives and several other professionals involved in the person's care to help provide a comprehensive and holistic assessment of each person's care needs.
- Within care files people had a detailed section "One page profile" this contained information regarding what was important to the person including 'how best to support me,' 'important people', 'what people admire about me' and 'my history.' This supported staff to know the best way to deliver care to a person.

Staff support: induction, training, skills and experience

- Staff completed an induction which included training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff training records confirmed training completed was appropriate to their roles and responsibilities. Staff received additional training to meet people's specific needs, for example understanding autism.
- Staff received regular supervision and felt well supported by the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- People were given appropriate support to maintain good nutrition.
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs and preferences such as high fibre diets and any support people needed.
- People were involved in making choices about their meals and staff supported them to have meals they enjoyed. One person told us, "I help with the cooking and we can choose what we have."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Care plans documented people's healthcare requirements and clearly identified any involvement with

healthcare services. Oral health care plans were in place.

- When required people were referred to external health professions such as speech and language therapists, psychiatrists and community nurses.
- Staff supported people to attend doctors, dentists and hospital appointments.

Adapting service, design, decoration to meet people's needs

- People had the choice of how to decorate their bedroom. People showed us their bedrooms which were personalised to them.
- When rooms within the house were decorated people were involved and could help choose colour schemes and furniture.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We checked whether the service was working within the principles of the MCA and found that they were.
- Care plans had been developed with people's involvement and staff asked people for their consent before they provided any care.
- When people did not have capacity to make their own decisions, and a DoLS was required, this had been requested. At the time of inspection, DoLS had been authorised and assessed by the local authority. Staff promoted people to have as much independence and freedom as possible.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew their needs and cared for them in a respectful way. People told us they liked living at St Georges and the staff were kind and caring. One person said, "The staff are always helpful to me." Another person told us, "The staff are kind to me and I like them."
- The interactions we saw were positive, with staff and people engaging well with each other. We saw staff talking to people about a range of subjects including their family, activities they wanted to do and general 'how are you today' conversations.
- People were supported to meet any religious or cultural need. This was documented in their care files so staff knew who required support and how the support should be offered. One person told us, "I go to church, staff take me."

Supporting people to express their views and be involved in making decisions about their care

- People were empowered and encouraged to express their views, and their decisions were respected. People were considered partners in their care and staff fully understood that people were able to make decisions about their care and lifestyle choices.
- People told us they felt comfortable speaking with staff and managers. People's communication needs were documented in their care records, this supported staff to understand and communicate effectively with each individual person.
- Regular meetings were held with people who lived at St Georges. With people's consent, the meetings were video recorded which enabled people to watch it back to see what ideas were discussed and what joint decisions were made. We saw a video of these meetings which showed that people were able to feedback anything positive or if things needed to improve, they also contained information sharing, which ensured people living at St Georges were informed of changes being suggested or made.
- Pictorial support was available to help people understand their choices, for example, menu choices. Staff took time to understand how people reacted to their choices, and what they liked.

Respecting and promoting people's privacy, dignity and independence

- The service treated each person as an individual, and this was embedded within the service. Each member of staff was committed to recognising people's diverse needs and embracing these with good effect. For example, by ensuring people could visit places they enjoyed or had meaning to them.
- We saw staff supporting people in a respectful and dignified manner. Staff ensured they didn't discuss anything personal in front of other people and knocked and requested entry before entering people's rooms.
- People told us that staff treated them with respect. One person told us, "We have joint respect, they respect me, and I respect them."
- People were supported and encouraged with their independence. We saw when people had meetings with their keyworker, they wrote their own notes to the meeting. We also saw that one person wrote their own personal evacuation plan in the event of fire.



Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Where applicable, people had an Autism/Asperger's profile within their care files, this included information on communication, relationships, emotions, routines and activities. This supported staff to offer person centred care to people.
- Staff told us the care plans and risk assessments were updated and that any changes in a person's need was communicated to them immediately.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were committed to enabling people to socialise, develop and maintain relationships. Staff supported people to go and visit friends and family outside of St Georges.
- People were able to go on holidays and pursue activities they enjoyed. One person told us, "I like going to Wales and I visit every year." One person enjoyed going to the gym with support from staff, other people went swimming, trips to theatres, trampolining and visiting transport museums. One person told us how they had been involved in planning a trip to a Christmas market.

Improving care quality in response to complaints or concerns

- People told us, they were confident in raising concerns. One person said, "I would speak to [registered manager] straight away if I had any concerns; if they were not here I could telephone my family."
- The provider had a complaints procedure, which was accessible to people, relatives, visitors and staff. The complaints procedure included information about external agencies who could support people with complaints.
- Staff had regular meetings with people to give them frequent opportunities to provide feedback on an informal basis.
- Complaints were investigated and responded to appropriately.

End of life care and support

- At the time of our inspection no one using the service required end of life support.
- People had care plans in place which recorded their wishes in the event of a potential sudden death. It was clear where people had funeral plans in place and whether these were held at the service or with family members.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Policies, procedures and other relevant information were made available to people in the format that met their needs, such as easy read styles, pictures or another language.



Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff told us they felt supported by the registered manager and that they were visible within the service. One staff member said the registered manager was a 'role model' for all staff.
- The provider completed spot checks during the day and night to ensure staff continued to offer person centred care.
- Staff felt they worked well as a team and supported each other. One staff member told us, "It is team work all the way, we work together so well as a team and we all want the absolute best for the people living here."
- Managers and staff were enthusiastic and committed to providing a good quality service for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who lived at St Georges were involved in the recruitment of staff. We saw evidence of people being part of the interview and how their views were considered when offering staff jobs.
- People, relatives and staff were asked for their feedback at individual reviews and through surveys. Records showed people were happy at St Georges.
- Staff told us they could raise suggestions and feedback to the registered manager and this openness was always welcomed. For example, one staff member told us, "We are encouraged to keep looking for things that will improve the lives of people who live here, [registered manager] is so passionate about everyone having the best opportunities."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their responsibilities and were positive about the leadership structure in place. One staff member said, "I love working here. I think I have the best job in the world. We all work together."

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- The registered manager understood their role and shared information with CQC about all aspects of the service including quality performance, risks, notifications and regulatory requirements.
- Staff received training to ensure people received support appropriate to their needs. There was a focus on developing staff to achieve better outcomes for people.
- Staff were clear about their roles and understood what the provider expected from them. Care plans detailed people's expectation of care being delivered.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider ensured they met the regulatory requirement to be open and transparent with people using the service when things went wrong by liaising with people and their families and involving them in investigations.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Continuous learning and improving care. Working in partnership with others

- The management team demonstrated an open and positive approach to learning, development and feedback.
- The service had links with external services that enabled people to engage in the wider community.
- The registered manager attended care forums, local council meetings and regular meetings with healthcare professionals to network, learn and share ideas.