Alan Atchison

Alan Atchison - 2 David's Close

Inspection report

2 David's Close
Werrington
Peterborough
PE4 5AN
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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

Overall summary

Alan Atchison – 2 David's Close is registered to provide accommodation, support and personal care for up to nine people who have a mental health condition or learning disability. The home is not registered to provide nursing care. There were eight people living in the home when we visited and one person was in hospital.

The last inspection was on 22 April 2013 where we found the provider was meeting all the regulations we looked at.

This unannounced inspection took place on 13 January 2015.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff knew how to recognise and report abuse so that people's risk of harm was reduced.

There were a sufficient number of staff to safely meet the needs of people who lived in the home. Relatives of people in the home said they were kept up to date about their family member's health and welfare and felt included in any meetings.

Staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and the impact for people in the home who could be subject to the Act. People who lacked capacity to make specific decisions were cared for in line with any best interest decisions that had been agreed.

People's health and wellbeing was monitored by a variety of health professionals who visited the home when needed and who provided information or advice that was implemented by staff in the home.

People's individual needs were recorded in their support plan so that staff had the information they needed to provide consistent care. Support plans were reviewed regularly so that people's needs were kept up to date and support changed as necessary.

People were offered a variety of activities to participate in and were encouraged by staff to pursue their own hobbies and interests.

Relatives advocated on behalf of people in the home, but independent advocates could be found for them if required. People knew how to complain and were sure the registered manager would deal with any complaints.

The provider had an effective quality assurance system in place which was used to help drive improvements to the quality of people's care provided and the home that they lived in.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt they were safe. Staff knew how to recognise and report abuse so that people's risk of harm was reduced.

People were looked after by a sufficient number of suitable staff to meet people's assessed needs.

Individual risk assessments had been written so that staff could reduce risks to people. The administration and management of medicines was undertaken correctly, which meant people were protected.

Good

Is the service effective?
The service was effective.

Staff were aware of their responsibilities in respect of the Mental

Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were cared for by staff who had completed the training specific to their role and the care and support needs of people.

People's nutritional needs were provided to make sure their health was maintained.

Good

Is the service caring?
The service was caring.

People and/or their relatives were involved in plans for people's care.

Staff knew the care and support needs of people in the home and treated people with kindness and respect.

Good

Is the service responsive?
The service was responsive.

People had their needs assessed and staff knew how to support people, meet their needs and maintain their independence.

People were supported to take part in a range of individual activities in the home and in the community.

Good

Is the service well-led?
The service was well led.

Staff and people who lived in the home were involved in the development of the service.

Quality Assurance systems ensure that the views of people in the home, health professionals, staff and relatives are formally sought on a regular basis to drive improvement.

Good

Alan Atchison - 2 David's Close

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 unannounced inspection took place on 13 January 2015. It was undertaken by one inspector.

Before our inspection we looked at all the information we held available about the home. This included information from notifications. Notifications are events that the provider is required to inform us about by law.

During the inspection we spoke with four members of staff and the registered manager. We observed the interaction between staff and people in the home. We spoke with two people living in the home and the relatives of one person who lived in the home.

As part of this inspection we looked at two people's support plans and care records. We looked at other records such as accidents and incidents, complaints and compliments, medicine administration records, quality monitoring and audit information, policies and procedures, and fire and safety records. We looked at records relating to the management of the service including audits, policies and a report from the Fire Protection Officer.

We spoke with a speech and language therapist.

Good

Is the service safe?

Our findings

One person in the home said, “It feels nice here and I feel safe”. Another said, “I feel nice and safe”. People could be confident that staff had received the necessary training and understood their roles and responsibilities in relation to safeguarding people from harm. There was information available in the home such as the agencies to contact and their telephone numbers, so that people and staff could raise concerns about abuse. Staff knew the correct reporting procedures and where to find phone numbers of agencies outside the home where safeguarding concerns could be reported. Staff confirmed they knew about the provider’s policy to inform and report on poor practice in the home and would have no hesitation in reporting any issues.

There had been one safeguarding incident raised by a member of staff and this was in the process of being discussed with the local authority safeguarding team, social workers and family members. Evidence showed the policy had been followed and information recorded accurately.

Risk assessments had been completed so that people could live as independently as possible with support. We spoke with staff who gave examples of risks to people which included those who were not aware of road safety issues, people who required assistance with food to prevent choking and triggers for people who became agitated. The staff were able to tell us what they would do in these examples to minimise the risk to keep people safe.

The registered manager explained that people’s needs were assessed before they moved into the home and staffing levels were based on those needs. Staff told us that there were sufficient members of staff to provide people with their individual support needs, which included one-to-one support to attend day centres, relax in a spa, have a massage, go swimming, make items such as rugs or take a walk. One member of staff also spent time with a person who was currently in hospital. We saw that staff had time to talk with people and were patient with people and gave them the time they needed to respond.

If there were expected absences through holiday or unexpected staff absences through illness, staff on duty told us these were covered by other staff within the home who worked extra hours. There was evidence that this had occurred on the day of inspection when a member of staff had telephoned in unwell. Evidence on the rota showed there were enough staff available to ensure people could attend their day centres or remain in the home if unwell and could be provided with individual activities.

There were recruitment procedures in place and staff were only employed in the home once all appropriate and required checks were satisfactorily completed. Staff agreed that they had only started work in the home after the checks had been confirmed.

We asked people in the home about their medicines and they told us that staff administered all medicines. Staff told us, and evidence in their training records showed, they had completed the necessary medicine training. One staff member told us that the registered manager had assessed their competency to administer medicines before they were able to do so independently. This ensured staff were competent to administer medicines safely to people. People could be assured that processes were in place to ensure that any errors in medicine administration were dealt with immediately and further training given to ensure the error did not occur again.

People were protected because training for specific medicines such as Buccal Midazolam for epilepsy was provided so that all staff, who had to administer this and other medicine, were up to date and competent. Protocols were in place for medicines that were prescribed to be given when necessary. These could be used for example to help if a person became agitated. The protocols gave staff the information they needed about when to give the medicine and how much. Staff told us that people agitation was observed so that information could be given to the GP to decrease the levels of the prescribed medicine to be administered where possible.

Good

Is the service effective?

Our findings

Staff told us that they had the training and support they needed to do their job. They told us that there had been a good induction and that they shadowed more senior staff who explained about the people living in the home and their care needs, how the home was run and health and safety issues. Staff told us that they received regular training in areas essential to the service such as fire safety, infection control and food hygiene. People were supported in their communication with staff because there were appropriate aides for staff to use such as Makaton (similar to sign language), photos and pictures.

Staff told us they had been provided with an induction, regular supervision and yearly appraisals. They said they received training, which included the safe use of medicines and safeguarding people from harm. Staff were supportive of each other and one member of staff said, "I have supervision every two months. There's a real team atmosphere and spirit, it's really good".

There had been some training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), which staff understood. We looked at care records which showed that the principles of the MCA Code of Practice had been used when assessing an individual's ability to make a particular decision. For example, some people who lived in the home were not able to make important decisions because they did not understand about their safety when in traffic. Records showed that for those people who lacked capacity to make specific decisions were assessed each time in line with a best interest decision. We spoke with the speech and language therapist who told us that if they had any concerns about people's capacity staff made the appropriate assessment. They discussed with other professionals and interested parties, such as relatives, and then put the appropriate best interest guidelines in the person's plan of care. This would ensure the person had effective and appropriate care for their swallowing issues.

The CQC monitors the operation of DoLS which applies to care services. We saw evidence that the registered manager had information available so that appropriate applications could be made when necessary. At the time of the inspection there had been no applications and we saw that people did not have any restrictions imposed on them.

There was a policy in place and staff had received bespoke training in the use of approved minimal restraint to ensure people and staff were kept safe. Staff were able to tell us how they would identify what the triggers were for people and what they would do to prevent any escalation. One staff member said, "For [person] distraction really works. I also know that [another person] doesn't like to talk too much and doesn't like questions. It's different for each person but it's often about how you approach and deal with them." At the time of the inspection there was no-one who required intervention. The registered manager was aware that for one person a full assessment of risk and formal discussion would need to take place with them in relation to possible restraint if they became mentally unwell again in the future.

We saw that people made individual choices about their food and drink. Staff were aware of people's likes and dislikes so that the choices were suitable for each individual. For example one member of staff told us that if a person in the home did not like rice, when a meal such as curry was being eaten that person would be offered other alternatives. We saw that people were encouraged to choose and make their own lunch. Two people told us they were going to have a take away that evening and were pleased with that. One member of staff told us how they verbally asked people their choice of meal and also used pictures to help others make meal choices.

We saw that each person had a health plan which identified the support they needed to maintain their health and wellbeing. There was also a hospital passport on each file which provided personal health and welfare information that went with the person if they were admitted to hospital. Evidence showed that this had been useful and supported one person when they went into hospital.

The speech and language therapist told us, "I am quite impressed by how staff implement what we advise". They went on to say that their links with the communication co-ordinators in the home who implement the requests and who work closely with them refer appropriately where necessary and phone back if there are changes that need further discussion.

Good

Is the service caring?

Our findings

People told us they liked the staff and their home and were positive about the attitude of the staff. One person said, "It's really nice here. The staff are really nice". One relative said, "They [the staff] really treat [family member] well. [Family member] is very happy and likes to come home, but likes to go back [to 2 David's Close]". One person was keen to tell us, "I like it here". This was significant as there was information that showed the person had not liked their previous home.

People were heard discussing their care needs in private with staff and were being supported to make their own decisions. People were assisted by staff who understood and were knowledgeable about their individual needs and helped maintain their independence.

We saw that people were treated with kindness and respect by staff. Staff were patient with people who found it difficult to communicate quickly when trying to explain what they wanted. People were relaxed around the staff and enjoyed laughing at jokes, chatting and having discussions. It was evident staff knew how to communicate with people about their needs and choices. People talked with staff, responding using their own verbal methods or smiled and nodded in response. The registered manager said that they observed staff interaction with people on a regular basis so that they could ensure communication was understood by everyone. For example they had observed that a member of staff had not understood a joke (as English was not their first language) said by a person in the home. The registered manager was then able to explain the joke so that the staff member would understand the humour in future.

All the staff we spoke with said they enjoyed working in the home and that as a team they provided and met people's care needs with compassion. One relative said, "I can't give enough praise [about the staff]."

Relatives we spoke with said they had attended previous meetings and reviews about the care and welfare of their family member. They felt they had been listened to and information had been talked through with them so that they felt included. There was information about Independent Mental Capacity Assessors in the office and the registered manager said that they had been used in the past. At the moment all those who lived in the home had family advocates, but there was information available should anyone want an independent advocate to speak on their behalf.

Relatives we spoke with said they were always welcomed into the home when they visited. One relative said, "I have been here for parties and seen that people are very happy." We saw that there was a monthly meeting for people who lived in the home so that they were at the centre of discussions about their home and the quality of care provided.

Good

Is the service responsive?

Our findings

Staff told us that support plans were detailed and gave them the information they needed to provide consistent individual care for people. We asked one person if we could look at their support plan with them and they agreed. The support plan had been reviewed and any changes in the persons care had been recorded. Relatives had been involved in decisions to advocate on a person's behalf. One relative confirmed they had been to meetings about their family member and were pleased with the review of the support plan. We saw care that had been planned for people was in line with their wishes.

People took part in recreational activities, which included time in the greenhouse, bowling, swimming in a hydro pool, exercising and going to local clubs and pubs. Educational activities took place in the local day centres where people took courses such as cookery and gardening.

We saw that for one person, staff had recognised they were not interested in a planned regular activity. Staff had talked with the person and then arranged an increase in time spent in a nursery they enjoyed working in in the community. The person confirmed they were very happy about it. People we spoke with told us they enjoyed doing jobs around the home. One person told us, "They [staff] let me choose what I do. Cooking and things. I go out shopping. I help pour the juice. We all have tasks and I like that. I'm sweeping too today". People told us they chose where to go on holiday and there was information in the 'resident's meetings' to confirm that. One person said, "I went to Lowestoft. I have to talk to [registered manager] about going on holiday again. I can choose where I go".

People were supported to maintain links with their families, have contact with friends and any religious beliefs. One person said, "I go bowling and I go to church." People were transported to make home visits for the day or weekend and relatives confirmed that was the case. People told us they went out during the day to meet friends or just go out and about in the community. When asked about social events, one relative said, "I have been to birthday parties, Christmas parties and a Bar-B-Que. [Family member] also has their hair done and always looks nice. [Family member] has friends in the home, she's very happy". During the inspection we saw that a member of staff was visiting a person who had been admitted to hospital. This meant the person had regular support to prevent their social isolation, and the rota was flexible enough to provide individual care.

Staff told us that if people wanted to make a complaint they would assist them to do so. There was information in large print available about how to complain. The registered manager was aware that information in other formats was not available in the home at the moment. They said information to ensure people could make a complaint would be requested from the office as soon as possible. One person said, "I'd talk to [registered manager if they were not happy] and she would get it sorted". Relatives knew who to talk to if they were not happy, but they had no reason to at the moment.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post.

The registered manager understood their responsibilities and was supported by the provider, human resources office staff and the four seniors in the home. They understood how to meet their legal obligations and, when necessary, to submit notifications to CQC.

The registered manager said they were part of the team and shared their knowledge and care techniques verbally but also worked alongside staff in providing care and support. One member of staff said, "The [registered] manager and seniors are lovely. You can go and talk about anything." One staff member said, "There is a team atmosphere and spirit, it's really good. It's the best place I've ever worked. Everyone wants to help each other". The speech and language therapist said, "The manager is excellent".

The registered manager told us that people who received one to one care now had a detailed breakdown of the specific activities undertaken to show how the extra funds were being used. This meant people received the level of care they had been funded and meant the system was open and transparent.

The registered manager told us that when there were staff interviews, as part of the interview interviewees met and chatted with people. People in the home were then asked their views and these were taken into consideration when appointing staff. People were given the opportunity to influence the way the service was run and their care delivered.

Staff told us that the values of the home were for people to be as independent as possible and be provided with as much choice as possible.

There were regular monthly meetings for people living in the home. Minutes of these meetings showed topics such as worries or anxieties, weekly menu and arrangements for people's holidays were discussed. There was also evidence that once people had been on holiday they were encouraged and assisted to tell the other people in the home about the good and not so good things about it. This meant people could have open discussions about future trips they wanted to take.

There were a number of systems to monitor and audit the quality of the service provided to people in the home. We viewed some audits such as fire, health and safety, medicines management and training which were in order. We saw that questionnaires had been sent to people in the home, health professionals, relatives and staff in 2014. The responses had been very positive from all those who responded. One issue had been raised about food provided for a person who attended a day centre. The registered manager said that a member of staff had given the wrong lunch box to the person. Action had been taken immediately and labels were now provided to ensure the error did not occur again. Staff information from the questionnaires and staff spoken with showed that they felt able to freely ask questions with senior staff.