

Trident Reach The People Charity

St Alban's

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

About the service:

St Albans is a care home for up to 6 people who have a learning disability or autism spectrum diagnosis. At the time of the inspection 6 people were living at the service.

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.

People's experience of using this service:

- People told us and indicated they were comfortable living at the service and with staff. Relatives told us they were happy with the service. One person told us, "I like it here." People were protected against avoidable harm, abuse, neglect and discrimination. People received their medicines as prescribed.
- Staff had the skills and knowledge to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were met and they received enough to eat and drink to ensure they had a healthy diet. People accessed health care when needed.
- People received care from staff who were kind and caring and knew them well. Staff were patient and empathetic and had built good relationships with people. People's privacy, dignity and independence were respected by staff.
- People's support needs were assessed and planned to ensure they received the assistance they needed. People's support was individualised. People were supported to take part in activities they enjoyed. Their preferences, likes and dislikes were known to staff. The provider had a complaint process which people were aware of to share any concerns.
- The provider had systems in place to investigate and monitor accidents and incidents. The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts. The registered manager was open and honest and had a development plan in place to drive improvements.

Rating at last inspection:

At the last inspection the service was rated Good. (Last inspection report published 11 August 2016.)

Why we inspected: This was a planned comprehensive inspection scheduled to take place in line with the Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

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

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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

St Alban's

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 March 2019 and was unannounced.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

St Albans is a care home. People in care homes receive accommodation and nursing or personal care as a 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before the inspection we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). This is a document which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection. We also reviewed previous inspection reports and the details of safeguarding events and statutory notifications sent by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or serious injury.

We spoke with and spent time with three people who used the service, and four members staff. We observed how people and staff interacted throughout the day.

During our visit we spoke with the registered manager, and four other members of care staff. We looked at two peoples' care records, staff records and reviewed information relating to the management of medicines. We also looked at policies and records in relation to staff training, maintenance of the premises, complaints and how the provider monitored the quality of the service people received.

We spoke with two relatives of people who used the service by telephone after the inspection.

Is the service safe?

Our findings

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

Good – People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People had detailed assessments to support them and staff to reduce risk. They were personalised and staff reviewed them regularly to ensure any restrictions to minimise risk were proportionate and still needed. For example, the kitchen door is only open when staff are present. This keeps people safe.
- Staff used the information from risk assessments to keep people safe. We saw a member of staff support a person to help with household tasks. They encouraged the person to do as much as they could safely, such as taking items to their room and putting them away.
- The registered manager carried out regular checks, including health and safety checks, such as monitoring water temperatures. This helped keep people safe. One staff member told us, "We do all we can to make sure people are safe."
- Staff carried out checks and ensured equipment was safe to use, effective and well maintained.
- People had appropriate equipment to meet their needs safely. Staff had acted where risks were identified. This included referral to external agencies and professionals, such as wheelchair services and occupational therapists.
- When people displayed behaviours, which may challenge, these were recorded. These records were used to assess and understand what led to the behaviour and ensure lessons were learned to minimise the risk of this reoccurring.
- People had plans which gave staff guidance on how to support them to manage any anxiety or distress.
- Risks associated with the safety of the environment and equipment were identified and managed. Fire alarm checks had been recorded and staff knew the action to take in the event of an evacuation. People's ability to evacuate the building had been considered and plans were in place to tell staff how to support people to do this safely.
- Staff were aware of how to safely and effectively respond to emergencies.
- Staff understood the individualised support required to reduce the risk of avoidable harm to people.

Systems and processes

- One person told us they felt safe. They said, "I like it here." They indicated they felt safe.
- Although not everyone was able to speak with us, their body language and reactions to staff, showed us they felt comfortable with them.
- A relative told us they felt their relation was safe. They explained how the staff kept the person safe.
- Staff told us the registered manager was very approachable and felt they were easy to speak to. They said they felt no hesitation in speaking out if they had concerns about a person's safety.
- Staff had attended safeguarding training and were aware of the provider's procedures.
- Where concerns had been raised, investigations had taken place in line with the provider's safeguarding procedure. Where necessary, the registered manager took appropriate action to reduce the risk of

recurrence. This included implementing new procedures, retraining staff or using the provider's disciplinary procedure.

- Staff engaged openly with outside agencies to address safeguarding concerns.

Using medicines safely

- The provider had systems in place to enable staff to safely manage medicines.
- Staff had been trained in how to administer medicines safely. They had their competency to do this reviewed.
- Staff stored medicines safely in locked cabinets and monitored the temperature of this to make sure it was in line with the manufacturers guidance.
- Where people received medicines 'as and when required', there were guidelines in place for staff to follow. This gave them information about the reason the medicine was required, when it could be given, and the potential side effects.
- A staff member and the registered manager audited medicines records regularly to ensure medicines were given to people in line with the prescriber's instructions.
- Staff understood the actions they needed to take in the event of a medicines error.
- We observed medicines being given safely on the day of inspection.
- Medication Administration Records (MARS) were completed to record what medication had been given. We sampled MARS on the day of inspection that were completed correctly.

Staffing and recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service.
- Staff had been recruited safely. One member of staff told us about their recruitment and said they had undergone a range of checks to make sure they were suitable for their role.
- Staff told us they felt there were enough staff on duty to safely meet people's needs. They had time to support people to do activities they wanted to.
- Staff were able to spend quality time with people.

Preventing and controlling infection

- There were effective processes to prevent the spread of infection.
- The service was clean and odour free during our visit. Staff cleaned areas regularly and as soon as the need was identified.
- Staff washed their hands regularly including after providing personal care and before handling food.

Learning lessons when things go wrong

- Lessons were learned and improvements were made when things went wrong or the potential for things going wrong was identified. For example, after a person became anxious, this was discussed. Staff explored what may have been a trigger for the person, and whether anything could have been done differently. Guidance was in place for staff and they could explain this to us. This helped to minimise the risk of this happening again.
- The registered manager told us that they shared reviews of lessons learned across the team so all staff can learn from these.

Is the service effective?

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

Good - 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

- Senior staff had assessed each person to ensure their needs were understood, consulting with specialist professionals where necessary.
- The care plans were reviewed regularly to ensure they were up-to-date, and individualised.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people in more complex tasks, such as with their communication, there was detailed guidance for staff to follow.
- Staff communicated with other care professionals, including social workers, district nurses and occupational therapists. These professionals worked with the registered manager and staff to support and promote people's well-being in line with legislation and good practice guidance. This information was reflected within people's care records and guided staff.
- People's equality and diversity needs were identified within their care plans. Staff received training in equality and diversity to be able to meet people's individual and diverse needs.
- People were offered choice. For example, what they wanted to eat and what they wanted to do during the day.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled to carry out their roles effectively.
- Staff told us they completed a detailed induction process before being able to support people fully.
- A member of staff said their induction and training was "Really good. I don't think I'd be able to work here without it." They told us they had completed training in core subjects and read the provider's core policies and procedures. Only then did they work alongside more experienced staff to get to know people at the service.
- Staff had received training in topics relating to people's specific needs. Such as autism and dysphasia.
- Staff told us they were well supported by the registered manager. They explained how they met with them regularly and could discuss any issues and training needs. One staff member told us, "The support is really good. [Registered manager] is very helpful. Even though she works at two services she always manages to find time for us."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had made appropriate application to the local authority for a DoLS.
- People could decide what they would like to do and when they would like to do it. We saw people were asked what they wanted to do and what they wanted to eat and drink.
- We found where people were unable to make a decision for themselves, the provider had completed a best interest decision to agree what the person would want to do. They had not recorded a mental capacity assessment although the registered manager told us one had been completed. Following our visit, the registered manager confirmed they had implemented a way to record the capacity assessment had been completed.
- Staff always gained consent before carrying out a task. Where people were non-verbal, staff knew how to recognise facial expressions and body language to determine whether they were happy to consent or not.

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

- Meal times were sociable and flexible, reflecting people's needs and preferences. Staff encouraged people to eat independently or with specialist equipment, where appropriate.
- Some people chose to eat at a different time or to eat something different from what had been cooked. Staff respected this choice.
- Staff had clear guidance on how to meet people specific dietary needs. For example, use of thickener and how to prepare foods of different textures
- People were involved in choosing their what they ate and when. One relative told us, "[Staff] do promote a healthy diet."
- People were offered food and drinks throughout the day of our visit.

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

- Staff worked effectively with external organisations such as local authorities, GPs and Adult Social Care teams. This helped to ensure people received effective care that met their needs.
- People's care records showed that staff actively supported them to contact specialist services such as speech and language therapy and wheelchair services.
- Staff monitored people's health and wellbeing, for example how much they ate and drank.
- People were supported by key workers. Key workers are staff dedicated to a particular person and who know them well.
- People were supported to attend appointments when required. Staff recorded and followed guidance from professionals following appointments.
- Staff could explain what to do if they thought someone was unwell.

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

- Each bedroom was different and decorated in line with people's preferences and needs. Where possible people and were involved in this process.
- St Albans had its own lounge, kitchen and separate dining area, and a large garden which people enjoyed using.
- People had aids and adaptations to support them to continue to move around their home freely. This

included a rail in the hallway and a wet room so people could have a shower.

- We noted the kitchen needed repair as there were drawer fronts missing. Staff advised this was repaired on a regular basis and explained how one person pulled these off. There were pans in place to support the person when they did this.

Is the service caring?

Our findings

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

Good - 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 and relatives told us the staff were kind. Comments included, "The staff are good", "The staff help [person] and they are kind", and, "They are good staff."
- Staff supported people with sensitivity and warmth and used communication they could understand. We saw staff speaking calmly at all times, using touch and facial characteristics to display empathy and engage with the people they supported. We saw friendly interactions between people who used the service and staff.
- Staff told us they would be happy with a family member living at the service. One staff member told us, "It is all about how people are cared for. We treat them how we would want to be treated."
- During this inspection we saw many kind and compassionate interactions between people and staff. For example, one person wanted the staff member's attention. The staff member took time to talk to the person, offer them reassurance and ensure their needs were met before resuming the conversation with us.
- Staff understood the need to treat people equally and to respect their diversity. One staff member told us, "It is all about the person. Everyone is an individual."
- Staff were aware of people's needs including those which are protected equality characteristics such as age, disability, race and gender.

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

- Although some people at the service did not communicate verbally, we saw staff understood what they wanted as they knew them well. Some people used noises, gestures and signs to express themselves and staff explained these to us.
- How each person communicated was recorded in their care plan. This included advice on how to engage the person. For example, 'Call [person] by name and maintain eye contact.' There was a list of signs the person used and understood. The care plan also recorded known noises and gestures. For example, 'Vocalises loudly' meant the person may be unhappy and provided suggestion on how to support the person. This helped new staff understand what people were communicating.
- We saw staff offering people choice during our inspection. For example, "What would you like to drink?" Offering two choices by showing the person the drinks for them to point at.
- Relatives said staff kept them informed of their family member's well-being. One relative told us, "They always let me know anything that's going on."
- Where people needed additional support to make decisions, staff had referred people to external advocates. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff respected their privacy. One person said, "They knock on my door."
- Staff were respectful when they spoke about people. We noted the registered manager led by example when describing the care they provided and various challenges. Team meetings were used as an opportunity to discuss attitudes and promote good practice.
- The registered manager promoted a culture where people were supported to maximise their independence. Care plans gave staff guidance, for instance to encourage people to use equipment to enable them to eat independently.
- Staff supported people to develop their independence. For example, people had clearly identified targets they were working towards and clear directions for staff on the support the person required.
- Care plans were written in a positive way. For example, one person's care and support plan focused on the things they can do independently rather than on the things they needed help with. For example, which areas of getting dressed they could do and certain personal care tasks.
- People were given choices and control in their day to day lives. Staff enabled people to spend time as they chose and do activities they chose to.
- The provider promoted equality, diversity and human rights. They had policies in place to offer staff guidance and staff knew how to put these into practice.

Is the service responsive?

Our findings

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

Good - People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans focused on what people could do and informed staff of the support people needed to achieve this. People were involved in household chores such as laundry and cooking to the extent they were able. For example, which items of bedlinen they could strip from the bed.
- People's needs were constantly reviewed, and support adapted as required. At the handover meetings, staff described people's moods and any health complaints. This discussion was used to shape the support in the next shift.
- Relatives confirmed staff involved them in people's reviews. One relative told us they were asked for their feedback and attended reviews.
- Throughout our visit to the service we saw people were supported based on their individual preferences. The day was planned for them and times such as meal times, were flexible and relaxed. Staff clearly knew people and people looked relaxed with staff.
- People used to attend day services and were no longer able to do so which was a decision made by the local authority who funded the care people received. Some people found this change difficult. They were supported to find alternative activities to do during the day which were based on hobbies and activities they enjoyed as well as activities to develop their independence.
- Records showed people regularly went out either being supported to walk or to go out using transport. During our visit people went out throughout the day.
- Staff supported people to maintain relationships that were important to them.
- People's care plans included a 24-hour plan which offered staff guidance on routines and what was important to the person. This was based on each person's preferences, and how they wanted their support. It included personal details such as how to offer the person choices and specific guidance around how to support the person to eat in a way which promoted their independence and was comfortable for them.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service had taken steps to ensure that people received information in the way they could understand.
- Where people had communication needs these had been identified and information was provided to people in a way they could understand it.
- This included use of pictures and symbols as alternative formats of communication. Care plans documented what communication aids people required such as glasses and hearing aids.
- People were supported to go on holiday's they enjoyed.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place. We saw complaints which had been investigated and the outcomes recorded. The registered manager knew the importance of monitoring complaints received for any trends.
- Staff knew who to talk to if they had any concerns. Staff told us they were supported by the management.

End of life care and support

- No one using the service needed end of life care at the time of our inspection.
- The registered manager told us they had information available to them that gave guidance on the services that may be involved in people's end of life care including various health professionals. The provider also had a training package available for staff, should a person require end of life care.
- The registered manager told us they had identified that people's end of life wishes had not been discussed and they planned to address this when people's care plans were next reviewed.

Is the service well-led?

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

Good - The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was registered before CQC's 'Registering the right support' policy was published. However, the registered manager demonstrated they actively promoted the principles of this policy. People were treated holistically and as individuals.
- People and their relatives were given opportunities to comment on the service provided. Relatives confirmed that the provider asked for their feedback on the service regularly.
- Relatives confirmed the registered manager and senior staff were accessible if they wished to speak with them.
- Staff attended regular staff meetings where they had opportunities to discuss their views on the service provided. They also attended one to one formal supervision as well as regular meetings with the registered manager.
- The registered manager and provider engaged with staff and the public to support people being involved in events and daily life in the local area.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff ensured support was based on each individual and their preferences through observations and an in-depth knowledge of the people at the service. They used this knowledge to make decisions on care with people, such as menu plans and activities. The focus of the service had moved to encouraging staff to do more 'with people', rather than 'for them.' The registered manager told us they were looking for ways to involve the people at the service in wider decision making.
- The registered manager drove improvements in an open and pro-active manner, continually involving people in their discussions. A staff member told us, "We work to improve [the service] every day."
- Communication with people, family and professionals was open and transparent. Family surveys had been introduced recently and had given families another way of communicating about concerns and giving feedback.
- The registered manager had put systems in place to ensure legal obligations, such as notifying the CQC of important events, were carried out.
- Care plans were very person centred and contained information about what was important to people and what goals they would like to achieve. The registered manager was in the process of updating these to make them even more person centred and easy to understand.
- The registered manager was open and honest about some of the challenges they faced within the service

and how they were going to manage these.

- The registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff roles were clearly defined in the service, and new processes had been introduced since our last inspection to ensure staff knew who was responsible for carrying out specific tasks. This was particularly important as the registered manager worked in two services and needed to ensure all processes were in place and followed so a good quality service provided.
- The registered manager had systems in place to check the quality of the service provided. These had improved the service. For example, quality checks were carried out during the times staff were providing care and support to ensure all staff were supporting people consistently and in a personalised way. A staff member told us how they welcomed the robust processes and that this meant, "We are all responsible for making sure people get good quality support."
- The provider's quality team also checked the service and supported the registered manager. The registered manager had an action plan which showed where further improvements were needed, when by, and who was responsible for them.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included regular attendance at management meetings as well as receiving regular updates regarding developments in health and social care practice from recognised professional organisations.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. The rating was displayed on the provider's website and within the home. This meant people, relatives and visitors were kept informed of the rating we had given.

Continuous learning and improving care

- The registered manager had a development plan in place to further improve the quality of the service for people who lived there. They updated the provider weekly on all areas within the service to review what was happening and identify any actions which were needed.
- There was ongoing training for both management and staff to continuously develop their knowledge to support people appropriately.

Working in partnership with others

- Staff worked in partnership with other professionals to ensure that people received joined-up care. These professionals included GPs, community nurses, and others involved in a person's care.