

African Caribbean Community Initiative (A.C.C.I.) Atiba House

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 inspection took place on 9 and 12 January 2017 and was announced. Atiba House is registered to provide personal care to up to eight people. Support is provided to people within a supported living scheme. People have a variety of needs including living with mental health concerns, a history of substance misuse and contact with the criminal justice system. At the time of the inspection there were 7 people receiving the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People received care and support, which kept them safe. Staff understood how to safeguard people from abuse. Staff understood risks to people and took action to reduce risks and ensure people's safety. The registered manager had enough staff to meet people's needs and there were systems in place to make sure staff were recruited safely. People received support to take their prescribed medicines safely.

People received care and support from staff that had the skills to meet their needs. Staff understood the principles of the MCA and people were asked for their consent to receive care and support. People were supported to choose and prepare meals which helped them maintain a healthy diet. People were supported to maintain their health and wellbeing.

People had caring relationships with the staff and other people who used the service. People were involved in decisions about their care and support and could express their views. People were supported to regain and maintain their independence and develop new skills. People had their dignity and privacy respected by staff.

People were involved in the planning and review of their care. Care and support provided was responsive to people's needs and helped them to achieve their goals. People were supported to develop interests and do things they enjoyed. People were able to raise concerns or complaints and there were systems in place to investigate and learn from complaints.

People could talk to staff and the registered manager openly and were involved in how the service was managed. The registered manager had systems in place to support staff to deliver effective care and support. The quality of the service was monitored and the registered manager listened to people's feedback. Feedback was used to make improvements to 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 was safe.

People were safeguarded from abuse and staff understood how to support people to manage risks.

People received support from sufficient numbers of safely recruited staff.

Peoples prescribed medicines were administered safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills to meet their needs.

People's rights were protected as staff understood the principles of the MCA and sought consent to care and support.

People were supported to maintain a healthy diet and choose and prepare their own meals.

People were supported to access support to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported to have caring relationships with other people who used the service and staff demonstrated they had caring relationships with people.

People were involved in decisions about their care and support and were supported to maintain their independence.

People received care and support in a way that enabled their dignity and privacy to be respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was responsive to their needs and were supported to follow personal interests and hobbies.

People were able to raise complaints and the service investigated and responded to complaints.

Is the service well-led?

Good ●

The service was well led.

People benefited from an open and transparent culture, encouraged by the registered manager.

There were systems in place to ensure people received effective support

The quality of the service was monitored and people's feedback was used to drive improvements.

Atiba House

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 inspection took place on 9 and 12 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Prior to the inspection, we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events such as serious injuries. We also contacted the local authority and commissioners for information they held about the service. We used this information to help us plan our inspection.

During the inspection, we spoke with five people who used the service, two relatives and three visiting professionals. We spoke with the operations director, the senior support worker, four care staff and the administrator. We reviewed a range of records about how people received their care and how the service was managed. These included four care records of people who used the service, four staff records and records relating to the management of the service, such as complaints and medicine administration records.

Is the service safe?

Our findings

People told us they felt safe. One person said, "It's wonderful to live here, I used to live alone and I didn't feel safe, living here gives me peace of mind". Relatives told us people were kept safe. One relative said, "I have total peace of mind, I know [my relative], is in good hands". Staff understood how to keep people safe and could describe different types of abuse and what action they would take to safeguard people. One staff member said, "People could be financially abused in the community, by having their money taken from them". The staff member was able to say how this was monitored and told us how any concerns would be reported through the manager to the appropriate authorities. We saw records which showed staff and managers had taken appropriate action to report a safeguarding matter to the local authority. This showed people felt safe and received support from staff who understood how to keep them safe.

People and their relatives told us staff helped to reduce risks to people's safety. One person told us, "If I didn't have this service I don't know where I would be, maybe on the streets". One relative told us, "[my relative] is at risk of self-neglect, staff help to make sure they have regular meals, maintain their tenancy and monitor their health". Staff understood the risks to people; they could give information about the risks and what actions were taken to manage them. For example, staff could tell us about the risks for one person when their mental health deteriorated. Staff could give a detailed description of what signs to look for, and how this would be monitored and reported to the relevant health professional to get the right support for the person. Staff had a good understanding of the areas of risk associated with people that misuse drugs and alcohol. They could describe how they made sure they and others using the service were safe. People's risk assessments clearly identified people's risks; however the strategies taken to reduce risks which staff described to us, were not always clearly recorded. We spoke to the operations manager about this and they told us they would review their documentation and make the necessary improvements. Staff understood what action to take if someone had an accident. They were able to describe how to record the incident. There was a procedure in place to report and record any accidents; however there had not been any at the time of the inspection. This showed that people were protected from the risk of harm.

People and their relatives told us there was enough staff to support people safely. One relative said, "There is always staff on site to help people". Staff told us there was enough staff on duty to offer support to people and keep them safe. Records we looked at confirmed there were sufficient staff on duty to offer support when people needed it. The operations manager told us that staffing levels were based on people's individual needs and were regularly reviewed. There were sufficient plans in place to manage staff absence. This showed there was enough staff to meet people's needs. People received support from safely recruited staff. Staff told us checks were carried out before they could begin work including references and checks through the Disclosure and Barring Service (DBS). These checks are to assist employers in making safer recruitment decisions. We saw records of these checks, which confirmed what staff told us. This showed the registered manager had systems in place to safely recruit staff to support people.

People told us they received their medicines safely. One person said, "The staff help to make sure I remember to take my medicine". Another person told us, "Staff remind me I need to keep taking my medicine to stay well". Staff told us they understood the medicines policy and could describe how people

were supported to have their medicines safely. We saw staff signed medicine administration records to show people had been observed taking their medicines. The senior support worker told us they checked the medicine administration records daily to make sure there were no errors. There had been no errors with medicines at the time of the inspection. Medicines were stored safely and staff were competent in providing support to people when administering their medicines. This showed people had their medicines administered safely and as prescribed.

Is the service effective?

Our findings

People and their relatives told us staff understood their needs and supported them effectively. One person said, "Staff know us all really well, staff can see when I am unwell and know how to help me, they know the signs to look for". A relative told us, "Staff ensure [my relative] does not relapse and become unwell, they understand how to support them". Staff told us they received training and could give examples of how they used their skills to support people. One staff member told us, "We have had training in all aspects of the role and this is updated frequently". The records we saw supported what staff had told us. Staff could give examples of how the training had supported them in their role. For example staff told us the medicines training was effective in helping them understand the implications of some of the medicines people received, such as side effects and how to look for these. Staff were using the skills they had developed to support them with planning and recording people's care and support needs. Staff told us they received an induction which included spending time shadowing existing staff and formal training. One staff member said, "I am a bank staff and I received an induction before I began working on my own". The records we saw supported this. One staff member said, "We have training and supervision to support us in our role". Another staff member said, "Supervision is good and the team work really well together". Staff told us they had weekly meetings with the management team and could discuss concerns. They said the registered manager was always available and willing to help staff. We saw records which showed staff had received supervision and attended team meetings which showed how staff could discuss concerns about their role and how these were addressed by the registered manager. This showed people received care and support from staff that had the skills to meet their needs.

People using the service all had the capacity to consent to care and support. People told us the staff asked for their consent before carrying out care and support tasks. Staff understood consent and explained how they sought this from people. For example staff could tell us about how people consented to have their medicines stored in a central location and to be observed taking them by staff, the care records we saw supported this. 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 using the service all had capacity to make decisions. However staff understood there could be occasions due to the nature of people's mental health needs where they may lack capacity to make decisions. Staff could tell us how they would undertake a mental capacity assessment to determine capacity and how decisions would be made in their best interests if required. This showed the provider was following law and guidance in seeking people's consent to care and treatment.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff understood the principles of the MCA and could describe where people may be deprived of their liberty; however there was nobody being deprived of their liberty at the time of our inspection.

People told us they were supported to ensure they had enough to eat and drink and could choose the meals

they wanted to prepare. One person said, "I choose what I want to eat, staff support me to go shopping every week to get the food I want to cook". Relatives told us people were encouraged to eat healthy food and staff made sure they were supported to gain skills with cooking. Staff told us most people cooked for themselves, however they offered support to ensure people had a healthy and balanced diet. One staff member told us, "We use a breakfast club on a Saturday to encourage people to have variety in their diet and we suggest they purchase fruit and vegetables when we support with shopping". People told us they were supported to learn new skills with cooking. One person said, "I am learning to cook, staff helped me access cooking lessons". Staff told us they encouraged people to maintain or regain skills with cooking. One staff member told us "[A person] likes to bake and loves to cook, we encourage this and they often make things for other people to share". We saw a communal kitchen was available for people to use to make meals and staff were available to support people. Staff told us people could be at risk of neglecting their diet, however with support there was currently nobody at risk living within the service. This showed people were supported to maintain their independence with meal preparation and could choose what to eat and drink.

People and their relatives told us they were supported to maintain their health. One person told us, "Staff come to all my appointments with me; this helps me to stay well". A relative told us, "Staff support [my relative] with all their appointments and keep me well informed of any concerns". Staff told us it was important to have good relationships with other health professionals to ensure people were supported to maintain their health and wellbeing. Another staff member told us they had to ensure they were able to signpost people to health support in the community for example when people were having substance misuse issues they would refer them to local support. We saw records which supported what staff told us. We spoke with three health professionals and they all told us the service was essential to keeping people well. One health professional said, "It is an important place, for some people I don't know what would happen if they didn't have access to this service". Another health professional said, "The service will offer support where all other agencies have given up, they will give people a chance". We saw people's care records were updated following any advice from health professionals and regular contact with GP's, Psychiatrists and CPN's were documented. The operations director told us they monitored people and reported any issues immediately to appropriate health professionals to ensure people did not relapse. This showed people had support to ensure they maintained good health.

Is the service caring?

Our findings

People and their relatives told us they had good relationships with the staff. One person said, "We are like a family here we look out for one another". Another person said, "I have never had any issues with the staff, they are great". One relative said, "The staff really look after [my relative], I don't know what I would do without them". Another relative said, "Staff are really caring, they have such a good relationship with [my relative]. Staff told us they spent time getting to know the person and understanding their history and this was evident from the knowledge they had about people. Staff also told us they supported people to maintain relationships that were important to them. They gave examples of how they supported people to connect with their family members and people in the wider community. For example, one staff member told us about how they supported people to access community facilities and build relationships outside of the service. Staff referred to people in an appropriate manner and we saw people were comfortable to speak with staff and managers during the inspection. This showed people had positive relationships with staff and that staff provided care and support in a caring and respectful way.

People and their relatives told us they could make choices about their care and support. They told us they could choose when all aspects of their care and when this was delivered. For example, one person told us they could choose when to go shopping, what they purchased and if they needed support from staff. Another person told us they could choose when they wanted to go out and how they spent their time. A relative told us, "[My relative] can make decisions and staff encourage them to do so". The operations director told us staff ensured people were supported to make day to day choices, like how to spend their money. However they told us that where required, people were supported by staff to understand how to budget and make sure their daily expenses were paid. This showed people were supported to make choices for themselves and their preferences were understood and respected by staff.

People told us staff promoted their independence. For example one person told us about how staff had encouraged them to learn how to cook for themselves. We saw staff prompted people to carry out daily tasks and to maintain their own personal hygiene. Staff told us they encouraged people to maintain, and in some cases regain life skills. For example they told us about working with people to manage their finances and ensure they stayed free from debt. They told us how they worked to make sure people maintained their tenancy and kept their property clean. We saw people's care records included information about how they could regain or learn skills for independence. For example, by identifying long term goals and having actions in place to support people to reach them. The operations director told us the service aimed to support people to live independently where this was possible, and gave us examples of where people had been supported to move on. This showed people were encouraged to maintain their independence.

People told us staff respected their privacy and dignity. One person told us, "The staff are always courteous, they would never just come in to your flat, this is our home". Staff told us they ensured people's privacy and dignity was maintained. One staff member said, "Everyone here has their own space, we knock doors and only go in if invited". Another staff member said confidentiality was important, they said they had to ensure people were happy with information being shared with others, such as health professionals. We saw staff were respectful in the way they spoke with and about people who used the service. This showed people had

their dignity and privacy respected.

Is the service responsive?

Our findings

People were involved in developing and reviewing their care plans. People told us they worked with staff to agree the support they needed and what they wanted to achieve. Relatives told us people were involved in planning their care and staff were responsive to people's needs. One person told us, "Staff know me well, and can spot when I am unwell, they keep me stable and out of hospital". A relative told us, "[My relative] is involved in planning their own care with staff; [relative's name] can speak for themselves". Staff understood people's needs and could describe how they carried out assessments and helped people to plan their care. One staff member told us it was important to understand people's history and their diagnosis and what people's needs were to help them provide responsive care. Another staff member said, "It is important to understand people's behaviours, such as when they are agitated and perhaps not fully recovered from an episode with their mental health". The staff member went on to say it was important to build trust with people to then develop a care plan which helped people to stay well. Staff could tell us about people's preferences, they knew people well and could describe in detail how they supported them. For example, they could describe people's relationships outside the service; tell us about people's hobbies, interests and aspirations. One staff member said, "You have to talk to people find out what they like to do, what their aspirations are". Another staff member told us, "We have to respond to people that are displaying behaviours due to their mental health needs, we have to use our experience to work out how to respond". We saw care plans gave details about how people were being supported towards their goals. For example, one care plan identified how staff were supporting a person to develop relationships through undertaking an activity which encouraged social interaction. Staff told us care plan reviews happened weekly to monitor people's progress. The records we saw supported this, any issues new risks or changes were recorded and people's aims were updated as required. Staff told us handovers would then keep them up to date about people's needs. This showed people received care and support which was responsive to their individual needs and preferences.

People told us staff helped them to engage in their individual interests. One person told us about their links with a local organisation playing music as a DJ. Another person told us about organised events in the community during the Christmas period. One person said, "We had a meal on Christmas Day with 150 people from the community at a local venue, it was good food and a good atmosphere". Another person said, "I have started to go to cooking lessons, and I am looking to start an art class". We could see people were encouraged to attend different activities that were of interest to them. Staff told us it was important for people's recovery that they were encouraged to take part in social activities that they enjoyed and build links with the local community. The operations director told us staff supported people to attend a variety of activities; they gave the example of supporting one person to attend a music festival, whilst others had gone away on holiday. The records we saw supported what we were told. This showed us people could do things they enjoyed and had support to follow their interests.

People and their relatives told us they were able to raise concerns with staff or the manager. One person said, "I can go to my key worker if I am unhappy about something and they always sort things out". Another person told us, "The registered manager has helped me with things before". Staff told us if people had concerns or complaints these were dealt with promptly. Concerns or complaints were documented in

people's care records. The operations director told us formal complaints were managed through the complaints policy. They told us complaints were investigated and complainants received a written response. Records we looked at confirmed this. This showed people could raise concerns and the registered manger had a system in place to appropriately manage and respond to complaints.

Is the service well-led?

Our findings

People, their relatives and staff told us they could approach registered manager with concerns or queries and felt they could be involved in how the service developed. For example, One person told us, "Staff help me with everything, and the registered manager is very respectful and always has time for us". A relative told us, "Any concerns I have are dealt with, the service is really well run". Staff told us they felt the service was open and inclusive. One staff member told us, "The relationships here are very open; anyone can offer an idea or put a suggestion forward". One staff member told us about suggestions they had made for raising money, which had been implemented". Staff told us there was an open door policy with the management team and they were always approachable. One staff member said, "I feel really supported, the management team really work with us to help us learn how best to support people". Another staff member said the provider was also approachable, they said they were proactive in supporting the staff and the registered manager. Everyone we spoke with told us there was a good sense of partnership working within the service to ensure people received person centred care. This showed the registered manager promoted an open culture, which was person-centred.

People were supported by staff and managers who understood their roles and responsibilities. There was a keyworker system in place to ensure everyone had a named staff member to go to with any concerns. People knew who their keyworker was and could describe for us how they discussed their care and support with them. Staff told us about the role and how it was important to build relationships with people they were keyworker to. The senior support worker told us staff had lead roles for some areas; staff confirmed what we were told. For example one staff member said they were responsible for supporting people with their finances. Staff told us they received support from the registered manger. For example, we saw staff had discussions in meetings about specific issues, such as safeguarding. Staff were provided with regular updates to ensure they were kept up to date with current best practice and legislation. A visiting health professional told us the service maintained good working relationships with other agencies and in particular would work with people that had very complex needs. The documents we saw supported this. This showed us the registered manager had systems in place to support staff in their role.

People and their relative's views about the service were sought and this was used to make improvements. People told us they had regular opportunities to give their feedback on the service and discuss improvements they felt needed to be made. This was achieved through regular meetings with staff. Records we looked at confirmed this. Feedback was used to make improvements to the service. For example, people's requests for a holiday had been listened to and this had been arranged. This showed us the registered manager had systems in place to gain people's feedback and use this information to make changes.

The registered manager had systems in place to check the quality of the service people received. For example weekly reviews of people's care records were carried out to ensure people were receiving appropriate and effective care and support. We saw these checks were documented and had identified actions required to make improvements. Actions that had been identified were completed to ensure the necessary improvements were made. People's medicine records were checked on a daily basis for any

medicine errors appropriate action was taken. Any issues identified were logged on the daily records for the individual and discussed with relevant staff during their supervision. The operations director told us regular checks on staffing levels were completed. For example, if someone was in crisis this may require additional staffing provided, staff confirmed this. People were supported to maintain their own properties so as to ensure they were successful in managing their tenancy. This showed the registered manager had systems in place to monitor the quality of the service.