

Addington House Limited

Addington House

Inspection report

62 Addington Road
Sanderstead
Croydon
Surrey
CR2 8RB

Tel: 02086519132

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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

Addington House is a care home that provides accommodation and personal care for up to six adults with learning disabilities and autism. There were six men using the service at the time of our inspection.

At the last inspection in November 2014, the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

People told us they felt safe and liked living in Addington House. Staff were knowledgeable about what risks were involved when supporting people and how to minimise these. Arrangements were in place to safeguard people from the risk of harm and abuse. There were systems for checking that people received their medicines correctly and that staff administered medicines safely.

People received effective care and support because there were enough staff to meet their needs. Staff were available to provide one to one support when needed. Staff received ongoing training and support and were aware of their roles and responsibilities. They were supported through an appraisal and supervision system to check they remained skilled in their roles. Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment.

Addington House was safely maintained and remained comfortably furnished. People's individual preferences and personalities were reflected in the decoration of their bedrooms and shared areas of the service.

People continued to receive a service that was person centred and responsive to their individual needs. Staff had a thorough understanding of how people wanted to be supported and people were involved in the development and review of their care. Support plans were detailed and descriptive of how people wished to be supported. Staff responded appropriately to people's changing needs by accessing support as required. They worked effectively with external health and social care professionals.

People were supported with their nutritional needs and involved in the planning and preparation of their meals. People were supported to access health services to maintain their health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff showed understanding and patience and people were treated with respect and dignity. People felt listened to and confident that any concerns or complaints they raised would be dealt with.

People had access to a varied range of activities and leisure opportunities in the home and wider community. Where they had friends or family they were supported to maintain those relationships in a

meaningful way.

The registered manager continued to provide good leadership and led by example. Staff felt supported and there was open communication in the service.

The provider had systems in place that continued to be effective in assessing and monitoring the quality of the service. Action plans were used to highlight any areas where improvements were required and these were monitored to ensure that changes were made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Addington 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our visit we reviewed the information we held about the service. This included the previous inspection report and any notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 14 March 2017 and was unannounced. The inspection was carried out by one inspector.

We spoke with three people using the service, three members of staff and the registered manager. We observed the interactions between staff and people and reviewed care records for three people.

We looked around the premises and checked records for the management of the service including staffing rotas, quality assurance arrangements, meeting minutes and health and safety records. We reviewed information about staff training and supervision and looked at how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People felt safe and told us they had regular meetings with staff where they discussed what abuse meant and how to report their concerns. Policies and posters about safeguarding people from abuse and whistleblowing were displayed around the home. Staff knew what action to take if they had concerns about a person's welfare or safety and completed safeguarding training every year to keep up to date with best practice. Records held by the home and CQC showed the service had made appropriate safeguarding referrals when necessary and that staff worked in partnership with the local authority and other agencies to protect people.

Risks people may experience were appropriately assessed through the care planning process and kept under review. The information was personalised and covered risks that staff needed to be aware of to help keep individuals safe. These included travelling on public transport, managing money, safety at home and in the community, taking prescribed medicines and personal care. Where people might behave in a way that presented risks to themselves or others, individual plans explained what may trigger behaviour and the strategies and interventions needed to support the person. Staff knew people well and demonstrated knowledge and understanding of people's support and risk management plans. Accidents and incidents were appropriately recorded and audited. Where necessary measures were put in place to reduce the risk of similar events happening again.

The provider's recruitment process was thorough and all necessary checks were made before new staff commenced employment. Staff files contained evidence of this, including a Disclosure Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record. People using the service experienced consistency as there had been minimal staff turnover. Allocation records showed that staff support was planned flexibly and in line with people's needs. People told us there were sufficient staff to support them and do the activities they wanted to do.

Addington House remained comfortably furnished, clean and well maintained. Health and safety checks were regularly carried out to ensure the building remained safe. There were evacuation plans and policies in place to ensure people's safety in the event of a fire or other emergency at the home. If staff needed advice and support they had access to an on call manager at all times.

Medicines were managed, stored, given to people as prescribed and disposed of safely. People had individual medicine cabinets in their bedrooms and clear information about how they needed and preferred their medicines to be administered. There were individual guidelines where people needed medicines 'as required' or only at certain times. These helped ensure staff understood the reasons for these medicines and when and how they should be given. Records we checked showed that people received their medicines as prescribed.

Staff completed training on safe handling of medicines and their competency to administer medicines was checked every year to make sure practice was safe. Designated staff carried out regular medicines audits to ensure any issues or errors were picked up and addressed promptly.

Is the service effective?

Our findings

People continued to receive effective care and support. Since our last inspection staff had undertaken essential training to keep their knowledge and skills refreshed. One staff member told us they had refreshed their learning on behavioural support and found this useful. This included knowing how to use distraction techniques such as touch and verbal reassurance when a person became anxious or unhappy. When new staff were employed, they completed the Care Certificate which is a nationally recognised framework for good practice in the induction of staff.

Staff confirmed they had regular training and they were happy with the support they received from the registered manager. The registered manager checked staff were putting their learning into action and remained competent to do their job through direct observation of their practice. Every six months staff completed questionnaires to check their knowledge in areas such as safeguarding, medicines management and fire safety. Staff supervision records included discussions about people's care and support as well as individual learning or development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are 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 were being met.

People's care plans explained where people were able to make decisions for themselves or if best interests discussions would be needed to support them. Staff understood their responsibilities in line with MCA and DoLS and had recently completed additional training through the local authority. We observed that staff sought people's consent in advance of carrying out any care or support. The registered manager had completed DoLS applications in line with legal requirements. For example, some people needed constant supervision to keep them safe and were unable to access the community unaccompanied.

During the inspection we observed people accessing the kitchen and being supported to make snacks and lunches of their choice. People met each week to discuss and plan their meals. There were pictures for people to use when deciding and communicating what they wanted to eat, enabling everyone to take part. People were supported by staff to shop for and prepare their own meals, which promoted their independence. Staff were familiar with people's dietary needs and preferences and any associated risks with eating and drinking.

People were supported to maintain good health and saw a variety of healthcare professionals according to their needs. Health action plans included comprehensive details about people's past and current health needs and our discussions showed staff were aware of this information. Staff maintained accurate records about people's healthcare appointments, the outcomes and actions required. For example, where a person was referred for additional healthcare services, they were supported with this and staff acted on any guidance or advice provided.

Is the service caring?

Our findings

People we spoke with felt they had a good relationship with the staff that supported them. One person said, "It's good living here" and another person commented, "The staff are nice." Two people spoke positively about their key workers and the activities they did with them. We observed engaging and positive interactions between staff and the people we met at the service. People were relaxed and happy in the company of staff and the atmosphere was homely and relaxed. When people returned from their activities, they received a warm welcome from staff, and there was friendly conversation. Staff actively listened and showed interest in what people had to say. In the evening people and staff chatted and laughed together as everyone celebrated a person's birthday with a party.

People confirmed staff offered them choices and involved them in decision making. Individual care and support plans promoted people's dignity and independence and included guidance about helping a person with everyday decisions. For example, how best to present information and ways to help the person understand the choices. One person's guidelines included, "Speak to me in a soft voice." There was detailed information about who and what was important to the person. Staff knew people well and were able to tell us about their preferences, interests and background.

People remained at the centre of the care planning process and were encouraged to maintain their independence. Staff regularly spoke with people about their personal objectives and what they wanted to achieve. For example, to increase their social interaction or manage aspects of their finances to encourage them to become more independent. A "tree of excellence" that reflected people's goals, achievements and progress was displayed in the hallway. With the support of staff people had taken part in making a film about Addington House. This showed people enjoying various activities and how people had developed their independent living skills. The registered manager told us there were plans to produce further films every six months.

The service continued to promote and support people's contact with their families. These details were recorded in their care plans. People's relatives and/or representatives were encouraged to be involved in their care and support. Family members regularly visited the home and people were supported by staff to visit relatives. One person had been supported through a family bereavement with their keyworker accompanying them to the funeral.

Staff we spoke with understood the importance of respecting people's dignity and rights. One person told us that staff gave them privacy in their room if they wanted their own space. Two members of staff had been assigned as champions in dignity in care. Their role was to reinforce staff's understanding of key issues around respecting people's dignity and how to do this. Confidentiality was maintained when staff spoke with us about individuals' care and support needs and people's personal information was kept secure in the service.

The service was working towards the "Steps To Success" accreditation for end of life care in residential care homes. Training for staff was facilitated by the local hospice team to give them the skills and knowledge

they needed to care for people appropriately. Advanced care plans were being developed with people to ensure that their end of life wishes would be respected.

Is the service responsive?

Our findings

People experienced care and support that met their needs and preferences. One person had moved to Addington House since our last inspection. A comprehensive needs assessment had been undertaken prior to the move. Following this initial assessment, personalised care and support plans were developed and these showed how the person was central to the process. For example, there was comprehensive detail about what and who was important to the person, their interests and preferences and how they expressed themselves and communicated with others.

We found the service remained responsive to people's changed needs or circumstances. Plans included accurate information about how best to support a person's needs. Ongoing reviews focussed on what was working well for the person and what wasn't. This was achieved through monthly meetings between individuals and their keyworkers as well as yearly reviews involving people, their relatives and other professionals. People's care and support plans were consistently updated to reflect personal achievements and progress.

Staff had a clear understanding of the care planning process and of the outcomes they were supporting people to achieve. This included social, emotional and health related needs and goals. Staff spoke knowledgeably about people's likes and dislikes and any recent changes in their health or wellbeing. One staff member shared an example where a prescribed medicine had been significantly reduced for a person due to their improved wellbeing and decreased number of incidents, related to unsettled behaviour.

People's diversity, values and human rights were respected. Staff recognised and supported people's individuality, including their spiritual, cultural and religious needs. Care records included information about any specific preferences and how to meet these. One person told us they shopped for and cooked their preferred cultural foods.

People continued to take part in a variety of activities and events that met their needs and interests. People told us they enjoyed going swimming, cycling, shopping and out with their keyworkers for individual trips or outings. One person told us they liked going to London and travelled independently. Staff felt the range of outings and activities provided was one of the strengths of the service. New experiences had been introduced for people. These included trying out different sports at a local centre and learning about road safety and danger awareness. This session was organised through the local authority and held monthly.

People were encouraged to have their say about their support and the services provided. Satisfaction questionnaires were provided every six months and meetings were held monthly to discuss menu choices, activities, and to ask people if they had any concerns or suggestions for improvement. Records showed that staff took action in response to people's feedback. One person had requested a gym activity and staff arranged for them to join a local fitness centre.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. A complaints procedure was available in written and pictorial formats to

assist people to make a complaint. People knew what to do if they felt unhappy and told us they would speak to the registered manager. There had been no complaints since our last inspection.

Is the service well-led?

Our findings

The registered manager had worked at Addington House since 2013 and knew the service well. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager also managed another of the provider's services. She divided her time effectively between the two locations and was supported by a deputy manager. People we met told us they liked the manager and our observations showed they were confident to approach her for advice or support.

Staff told us that communication within the service was good; they discussed things as a team and could approach the registered manager about anything at any time. Staff spoke positively about the manager's leadership qualities. One staff member said, "(The manager) is very nice, issues are dealt with and she keeps us well informed." Staff meetings were held regularly and staff said they were able to contribute their ideas with one staff member saying, "Meetings are very open." Records of these showed there were discussions on supporting people, training, health and safety, operational changes and development of the service.

The registered provider had clear values about the way care and support should be provided. These values were based on providing a person centred service that supported people to maximise their independence. Staff were aware of these values and management monitored that they applied them in practice.

Questionnaires were distributed every year offering people and their families the opportunity to comment on their experiences. The most recent survey results reflected complimentary feedback.

Regular audits of the quality and safety of the service had continued to take place and were recorded. These included compliance visits by the locality manager and monthly audits to assess how well the service was running. Reports explained how the service performed, areas of good practice and those that required improvement. Where necessary, action plans were created and followed. The provider regularly looked at incidents and accidents, complaints and safeguarding to identify where any trends or patterns may be emerging.

The manager told us she kept up to date with current best practice by various ways. This included attending management meetings and forums organised by the local authority as well as receiving updates and newsletters from CQC. She had also started studying for a degree in Health and Social Care.

The service worked in partnership with other professionals to help ensure people received the most appropriate support to meet their needs. Records showed the service continued to seek professional advice and engage with other agencies where necessary, to ensure individual needs were being met.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service.

During our visit we checked information relating to accidents and incidents. These confirmed that appropriate action had been taken and where appropriate, the manager had told us about any reportable events.