

Community Care Matters Limited

Anderson Close

Inspection report

6 Anderson Close
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08 July 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 28 June 2016 and 08 July 2016 and was unannounced.

The home was last inspected on 02 & 07 May 2014 and did not meet the required standard for assessing and monitoring the quality of service provision, as the provider did not have an effective system to regularly assess and monitor the quality of service that people received. We made a further visit on 13 August 2014 and found that the required improvements had been made.

Anderson Close is a small three bedded care home providing support for young people with learning disabilities. On the day of our visit three people lived in the home. This service is owned by Community Care Matters.

The service is registered for accommodation for persons who require nursing or personal care. It is a domestic style bungalow/property located within the local community in Padgate, Warrington. The service is fully equipped for people needing assistance with hoists and wheelchair access. A large drive way offers accessible access and parking facilities.

The home had a Registered Manager. 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.

At this inspection we identified four breaches of the relevant regulations in respect of safe fire evacuation drills, staff training supervision and appraisal, consent and quality monitoring. You can see what action we told the provider to take at the back of the full version of the report.

We found that whilst the administration, storage and disposal of other medications were safe, the staff administering medicines had not attended recent training.

Some staff had not received current training to protect vulnerable people from abuse.

Fire fighting equipment and alarm testing was in place to support people safely in the home, however staff had not undertaken practice drills for some years to evacuate the premises in the event of a fire.

The experiences of people who lived at the home were positive and they led active lives.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications to the supervisory body. However the

provider was not always working in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

People's needs were assessed and plans were developed to identify what care and support people required to maintain their health and wellbeing and foster their independence where possible. Staff had in depth knowledge of individual's needs as they had supported them over a number of years.

Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's dignity at all times and interacted with people in a caring, respectful and professional manner.

Staff and families supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet.

Staffing levels in the home enabled people to be flexible in their choices, activities and lifestyle.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not completely safe.

Staff had not completed the necessary training to administer medication.

Emergency evacuation plans were not in place. People were not suitably protected in the event of a fire.

People were protected by safe and robust recruitment practices and there were sufficient numbers of staff to meet people's needs.

Is the service effective?

Requires Improvement 

The service was not always effective.

Training did not adequately equip staff with the knowledge required to fulfil their role. All staff had not received effective supervision and support.

People's rights were not always protected. Staff and management had an understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected. However we found that they had not consistently worked within those principles.

People were supported to have their health and dietary needs met.

People told us that they were well cared for and the staff team presented as caring and committed to the provision of person centred and compassionate care.

Is the service caring?

Good 

The service was caring.

The service provided care and support to people enabling them to live fulfilled and meaningful lives.

Kindness, respect and dignity were integral to the day-to-day practice of the service.

People were treated with respect by staff who were kind and compassionate.

Is the service responsive?

Good ●

The service was responsive.

There was a complaints procedure.

People received personalised care and support, which was responsive to their changing needs.

People were actively encouraged to engage with the local community and maintain relationships that were important to them.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Audit systems in place did not effectively identify and promptly action any improvements required.

There was a Registered Manager at the home.

Anderson 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 inspection took place on 28 June 2016 and was unannounced. We returned to the home on 08 July 2016 to speak with the registered manager about our findings as she was on annual leave during our visit. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed all the information we already held on the service. We looked at any notifications received and reviewed any other information held about the service. We invited the local authority to provide us with any information they held about Anderson Close.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home.

We observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed three care records, staff training records, and records relating to the management of the service such as surveys and policies and procedures. We spoke with one person who used the service and observed the care and support given to another. We had the opportunity to speak with a relative over the telephone. We looked at personnel files of four staff and had the opportunity to speak with six members of the staff team.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate with us because they were living with dementia.

Is the service safe?

Our findings

One person living at the home and the relative we spoke with told us they felt the care was safe. The relative told us that they would know if their loved one was unhappy with any aspect of the care and support they received.

We saw that staff acted in an appropriate manner and that people were comfortable with staff.

Staff received fire instruction on their induction and had fire safety training, however fire drills had not been undertaken since 2013. We spoke with staff about this who confirmed they did not do them as the noise upset one of the people living in the home. This compromised people's safety because staff had not been trained in a suitable, practised agreed plan of action should there be a fire in the home.

This constitutes a Breach of Regulation 12(2)(d) and (2)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must have suitable training and emergency planning in place to ensure people's safety.

The risk of abuse was minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. However in the training record and matrix we were provided with we highlighted that nine of the staff team of thirteen had not completed safeguarding training an updated training matrix was provided on the second day which still identified six of the thirteen staff had not received safeguarding training. We spoke with staff who were aware how to protect people in the event of an allegation or suspicion of abuse. Staff told us that no referrals had been made to the local authority. We have commented further on the training in place for staff in the effective section of this report.

We were told that only senior staff administered medicines in the home. The training matrix and the training attendance records did not satisfy us that staff had received medication training. One person told us they had never had medicines training whilst employed at the home, which was substantiated as it stated on the matrix that a date was to be confirmed. Another senior carer said they had received training but a long time ago. This information was identified on the initial matrix as she had attended on 27 November 2012 and the subsequent matrix (given to us at our second visit) as July 2015, but no record appeared for attendance on the training provider records for July 2015.

During our inspection we observed a senior carer administer medication to people at lunch time. This was done safely. We looked at the records and storage of medicines, these indicated that people received their medicines as prescribed. However without current training staff may not be aware of current legislation and guidance and therefore not working in line with best practice. We have commented further on the training in place for staff in the effective section of this report.

We reviewed four staff files which showed photographic identification, a minimum of two references, full employment history and information that a Disclosure and Barring Service check (DBS) had been applied

for. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. No information on the staff files identified the check had been completed nor the outcome of the check. The person in charge on the day told us that a separate list could be provided and was. Evidence provided supported the fact that new staff had DBS disclosure and people currently working had undertaken DBS disclosures within the last three years.

Individual risk assessments were completed for people who used the service and staff were provided with information as to how to manage risks and ensure harm to people was minimised. Each risk assessment had an identified hazard and management plan to reduce the risk. Staff were familiar with the risks and knew what steps needed to be taken to manage them. Records showed that staff took appropriate action following accidents or incidents.

Regular environment and equipment safety checks were carried out, which included fire and water safety, environment audits, beds hoists and wheelchairs. Any issues regarding equipment safety were reported to the management, who arranged for a suitable contractor to visit the site. We saw a number of potential trip hazards at the home and an ill fitting bathroom door which we did not see had been identified in the audit. We have commented further on the providers assessment and monitoring of risks to people using the service in the well led section of this report.

The home was generally clean, very well decorated and maintained. The home was also free from odours. We saw that cleaning schedules were in place but we saw that dried on food was smeared up the wall in the dining room and asked staff to address this. We observed staff wearing personal protective equipment, such as gloves and aprons when appropriate, to help reduce the risk and help the prevention of infection.

Is the service effective?

Our findings

We observed lunch at the home and saw two people were at home for lunch, both received individual support due to their specific dietary and support needs. Staff knew people's likes and dislikes well and we saw that they used the time to chat. We observed staff taking their time and working at a pace that suited those they supported, they were heard to frequently say, "Are you ready for some more?". All the people who used the service were asked their individual likes and dislikes and staff supported people with making decisions when necessary. Care staff were responsible for cooking meals and staff we spoke with had a good understanding of each person's dietary needs and their preferences to enable them support in the decision making process.

Both people at home had care plans in place to inform staff how they should be supported with eating and drinking. One plan while it was written in a supportive and person centered way, did not reflect the current practice of the staff on duty, or the skills of the individual required to implement the plan. For example it said that (person) had a tray in front of her with a partitioned plate and long handled spoon. It gave the impression that they could eat independently when the person needed full staff support to eat and drink. We discussed this with staff who told us that they wanted to write about the person positively and this was why it had been written that way. The staff team in the home were consistent and so each member of staff knew the person's needs well and knew how to support them. However care plans need to accurately reflect individual needs.

Staff told us that they received training and on the day of the inspection they had a training event regarding how to support people with swallowing difficulties. Other areas of training included, moving and handling, food hygiene, 1st Aid, infection control and health and safety.

However, as discussed within the safe section of this report, there were gaps in the number of staff who had completed the required medication administration training, safeguarding training and emergency evacuation training (fire drills).

Staff told us that they worked alongside senior staff on a day to day basis and seniors were available for advice. We discussed the process of formal supervision with them and the opportunity they had to contribute to the running of the service and for personal development. Staff told us that they rarely met for supervision and one member of staff said it only happened once a year. We checked four staff records and saw that three people had received an appraisal in March, April and May 2016 and one person had their last appraisal in May 2014. Other supervision records were limited and did not demonstrate that people were supported and appraised effectively. The last staff meeting held in the home was November 2015.

This constitutes a Breach of Regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure that staff had received appropriate training, support and supervision which meant there was a risk that people would receive unsafe care.

The provider had policies and procedures to provide guidance to staff on how to safeguard the care and welfare of people using the service. This included guidance on the Mental Capacity Act 2005 and Deprivation

of Liberty Safeguards.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. We found that people in the home were subject to DoLS applications and we were able to view the paperwork in relation to these. However, there was no system in place that recorded the dates DoLS had been applied for, dates of authorisation, any conditions and expiry dates, so that the DoLS approvals could be kept under review.

During our visit we saw that staff obtained people's consent before providing them with support. We saw that monitoring devices were in one person's bedroom; there was a movement sensor under the person's mattress and an audio/visual monitor so that staff could see the person when they were in bed. Staff told us it helped them in monitoring the person's epilepsy. We found no records to show who had been involved with the decision to put this in place and as the individual was unable to consent we would expect to see that a best interest meeting had been held. Staff reported that they had not had any such meeting and had simply put it in in an attempt to keep the person safe. We found that the provider was not working in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

This constitutes a Breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment must only be provided with the consent of the relevant person.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff had a good knowledge of people's individual needs and preferences and knew where to find information in people's care plans. In addition to care records the staff also maintained "My health files", "Health passports" as required by the funding authority.

Records showed that people received support with their health care. People had access to GPs, district nurses, dentists, opticians and chiropodists. Referrals were also made to other health care professionals, such as physiotherapist or speech and language therapist, as required. Where possible people were encouraged to choose who provided their healthcare services.

Is the service caring?

Our findings

One person living in the home said it was good living at the home. She also gave permission for me to speak with her relative. One relative we spoke with was complimentary about the staff. Comments included: "All the staff just go that extra mile", "The staff are very nice, they take time to make sure my relative looks nice", "The staff do things with my relative that she really enjoys. I know she is happy there".

People told us that friends and relatives were able to visit at any time without restrictions. The relatives we spoke with confirmed this and told us they were always made to feel welcome.

We saw that people who lived at the home and their family members were involved in planning their care. One relative said she was "Definitely," kept involved and informed of her relatives care.

People's life history was recorded in their care records, together with their interests and preferences in relation to daily living. People's bedrooms were personalised and contained photographs, pictures and personal effects each person wanted in their bedroom. Each bedroom was decorated to reflect individual's likes, hobbies and interests.

We observed throughout our visit that staff assisted and supported people in a friendly and respectful way. For example, staff consulted people who needed assistance with eating and drinking and with regard to their comfort when seated. We saw that staff were respectful, friendly, supportive and used people's preferred names. There was light-hearted banter between members of staff and one person, which they all appeared to enjoy. One person was unable to verbally communicate and was also living with conditions associated with older age. We observed their care and saw it was tender and inclusive. Staff continually interacted with the people in their care, either sitting and chatting or offering support and encouragement. People were comfortable and relaxed with the staff who supported them.

We observed people living in the home were well dressed and groomed. Hair styles were appropriate to their ages and both people we saw on the day had manicured hands and wore make-up. Staff were very attentive to maintaining people's dignity, this meant people were respected.

Care was provided at the service with the support of other professionals including the GP, community nurses and other health professionals as required to enable people stay in the home.

Is the service responsive?

Our findings

The home has a regular small staff team and staff on the whole worked on a one to one basis with people in the home. This enabled staff to get to know individuals very well. We saw comments from a relative saying, "Since working with (staff) my relative's conversation has improved".

The staff we spoke with were familiar with people's needs. The staff told us they had access to the care records and had good access to community health workers to get advice how to manage individual's conditions.

One to one staffing enabled people to be flexible with their activities and support. Individuals clearly had favourite staff to do different activities with them, for example shopping, shopping for fashion, pampering sessions, cinema and swimming. A loose schedule of activities was displayed on the notice board, however as with the menu plan, plans were flexible and to suit people's needs and well-being. This was supported further due to the fact two people had personal mobility cars.

We were told that visitors were always welcome at Anderson Close. Relatives we spoke with told us they could visit at any time and they were always made to feel welcome. They said they were consulted about their relatives' care and the staff were responsive to requests. We were given an example of a forthcoming birthday event.

People were encouraged to maintain and develop relationships with those living in the home and people from work placements and day centre. People were also encouraged to visit their family members and to keep in touch.

The home had a complaints policy and procedure. A relatives told us they would feel comfortable raising concerns and complaints. They told us that they would be able to tell and act on behalf of their relative should they be unhappy with any aspect of their care. We saw that all the people living in the home had regular contact with family members. We therefore felt confident they would alert the relevant person should they have concerns that their relative could not voice. No complaints had been made about the service.

Is the service well-led?

Our findings

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home.

The home had a registered manager who had been in post at Anderson Close since it opened. She was on annual leave at the time of the inspection and therefore we were unable to speak with her regarding her knowledge of the home including the needs of people living there, the staff team and her responsibilities as manager. We were aware that she had delegated the day to day running of the service to a team manager, this person had recently left the organisation.

We arranged to meet with the registered manager to discuss our findings and found them receptive and they engaged well with the process.

Some staff told us that they were "A good team" and one person told us "I enjoy working here, I love it."

Processes were in place to obtain the thoughts of the relatives and health professional regarding the quality of the service provided by the home. Surveys had been sent out on 25 June 2016 and had not been returned at the time of the inspection. A relative told us by telephone, "I have no problem at all with anything at Anderson Close." Staff told us that the people living in the home were consulted regarding every decision and involved with the planning of their service on a day to day basis.

We saw that the manager had delegated responsibility to a team leader for undertaking quality assurance audits and to assess the safety and performance of the service; these audits included medication, care plans, health and safety, staffing and complaints. Accident audits had not been maintained and the last entry we saw was August 2013.

Anderson Close had a comprehensive quality assurance system in place however this had been ineffective in identifying and addressing the areas identified in safe and effective.

This is a breach of Regulation 17(2)(a) and (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have effective systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service.

During our inspection, we were given full access to the records held in the home these were stored in a lockable cupboard. At times, the files did not contain the information expected. As records were stored in a variety of places, some safety certificates were in a maintenance files, some in fire books, some in service contracts, log books for routine maintenance were in people's bedrooms. Improvements were needed in organising records

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Staff were not working within the requirements of the Mental Capacity Act 2005 when consent to care and treatment could not be obtained. Regulation 11(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk in the home in the event of a fire as staff had not completed training relating to evacuation of the home since 2013. Regulation 12(2)(d) and (2)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality monitoring was ineffective in identifying and addressing shortfalls in the service. Regulation 17(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received suitable training, supervision and appraisal of their practice. Regulation 18(1)(2)(a)

