

Alan Atchison

Alan Atchison - 5 and 6 Augusta Close

Inspection report

5-6 Augusta Close
Parnwell
Peterborough
Cambridgeshire
PE1 5NJ

Tel: 01733890889

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28 April 2016

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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

Alan Atchison – 5 and 6 Augusta Close is registered to provide accommodation for up to nine people with learning disabilities who require personal care. At the time of our inspection there were nine people living in the service. The service is located on the edge of the city of Peterborough in the area of Parnwell. The service is divided into two houses next door to each other. One house has five bedrooms for the people residing there; the other house has four bedrooms and a bedroom for the member of staff who was employed to sleep in the service overnight. Communication between the two houses at night is via an intercom system. Shops and other amenities are a short walk from the service.

This announced inspection took place on 28 April 2016.

The service had 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 scheme is run.

People had their needs assessed and reviewed so that staff knew how to meet their support needs. People's support plans were completed and reviewed with them.

The risk of harm for people was reduced because staff knew how to recognise and report abuse. There was a sufficient number of staff to meet the support needs of people living in the service. Satisfactory pre-employment checks were completed before staff were employed to care for people in the service.

People were supported to be as safe as possible because assessments had been completed for all risks and how they were managed. This meant staff had the information they needed to reduce risks.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff were trained in the principles of the MCA and DoLS and could describe how people would be supported to make best interest decisions if necessary.

People were supported to take their medicines as prescribed and medicines were safely managed.

An induction process was in place to support new staff and further training was provided to ensure all staff had the necessary expertise to meet people's needs.

People had sufficient food and drink of their choice throughout the day. People were supported by kind, caring and happy staff. People's privacy and dignity was respected by staff.

A range of audit and quality assurance procedures were in place. These were used as a means of identifying areas for improvement and also where good practice had been established. Information to assess the

quality of the service was gained through residents' meetings, quality questionnaires and staff meetings.

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.

Risks to people's safety and welfare were assessed and managed.

People received the correct medicines as prescribed.

There were enough staff to provide the necessary support for people.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

People had sufficient menu choices, which meant their health and nutritional needs were effectively met.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People were treated kindly and were respected.

People were involved in making their own decisions and were listened to by staff.

Friends and family of people living in the home were encouraged to visit at any time.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their support plans and reviews. Plans

were detailed, personalised and contained information to enable staff to meet their identified support needs.

A wide variety of activities were undertaken by people in the service. People were empowered to make meaningful decisions about how they lived their lives and the choices they made.

People were encouraged to take part in activities in the community and to maintain friendships and family contact.

Is the service well-led?

Good ●

The service was well led.

People and staff were involved in the making improvements to the quality of the support provided. Arrangements were in place to listen to what people and staff had to say.

Procedures were in place to monitor and review the safety and quality of people's support.

Alan Atchison - 5 and 6 Augusta 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 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.

This inspection took place on 28 April 2016 and was announced. The provider was given 24 hours' notice because the location was a small care service for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

The home was previously inspected on 24 August 2013 when it was found to be fully compliant with the regulations. Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who used the service, three support staff, one senior support worker and the registered manager. In addition we observed staff supporting people throughout the service. We also inspected a range of records. These included three care plans, two staff files, five medication administration records, training records, staff duty rotas, meeting minutes and the service's audits and procedures.

Is the service safe?

Our findings

People told us they felt very safe in the service. One person said, "Yes, the doors are locked and people [from outside the service] can't get in." Another person said, "There has been one time when someone threatened us. We had the old bill [Police] round. I was frightened. It was all recorded." They went on to say that as a result of the incident, changes in the number of staff on duty were made and that made them feel more secure.

Policies and procedures in relation to safeguarding people from harm, showed the local authority procedures and relevant contact information was included. Safeguarding information posters were displayed in the entrance halls of the service to ensure people, relatives and visitors had access to information on how to raise issues outside the service if they wished. People confirmed that they knew the information was in the entrance halls. They told us they had mobile phones which meant they could raise any issues about safeguarding independently of staff.

Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed when incidents of harm occurred. One staff member said, "Yes I have done safeguarding vulnerable adults [protecting people from harm training] recently. I would report it to my senior or management or go to the owner or the police [if necessary]." There had been no incidents where people had been at risk of harm.

Staff told us that the service had a policy in place in relation to 'whistleblowing' which was where staff could report any poor practice. One staff member said, "I know about whistleblowing and would go and talk to the [registered] manager. I would expect her to follow it up, and I know she would."

People's care plans included detailed and informative risk assessments. These documents were individualised and provided staff with a clear description of any identified risk and specific guidance on how people should be supported in relation to the identified risk. Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations found that changes were necessary in order to protect people these issues had been addressed and resolved promptly. For example, one person said, "I fall over as I'm clumsy with my feet. That's why I tidy my bedroom up."

People told us there were regular fire drills so that they knew what to do in the event of a fire. One person told us, "They do fire drills, one was quite recent." Staff told us what they needed to do to keep people safe in the event of a fire. All equipment had been serviced, including fire extinguishers. All relevant checks such as emergency lighting, fire alarms, door closures and carbon monoxide levels had been carried out. There had been a fire officer report on 15 January 2014 and requirements had been made and responded to. However, we found that no personal emergency exit plans were in place. We told the registered manager who said they would be completed as soon as practicable.

An emergency plan for the service was available in the service. This plan included full details of the service's emergency procedures and details of arrangements in place for any short term accommodation needed for

people. The provider had other care services that would accommodate people and staff on a short term basis. The registered manager said that this plan had been followed successfully when an incident had occurred in a neighbour's property.

People told us there were enough staff available to meet their support needs. One person said, "Yes there's enough staff. We have two [members of staff] on for a reason because [one person] can't go out on [their] own." Another person said, "There are always two [staff] on [duty] at a time. I have an appointment tomorrow at the hospital and someone [staff member] is going with me. Hospital, GP [visit] staff take me."

We found two care staff were on duty each morning, two in the afternoon and one staff member slept in one of the houses and was on call overnight. An intercom system was used between the two houses at night. People told us they knew how to use it and were reminded how to operate it "all the time". We saw there was additional support from one member of staff who provided the one to one time that some people were given through the local authority who placed them. The registered manager said, if there were any concerns, such as someone who was ill or required support to attend an appointment, an additional member of staff would always be provided. People in the service, staff and records confirmed that was the case.

Staff explained about the recruitment system undertaken by the provider. They told us they had not been employed until appropriate checks had been returned and were acceptable. This included a valid certificate from the Disclosure and Barring Service (DBS), (which carries out a criminal record and barring checks on individuals). This demonstrated that people in the service were cared for by staff who had undergone rigorous checks before they were deemed suitable to work with them.

People were administered medicines by trained and competent staff. Staff told us that they had received training in the administration of medicines and that their competency was assessed by management. This was confirmed by the registered manager.

We asked people if they wanted to administer their own medicines. One person commented that they did not want to keep their medication with them and said, "I don't do my medicines [myself]. Staff do it. I know what I have and what time." We checked three people's medicines administration records (MAR). These showed that all three people had been administered with their prescribed medicines.

We noted that the arrangements for the storage, handling, management and disposal of medicines were satisfactory. Audits to check medicines administration and to reconcile tablets were made by the registered manager or senior staff. This meant that people were given their medicines safely and as they were prescribed.

Is the service effective?

Our findings

Staff and the registered manager knew people well. They spoke warmly of the people they cared for and were able to explain people's support needs and individual qualities.

People were cared for by well trained staff. Staff told us about the most recent training they had undertaken, such as dementia and medicine administration. Some of the training was completed on line but other courses were face to face training sessions. The registered manager said that staff competency was checked through discussions during one to one meetings and observation during their shift in the service. Some staff had received additional training in a variety of topics including epilepsy, NVQ Level 3 in Health and Social Care, NVQ Level 2 in Leadership and information technology.

There was a formal procedure for the induction of new members of staff but those we saw and spoke with had been working in the service for at least two years. One member of staff said, "There's a lot of continuity as people [staff] have worked here for years." This meant that staff knew the people they cared for well. Information from the provider showed that new support staff 'would complete all the necessary training and undertake Health and Social Care diplomas'. The registered manager confirmed that new support staff would then shadow a more experienced member of staff. Once they had been found competent they would provide people's individual support needs. Staff confirmed that they had felt confident to provide support to people once they had shadowed other staff.

Staff were well supported by the management structure within the service. Each member of support staff received regular supervision from their senior. Seniors worked as part of the team on duty and were available to provide any guidance or support for individual staff. Senior staff received supervision from the registered manager. One member of staff said, "We get one to one supervision regularly but we don't have to wait. If you want to talk or have supervision you can have one at any time. You would get it straight away."

People said they were able to tell staff how they wanted their support to be provided. One person said, "They [staff] know when we need help. They know how much help you need. They help me make sure I've done my hair, make sure I go out respectable." One member of staff said, "I do a lot of personal care, but I always ask [people] first." This showed that staff ensured people consented to the care and treatment they provided.

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 services 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.

Everyone in the service had the mental capacity to make decisions for themselves. The registered manager and all staff had a good understanding of the requirements of the MCA and associated DoLS should they be needed. The registered manager and staff told us, and training records showed that staff training in relation to the MCA and DoLS had been completed and updated regularly. People's freedom was not restricted and we saw that they were able to go between the two buildings and could leave the service to visit places nearby. One person said, "I can come and go as I like as long as I tell staff [in case of fire or other event]."

People were well supported by staff to prepare the evening meal as part of their move towards living independently. People told us they shopped, prepared, cooked and served the meal for those living in the same house. One person said, "We cook the meal one day [a week]. It's me today and I'm doing a full English breakfast. We've got some vegetarians so we do veggie bacon and things like that. If I don't like what's being cooked [by someone else] they'd cook something different [for me]." People said they were happy with the meals and could choose anything else if they didn't like the food provided. We saw that people were encouraged and supported to make drinks and snacks for themselves.

People had the necessary support to access healthcare as required. Records demonstrated how the staff supported people to make and attend appointments with other health and social care services. This ensured people's health needs were met. We observed how staff had supported one person to attend a GP appointment.. On returning to the service the person was pleased they had attended the appointment and with the support that staff had provided to them. One member of staff told us they had stayed with one person who required a major operation. They had scrubbed up and been in recovery so that the person would have someone familiar when they awoke. Staff told us that support and guidance provided by other health professionals was recorded and implemented where necessary.

Is the service caring?

Our findings

People made positive comments about the way that staff treated them. One person said, "People [staff] have been supportive over the last two weeks, even more than usual. Everyone is so understanding." A member of staff said, "It's like a big family. Professional, but there's also a good atmosphere." We saw that staff treated people as individuals, with kindness and humour. Staff talked with people and laughed and joked together. We saw that they listened to what people said and discussed the things people wanted to talk about.

All the staff were able to tell us about the people in the service. They were able to discuss people's likes and dislikes; with the people themselves 'chipping in' to confirm that what the staff said was correct. One person said, "Yes, staff know what my likes and dislikes are. I like [a named singer] and we're going to see him today." People told us they were able to visit friends and family. One person said, "My friends phone to say if they're coming and they're welcomed when they come. I see my [relative] a couple of times a week; [they] usually come here [to the house]. They like us back before it gets dark [if you go out], but you only have to ring if you're going to be late."

People said that staff treated them with dignity and respect. One person said, "We have our own bedrooms. Staff knock and then I say they can come in." Another person said, "Staff are very caring, they show it in different ways. If I cry they'll come and give me comfort."

People told us they were supported to be independent. We saw that one person had made their own way for a GP appointment and they were praised because they did not always do it. Information in people's support plans showed how staff worked hard to get people to make their own appointments, go on public transport and visit friends, whilst ensuring people were safe. One person said, "Staff are bril [brilliant]. They try and help us to be independent. We use our bus passes."

People told us they were able to speak up for themselves. Staff said that if necessary people would be supported by a relative who would speak up for them, or an independent advocate would be found. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

People were involved in their support plans and reviews. One person said, "With the support plan you sit down and discuss it and sign it if you agree. I've just done my review notes. Usually there's [name of staff member], a senior [staff member], [name of registered manager] and my [relative]." Other people told us they had been involved, with one person telling us, "...they [staff] used pictures" when supporting them at their review.

People told us about the wide variety of activities, interests and hobbies that they were involved in. One person said, "I do painting work and I'm going to paint my [bed] room. It's going to cost a lot so I'm saving up. I go to archery." Another person said, "I have a computer and a mobile phone. I read books. Staff help me with my hair [by dyeing it]."

People go into the community. One person said, "I went out to Sainsbury's yesterday and go into Bretton. I go to the bingo [in a community hall] and to church. I'm going on holiday with people here. We choose where we want to go." People told us they went swimming, bowling and keep fit.

People were provided with choices in all aspects of their support. For example, one staff member told us about a person who has a visual impairment. To ensure the person was provided with independent choices they told us the person was assisted by being able to smell the toiletries for example. The staff member concluded saying, "I make sure [person's name] gets the same choices as everyone else."

None of the people we spoke with had any complaints about the quality of care they received at the service. People were aware of how to make complaints and said that they would raise any issues or complaints with staff. One person commented, "I'd tell [registered managers name], or [senior carers names] or I'd ring [name of provider]. If not I ring you [CQC] don't I? We have a notice to show how to complain, it's got phone numbers too. I know [staff], they'd deal with any complaint."

Is the service well-led?

Our findings

People told us they were very happy in the service. They knew the names of all the staff, and the staff knew them. One person said, "It's lovely, like home from home. Staff know my daily routines...it makes me feel all right." People told us they could talk to any of the staff and they would be listened to. They thought this was a positive way to support them. One member of staff said, "It's like a little family."

There was a registered manager in post at the time of the inspection and they were supported by the provider, senior support workers and support workers. All the staff said the registered manager provided good leadership. Staff told us the registered manager was always available for support or discussion. One staff member said, "[Name of registered manager] is such a good manager and the seniors are excellent. The [name of registered manager] is spot on with things." Staff told us, and minutes showed, that staff meetings were held regularly. One staff member said, "There are staff meetings each month to discuss any concerns about the people in the service, the houses, new risk assessments or concerns for staff."

There was an out of hours call system provided by the registered manager and senior support workers on a rota basis. This meant that staff in the service overnight could call for assistance or advice at any time. One staff member told us there was a, "tremendous on call [system]. I rang for advice but [the on call person] came straight down [to the service]. Any of those on call would be there if you want a phone conversation."

People were involved in assessing the day to day values of the people, staff and service. One person told us, "There are house meetings every two weeks. We talk about chores, menus, holidays or if someone is being horrible [not often]." The person went on to say that staff had dealt with the person[who was 'being horrible'] and they had apologised. Minutes of the meeting showed that people's comments were valued and acted upon so that the service could work to constantly improve. For example when menus had been discussed people agreed that alternatives should be given if people did not like the choice on the menu. Another area was how people reacted to each other. People said they should talk to each other if they were not happy. One person had been unhappy with their day placement, which impacted on their behaviour. The registered manager discussed alternative places. This resulted in the person going to a different meeting place and the person was now much happier, which was reflected in their behaviour.

An independent agency had sent out formal quality assurance surveys for the service. These had been sent to all the people in the service and health and social care professionals. The registered manager said that they had been told that the response was low. They had not yet received a report about the surveys, but would request it as soon as possible. One person said, "We had a questionnaire recently, but I've not got a clue as to the result." The manager was informed about the comment and said they would discuss it with the person.

Records we held about the service showed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed that the registered manager had an understanding of their role and responsibilities.

Audits of falls, people's weights, fire records and other audits were completed as required. We saw that the registered manager monitored the audits to check any trends to see if there were improvements that could be made in the service.