

Almond Care Providers Ltd

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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

Almond Care Providers Ltd provides care and support to people living in a supported living setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreement. At the time of the inspection fifteen people were using the service. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

The outcomes for people using this service reflected the principles and values of Registering the Right Support. These included promotion of choice and control, inclusion and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work and there was enough staff available to meet people's care and support needs. Risks to people had been assessed and reviewed regularly to ensure their needs were met. People received their medicines as prescribed by health care professionals. There were procedures in place to reduce the risk of the spread of infections.

People's care and support needs were assessed before they started using the service. Staff had received training and support relevant to people's needs. People were supported to cook for themselves and they maintained a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had access to health care professionals when they needed them.

Staff treated people in a caring and respectful manner. People had been consulted about the care and support they received, and they participated in activities that met their needs. The provider had a complaints procedure in place and people told us they knew how to make a complaint.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. Staff enjoyed working at the service and said they felt supported by the registered manager and unit managers. The provider had systems in place for monitoring the quality of the service.

The last rating for this service was Good. insert date last report published (4 August 2017)

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Almond Care Providers Ltd on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Almond Care Providers Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

A single inspector carried out this inspection.

Service and service type

This service provides care and support to people living in four 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from professionals who work with the service. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, compliance manager, service manager, a unit manager and two care staff. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. A relative told us, "I know my loved one is well looked after and very safe. They are very happy where they live."
- There was a safeguarding policy in place and staff had received training and were provided with information on who to report potential safeguarding concerns to.
- Staff confirmed they would inform the registered manager and knew where to go outside of the organisation if they had any concerns.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC as required. They told us there had been no safeguarding concerns raised since the last inspection.

Staffing and recruitment

- The registered manager told us staff retention was an issue. They had recently advertised and hoped to recruit and retain more care staff. They said staffing levels were arranged according to people's needs. If extra support was required for supporting people to attend health care appointments or social activities, then additional staff cover was arranged. They used regular agency staff that were familiar with people's care and support needs to cover vacant shifts.
- People using the service, their relatives and staff told us the staffing levels at the service were meeting people's needs. One person told us, "There is always plenty of staff around to look after us." A relative said, "I think the service is always well covered with staff."
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, employment references, evidence that a criminal record check had been carried out, and proof of identification.

Assessing risk, safety monitoring and management

- People's care records included risk assessments for example on behaviours, self-medicating and eating and drinking. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate their homes safely.
- Training records confirmed that staff had received training in fire safety.

Using medicines safely

- People were receiving their medicines as prescribed by health care professionals. A relative told us, "My

loved one looks after their own medicines. They have a medicines care plan." We saw this person's care records included a self-medicating risk assessment.

- People had individual medication administration records (MAR) that included medicines prescribed by health care professionals, details of their GP and any allergies they had. MAR records had been completed in full and there were no gaps in recording.
- Medicines were stored securely in locked cabinets in people's homes.
- Training records confirmed that staff had received medicines training and they had been assessed as competent to administer medicines.
- The registered manager monitored (MARs) to make sure people were receiving their medicines. These systems ensured that people were supported to take their medicines as prescribed by health care professionals.

Preventing and controlling infection

- The provider had an infection control policy in place.
- Personal protective equipment (PPE) was always available for staff. Staff told us the service provided them with gloves and aprons when required.
- Training records confirmed that staff had received training on infection control and food hygiene.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring, investigating and learning from incidents and accidents.
- The registered manager told us that incidents and accidents were monitored to identify any trends and actions were taken to reduce the possibility of the same issues occurring again. For example, they monitored people's behaviours and reviewed their care plans, risk assessments and behaviour support plans when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs, and preferences were carried out before they started using the service.
- The assessments were used to produce care plans, risk assessments and behaviour support guidelines that provided staff with information on how to support people to meet their needs. The assessments included areas such as people's preferred activities, dietary needs, communication and behaviours.
- Relatives told us they were involved in planning for their loved one's needs. Health and social care professionals had also been involved in the care and support planning process. This ensured the service's suitability and that people's needs and preferences could be appropriately met.

Staff support: induction, training, skills and experience

- A relative told us, "The staff are very well trained, and they understand how to support my loved one with their complex needs."
- Staff had completed an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included autism, epilepsy awareness, safeguarding adults, medicines administration, health and safety, food hygiene, fire safety and equality and diversity.
- Staff told us they received regular supervision from unit managers.

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

- People told us they went shopping for the foods they liked, they planned a weekly menu and they took turns during the week to cook for each other.
- People's care records included assessments of their dietary requirements and food likes and dislikes.
- People told us they maintained a balanced diet and they were encouraged by staff to eat healthy meals. A relative commented, "My loved one is being supported to manage their weight. The staff teach my loved one about healthy eating and support them in making healthy choices."

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. A relative told us, "My loved one is supported very well. They get to see the GP when they need to, and I sometimes go with them. They are also supported to see a dentist and opticians when they need to."

- Peoples care records included evidence of regular contact with health care professionals for example, the GP, dentist and chiropodist. Records were made of individual health care appointments, the reason for the visit, the outcome and any recommendations.
- Information was available and shared with other health care services such as hospitals when this was required. For example, people had health action plans which outlined their health needs for professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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 had the appropriate legal authority and were being met.

- The registered manager demonstrated a good understanding of the MCA. Where the Court of Protection had authorised an application to deprive a person of their liberty, we found that the authorisation paperwork was in place and kept under review.
- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives had been consulted about the care and support they received.
- One person told us, "I can do the things I want to do, and I have a keyworker who helps me with things." A key worker is a member of staff designated to support an person with their care and support needs.
- A relative commented, "I am fully involved in my loved one's care planning. I attended a recent annual review meeting. If there are any problems I can talk with the staff. I can help to advise and support my loved one to make decisions. There is very good communication between the staff and us." Another relative told us, "I am involved with planning for my loved one's care, everything is written down."

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect. One person told us, "The staff are very helpful and friendly." A relative said, "The staff are really caring and affectionate. They genuinely like the people they look after. My loved one likes the staff and the managers and is happy with the service."
- Staff told us they were happy to support people to express their diverse needs. Training records confirmed that staff had received training on equality and diversity.
- Peoples care records included sections that referred to their cultural and religious backgrounds and relationships there were important to them. The service manager told us people were supported by staff (when required) around their sexuality and understanding relationships. One person was interested in spirituality and staff supported them to subscribe to a spiritual magazine and purchase items they considered had spiritual value.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "When the staff help me with personal care, they make sure everything is done in private. They are kind and helpful." A relative told us, "The staff respect my loved one's privacy and dignity. They make sure the blind is pulled down and the door is closed. Everything is written up in my loved one's care plan."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. When providing people with personal care they maintained their independence as much as possible by supporting them to manage as many aspects of their own care that they could.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that described their health and social care needs and included guidelines for staff on how to best support them. One person told us, "I have a medical condition and the staff know what to do to look after me."
- Care plans reflected the principles and values of Registering the Right Support. They referred to promoting people's independence and their inclusion within the local community. Care plans were kept under review and changed as people's needs changed.
- Care plans referred to people's behaviours [where appropriate] and detailed how people needed to be supported with these behaviours. For example, there were guidelines in place advising staff how to support people out in the community and with tasks within their home.
- Staff had a very good understanding of people's needs. They were able to tell us in detail about each person's individual needs and wishes and how people liked to be supported. For example, a member of staff told us how they encouraged a person's independence by supporting them to cook, shop and carry out domestic tasks.
- A social care professional told us the service was good at using positive behaviour support methods with people and managing triggers to reduce any potential challenging behaviour.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. People's communication methods and needs were recorded in their care records.
- We saw that information such as the complaints procedure and activities plan's provided in words and pictures. People we spoke with told us they could understand the information provided to them by the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to partake in activities that met their needs. One person told us, "There is always plenty of things to do. I go to music and dance sessions during the week and cinema, lunches out and bowling at weekends." Another person said, "I go to drama classes and we go for meals out too."
- The registered manager told us that one person using the service worked at a local church and another

person worked at a local charity shop.

- We observed three people preparing a meal at lunch time and tidying up their kitchen. They told us they had a lot to do at home. They spent time doing laundry, tidying their rooms, planning meals and cooking.
- A relative told us, "My loved one goes to the supermarket with staff, and they are learning to cook. They go to day centre twice a week. They have applied for some jobs and is waiting to see if they get them."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that some people could understand.
- A relative told us, "I have never had any problems however I made an informal complaint to the registered manager recently and the issue was fully resolved." Another relative commented, "If I have any problems the registered manager sorts them out, they are very responsible."
- The registered manager told us they had not received any formal complaints since the last inspection. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

- The registered manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support when it was required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- During the inspection we observed examples of people being included and empowered to make decisions about their wishes and preferences. For example, we saw people planned for their meals and the activities they took part in.
- Staff told us their aim was to promote and support people to do as much as they could for themselves, learn new skills and become more independent.
- A relative told us, "The staff are helping my loved one to become more independent, my loved one is going out more, they are getting better at shopping and cooking, and they are gaining in confidence." Another relative commented, "This is a well-run service, the staff are well trained and the work hard to meet my loved one's needs."
- A social care professional told us the service was good at supporting people to gain, maintain and develop greater independence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a registered manager in post. They demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the office.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- Staff were positive about how the service was run and the support they received from the registered manager. One member of staff said, "The management team is second to none. Their hearts are in the business. They really care and they are always looking for ways to improve things for the people using the service, Team work is really good." Another member of staff commented, "The registered manager and unit manager are very supportive and helpful."
- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with health and social care professionals, and they told us they welcomed the

professional's views on service delivery.

- A social care professional told us the service was good at multi-agency working and working with the family members.
- The registered manager and compliance manager told us they regularly attended provider forums run by the local authority where they learned about and shared good practice. They had introduced some of what they had learned into the service, for example, following a recent presentation they had implemented 'fire safety person centred risk assessments' for people in line with their identified support needs.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. They undertook regular monitoring audits. These audits covered areas such as health and safety, fire safety, incidents and accidents and medicines. The audits were up to date and showed actions were taken when shortfalls were identified. For example, following a recent visit to one unit, people's care plans were being updated.
- The registered manager and compliance manager carried out unannounced 'spot checks' at the units at the service. These showed that remedial actions were taken with staff when necessary to ensure that care was provided in the right way.

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

- The provider sought people and their relative's views about the service through annual surveys. We saw surveys completed by people in December 2019. These indicated people were very happy with the service provided. Areas for improvement identified and actioned included improving communication with relatives and professionals and producing a newsletter for the service.
- Records showed that regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Items discussed at the January 2020 meeting included, consistency of care, medicines, behaviour management and care plans. A member of staff told us, "The team meetings are very good. We talk about people's needs, what we do well and how we can make improvements."