

Trident Reach The People Charity







St Alban's

Inspection report

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Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Good	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Requires Improvement	
Is the service well-led?	Requires Improvement	

Overall summary

This inspection took place on 27 April 2015 and was unannounced. At our last inspection in May 2014 the provider was not meeting the regulation which required them to operate effective quality monitoring processes to keep people safe from the risk of medication errors.

St. Alban's is a residential home which provides care to people who have learning disabilities. The service is registered to provide personal care for up to six people and at the time of our inspection six people were using the service. There was a registered manager at this

location however they no longer worked at the service and were in the process of deregistering. A new manager had started working at the service in December 2014 and was in the process of applying for registration with the Commission. 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 and associated Regulations about how the service is run.

Summary of findings

We observed staff continually ask people how they wanted their care to be delivered and supported them in line with their requests. People were affectionate towards staff and confident to approach them for support with activities they said they liked. Staff were knowledgeable about the individual support people required in order to maintain their privacy and dignity and relatives told us that this had improved recently.

Relatives were encouraged to visit and people in the home were supported to stay with relatives. People expressed their views about the service at regular meetings and were involved in discussing the care they received. Relatives told us they were often invited by the provider to comment on the service at regular meetings or on the telephone.

The provider identified if people were at risk of harm and had taken action to reduce the risk. However records which monitored people's nutritional intake were not always up to date and some records contained conflicting information about foods which people could eat safely. We saw that, when necessary, the provider had involved other healthcare professionals in people's care.

All the relatives and staff we spoke with told us that they felt there were enough staff to meet people's care needs. Staff were able to demonstrate they had the skills and knowledge to communicate effectively with the people who used the service and expressed a good knowledge of people's individual preferences. Staff were supported with their personal development and to deliver what was required of their roles.

People were kept safe and staff knew how to recognise when people might be at risk of harm and were aware of the provider's processes for reporting any concerns. Records showed that the provider had worked with other agencies when necessary in order to keep people safe.

Medication was managed appropriately because staff were aware of the provider's medication policy and people received medication in line with their care plans.

Care plans indicated where people had capacity to make their own decisions and choices. When people were thought to lack mental capacity we saw the provider held meetings to ensure decisions were made in the best interests of the people who used the service. The provider had ensured that staff were clear about the requirements of the law and that people were supported with the least restrictions of their liberties.

The provider had a system to assess the quality of the service and identify how it could be improved. The provider had developed an action plan to implement improvements at the service, however audits had not always identified that people's care records did not contain up to date nutritional information or any discrepancies between balance of medication held and records of administration.

Relatives and staff told us that the quality of the service had improved since the new manager had joined the service and records showed that the provider had taken action in response to issues raised at regular meetings. People told us that they knew how to make a complaint and were confident that they would be responded to. Some relatives told us however that although the provider regularly sought their views they were reluctant to comment on the service because of the impact on staff.

We have made a recommendation that the provider seeks guidance and reviews how they support relatives to feel comfortable to express their views and make complaints about the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were supported by staff who knew how to protect them from the risk of abuse.

The provider had ensured there were enough staff to meet people's care needs

People's medicines were managed appropriately to ensure people received medication in line with their care plans.

Good



Is the service effective?

The service was not effective. People were supported in accordance with the requirements of the Mental Capacity Act 2005 (MCA).

Staff had the appropriate skills and knowledge to meet people's care needs.

The provider did not ensure that people's care plans reflected their nutritional needs.

Requires Improvement



Is the service caring?

The service was caring. People were supported to maintain relationships which were important to them and promoted their social interaction.

Staff supported people to pursue interests they said they liked and organised regular activities for people in the community.

The provider respected people's dignity and ensured people were dressed in clothing of their choice.

Good



Is the service responsive?

The service was not responsive. Relatives told us the provider regularly asked them for their views and had taken action when they raised concerns.

The provider ensured that people's care needs were regularly assessed and records were updated as people's conditions changed.

People told that they knew how to make a complaint however several people said they did not like to raise concerns in case this got staff in to trouble.

Requires Improvement



Is the service well-led?

The service was not well-led. The provider conducted regular checks to evaluate the quality of the service and took action to rectify any issues identified.

The manager knew their responsibilities towards the Commission and people told us the service had improved since the manager had joined.

Requires Improvement



Summary of findings

The provider had responded to concerns raised at our last inspection although further actions was required and audits had not always identified when people's care and medication records were not up to date.

St Alban's

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 27 April 2015 and was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the

provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with two people who used the service. Due to their specific conditions some people were unable to tell us their views of the service however we observed how staff supported people. We spoke with relatives of three people who lived at the home. We also spoke to the manager and four members of care staff. We looked at records including three people's care plans, staff training and medication records. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised. We observed a staff handover meeting and 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 talk with us.

Is the service safe?

Our findings

All of the relatives we spoke with told us they felt their family members were safe. One relative told us, “Yes, I do think people are safe”. Another relative said, “People are safe, they lock the front and back door.”

We spoke with four members of staff and they were all able to explain the provider’s policy for keeping people safe. This included an awareness of how to recognise when people might be at risk of harm and the provider’s process for reporting any concerns. We noted this was in line with local authority safeguarding practices. Staff said they received training in how to safeguard people from harm and records confirmed this. We saw that the provider had taken appropriate action when a person who used the service was at risk of harm, this involved working with the local safeguarding authority and other care providers. Relatives told us that the manager and staff were approachable and they were encouraged to raise concerns if they were worried about people’s safety. There was information about how to raise concerns about people’s safety displayed in the public areas of the home. This protected people from the risk of abuse.

The provider took action to ensure people were supported safely and respected people’s rights to receive care in line with their wishes. During our inspection we observed staff continually ask people how they wanted their care to be delivered and prompted people to engage in interests they had said they wanted to pursue. The provider had conducted assessments to identify if people were at risk of harm and how this could be reduced. Staff we spoke with said care records contained information which enabled them to support people safely and guidance about the risks associated with people’s individual needs. A member of staff could explain what the specific movements and

gestures of a person they supported meant and there were pictorial guides to help people express how they felt. Therefore staff could recognise if people were expressing concerns about their safety.

All the relatives we spoke with told us that they felt there were enough staff to meet people’s care needs. During our inspection, four people were supported to go to a day centre and we saw that they were accompanied by the appropriate number of staff. Another person was supported to go shopping and we observed that there were enough staff to enable this. The manager and staff told us that additional staff were employed as necessary to support people to go on day trips together. The provider had ensured that there were enough staff to meet the needs of the people who used the service.

Two relatives told us that the service had regularly used agency staff however this had reduced. We saw that the provider had taken steps to recruit to recent staff vacancies. The manager was supported by the provider’s human resources department to conduct suitable checks to ensure that only staff who were suitable to support the people who used the service worked at the home.

Staff were able to explain the provider’s medicines policy for reporting medication errors and records showed that staff had received training in how to manage medicines safely. Medicines were stored appropriately to ensure they were safe and maintained their effectiveness. There were clear guidelines for giving medicines and staff were able to explain how they supported people to take their medicines safely. Records of medication administered were completed and maintained by staff for each person, however we found one discrepancy. Records of medication balance held by the home for one person was did not correspond with what the person had received. This was brought to the attention of the manager.

Is the service effective?

Our findings

People were supported to maintain their health and welfare. Relatives told us they had regular discussion with the manager about the support people needed and how they could support their relatives to stay well. A person who used the service told us, “They look after me well.” A relative of another person said, “Staff have really pulled [person’s name] around.”

Relatives and staff told us that people had access to health care professionals when necessary in order to maintain their health. Relatives said they were notified by the provider when people had health care appointments and that they were supported by staff to attend them. During our visit a person was supported to attend an appointment with an optician. Records included details of visits people received from health providers and how staff were to support people in line with their instructions. In some instances records indicated that it had been a considerable time since some people had seen a dentist. We raised this with the manager who was to investigate. This supported people who used the service to receive ongoing healthcare.

Staff had the necessary skills to support people. A relative told us, “Staff understand him,” and another relative said, “Staff ask him what he wants, they ask him if he would like to go out,” and, “The staff know what they are doing, they are very professional”. Staff told us and records confirmed that they received regular training and supervisions to maintain their skills and knowledge. We observed a staff handover meeting when new staff came on duty and saw that they were given up to date information about each person who used the service and details about any changes to a person’s condition. This enabled staff to provide care in line with people’s current needs. All the staff we spoke with felt they had the necessary skills to support the people who used the service. Staff had undergone additional training when necessary so they could continue to support people as their care needs changed.

Staff told us that they had training and guidance was also available in people’s care records about how to keep people safe from specific risks associated with their conditions. Staff explained the care they provided to assist people who were known to exhibit behaviour which could challenge others. This meant that staff knew how to reduce the risk of people hurting themselves or others.

Staff respected the rights of the people who used the service to choose how they wanted to be supported. A member of staff told us, “It’s about putting people’s wishes first.” Another member of staff said, “I would consider the wishes of relatives, but not be governed by them. We need to listen to the people first.” During our visit we observed staff asking people if they were happy and how they wanted to be supported. The provider had not carried out capacity assessments however care records identified that people were supported by professional representatives when they were thought to lack mental capacity. We also saw that two people who used the service had attended an awareness session about the role advocates could play in helping them to state their views. This supported people’s rights to express how they wanted to be supported.

The provider had taken action to seek that the care and treatment people received did not restrict their movement and rights under the Mental Capacity Act 2005 (MCA). The care records of a person who lacked mental capacity showed that a best interest meeting had been held between relatives, health professionals, social workers and care staff in order to identify if medical treatment was required.

Staff we spoke to knew about the requirements of the MCA and had received effective training in respect of the MCA and any decisions related to deprivation of liberty safeguards (DoLS). A member of staff we spoke to explained the principles of the DoLS and that people were assessed to ensure they were receiving care with the least amount of restrictions. The manager demonstrated knowledge of the MCA and had approached the local safeguarding authority when it was suspected that practices, such as locking external doors, restricted people’s movement.

All the people we spoke to said the food at the service was good. A relative told us, “They give him what he likes,” and the relative of another person told us, “He chooses his meals, he told me, ‘I had pie and mash and I ate it all.’” Staff expressed a good knowledge of what people liked to eat and if they had any dietary preferences. We saw that menus were based on what foods people said they liked to eat and during our visit people were able to help themselves to snacks throughout the day. We saw how people were supported at lunch time and that staff supported people to choose what they wanted to eat and drink. This supported people to eat and drink enough to keep them well.

Is the service effective?

When necessary people had input from speech and language therapists and dieticians to support them with their nutritional needs. There was guidance available for staff about people's nutritional requirements however we found that this was not always consistent. An assessment for a person who was at risk of choking had not been updated to reflect the most recent advice from a visiting dietician. Staff we spoke with confirmed that they knew the

person's dietary requirements however the person's records had not been updated to reflect these needs. The provider monitored people's weight to ensure they were receiving adequate nutrition and records showed that one person was consistently losing weight. Staff were unable to identify if this had been responded to and there was a risk that the person was not receiving sufficient nutrition to meet their needs.

Is the service caring?

Our findings

All of the relatives we spoke with told us that staff members were caring and people felt they belonged there. The relative of a person who was visited by a person from the home told us, “When they’ve finished visiting me, they say they are, ‘going home,’ back to St Alban’s.”

We saw positive interaction between staff and people who were relaxed with staff and confident to approach them for support. All the staff spoke affectionately about the people and how they enjoyed supporting them. A member of staff told us, “The guys we support are brilliant.” We observed that staff were gentle and patient with a person who needed constant support and reassurance. The staff took time to listen to the person and supported them to pursue their chosen activity.

Staff knew how people wanted to be supported and we saw that staff had supported them to enjoy the interests they said they liked. A member of staff explained how they supported a person to go shopping and visit a café. The person told us that this was one of their favourite things to do. During our inspection we saw staff sat with people, prompted them to express how they were feeling and to talk about their hobbies and interests. Care records contained details which enabled staff to deliver care in line with people’s wishes and preferences.

People were supported to express their views about how they wanted their care to be delivered. Staff were

knowledgeable about people’s different ways of communicating and took time to understand what people were expressing. There were communication aids available to help people choose the activities they wanted to take part in and express how they were feeling.

People were supported to be as independent as they wished. We saw that people were encouraged to help prepare snacks and a person told us that they enjoyed helping to dust and vacuum around the home. During our visit four people who used the service were supported to attend a day centre. A relative of one person told us that visiting the day centre was very important to the person’s feeling of general well-being. Records showed that people regularly attended activities outside the home in order to promote social interaction and pursue friendships with people they had met from the provider’s other homes.

Staff we spoke with said they had received training in how to respect people’s privacy and dignity and there was guidance available in people’s care records. The relative of one person we spoke with told us that they had been concerned that a person had not always been dressed so as to respect their dignity. A relative said that a person sometimes wore the wrong size clothing and did not have buttons fastened or their belt done up. They told us, “I had to put a belt on him, because his trousers were falling down,” and “I ask myself who got him ready and set off in that state.” However they told us that this had been resolved since the new manager arrived and the person was now being dressed appropriately.

Is the service responsive?

Our findings

All of the relatives we spoke with told us they were involved in the planning and review of their relative's care. One relative told us, "We meet up each month to discuss [person's name] care". Relatives we spoke with also said they were confident that the service would respond to their comments and those of the people who used the service.

The provider responded to people's wishes when supporting them with care. Relatives told us and records showed that people were supported to do the things they said they liked. These included collecting things, visiting a day centre and going on holiday. Relatives and staff told us that the service had improved how it supported people to engage in the things they liked to do. A relative told us, "He was left in his bedroom quite a lot, but now he is going to the safari park." We saw examples when the provider involved relatives in supporting people to choose how they wanted their care to be delivered and that people received care in line with their expressed preferences.

The provider had responded as people's health and care needs changed. We saw that a person's relatives had been involved when the person had changed their sleeping pattern and the provider wished to identify how they could support the person to stay up later. Relatives told us they were regularly asked for their views on the care people received and felt the provider responded appropriately to their comments.

A relative we spoke with told us that a person at the home was regularly supported to speak with them on the telephone when they wanted. They told us, "Just to hear

me on the phone, he comes to life." Other relatives told us that they were always made welcome when they visited the service and often attended for meals. People invited residents from the providers other locations to meals at the home and were also supported to attend events in the community. This helped people to maintain relationships which were important to them and avoid social isolation.

People who used the service were supported to comment how they wanted their care to be delivered at regular meetings. Staff told us how they supported people to express their preferences and knew people's preferred styles of communication. Daily records showed people had been supported in line with the wishes expressed in their care plans such as going on holiday and more trips outside the home. The provider had responded to people's views about the service.

People told us they knew the provider's complaints process and they were confident that their concerns would be taken seriously. The relatives of two people told us they were very happy with the support people received at the service but sometimes did not like to speak up in case their comments upset staff at the home or, "got them into trouble." However a relative told us that the provider had responded positively to their comments in the past. We saw that information about the provider's complaints policy was available around the home in easy read formats which met people's communication needs.

We recommend that the provider seeks guidance and reviews how they support relatives to feel comfortable to express their views and make complaints about the service.

Is the service well-led?

Our findings

Relatives we spoke with said that they were happy with the care people received and how the service was managed. The relatives of two people told us that the quality of the service had improved since the new manager arrived. A relative told us, "I feel better since we've had a new manager," and another relative said, "It's run like a proper home now."

The provider had arrangements in place to support people to express their views about the service. There were regular meetings when people were supported by staff to say what they liked about the home and any changes they wished to see. Records of a recent meeting identified how staff were to support people to buy foods they liked to eat and how staff were to keep people safe in the event of a fire. Relatives and staff also told us the provider had increased the number of activities and events in response to comments made at these meetings.

Relative said that they regularly attended family meetings where the manager kept them up to date with any changes to the service. The manager also held individual meetings with people's relatives to discuss and review the care the person received. A relative told us, "They've [The manager] always met me once a month. We have a meeting and they ask for my views." Another relative said, "The manager has made a very good suggestion of having a meeting where families meet together and separately." Relatives told us that when they were unable to attend meetings at the home the provider was happy to listen to their views over the telephone.

Staff told us that the provider kept them up to date about any changes to the service. Staff attended regular team and individual meetings with the manager. Staff we spoke with said that the provider used these meetings to provide training about best practices within social care and updates about the service's philosophy. This helped to improve the quality of the care people received. During our inspection a member of staff engaged in a supervision meeting with the manager and we observed a staff handover meeting. At the meeting we noted that there was an effective system for staff to share details about changes to people's care needs and how they required supporting

during the day. Staff told us that they were encouraged to express their views of the service and the manager welcomed any suggestions which could improve the quality of the service. A member of staff told us that the manager was, "A good listener and will take ideas from you." This ensured that people and staff were actively involved in developing the service.

The service had a manager who understood their responsibilities and was currently in the process of registering with the Care Quality Commission (CQC) to become the registered manager. The provider had responded to concerns raised at our last inspection, however we noted that there was still some minor improvements required to how the provider monitored the quality of their medication management. The manager had informed the CQC of specific events the provider is required, by law, to notify us about and worked with other agencies when necessary to keep people safe and well.

The provider had a clear leadership structure which staff understood. Each person at the home had a key worker to help ensure they received continuity of care. Key workers also contributed to a review of each person's care needs so that other members of staff would know people's individual care needs if a key worker was unavailable. Key workers were members of staff designated to take the lead to ensure that all aspects of the service met the person's individual needs. There was a deputy manager in post to ensure continuity of leadership when the manager was unavailable to offer support and guidance to staff. Staff told us that they had not experienced any difficulties in obtaining advice in the event of a difficult situation occurring and had always received support from a senior member of staff when they requested it.

The provider had a system to assess the quality of the service and identify how it could be improved. Information from investigations and complaints was used to improve the service and the provider conducted regular audits. However, some audits failed to identify that people had not been supported in line with their nutritional plans and for one person had failed to identify a discrepancy between the balance of medication held and medication that had been administered. The provider's system for auditing the quality of the service was not robust.