

Allen and Whitworth UK Ltd

Allen and Whitworth UK Limited - 90 Perry Street

Inspection report

90 Perry Street
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 25 March 2015. 90 Perry Street is registered to provide accommodation and personal care for up to three people, some of whom may have a learning disability or mental health diagnosis. There were three people living at the home at the time of this inspection.

There was 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 service is run.

The service was not always safe.

Although people were receiving their medicines, the stock control and record keeping systems in place were disorganised and in need of improvement. There were

Summary of findings

discrepancies between the amount of medicine in the home and the available records, medicines needing disposal were not being safely managed and administration records were not accurate.

This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People were being protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so. Safe recruitment processes were in place and ensured that staff were suitable to work in the care home.

Staff had an in-depth understanding of the needs of people living in the home. They were supported through regular training, supervision and annual appraisal. They were confident in the management team and felt able to raise any concerns or ideas for improvement. Staffing levels were appropriate and safely able to meet the needs of people in the home.

People were actively involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available. People were supported to be involved in work placements and day opportunities and were enabled to pursue their hobbies, interests and cultural beliefs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and people were consistently involved in making decisions and choices about their daily life and about their care and support needs.

Health action plans were in place and people had their physical and mental health needs regularly monitored. Regular reviews were held and people were supported to attend appointments with various health and social care professionals to ensure they received treatment and support as required.

There was an open culture in the home and the registered manager was very visible and active in the home. Quality and people's experience was consistently monitored and swift action was taken to address any concerns or areas for improvement. People living in the home and their relatives knew how to make a complaint or raise a concern and were confident that these would be addressed.

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?

This service was not always safe.

Medicine management systems in place were disorganised and required improvement.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them. Various risk assessments were in place and risk was continually considered and managed in a way which enabled people to safely pursue independence and to receive safe support.

There were safe recruitment practices in place and staffing levels ensured that people's care and support needs were safely met.

Requires improvement



Is the service effective?

The service was effective.

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Health action plans were in place and physical and mental health needs were kept under regular review. People were supported by relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

People were actively involved in decisions about the care and support they received. Staff understood their responsibilities under the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

People living in the home and their relatives were happy with the care and support they received. They felt that staff knew them well and treated them in a caring, supportive and enabling manner. Staff consistently treated people with dignity and respect and ensure that personal matters and support needs were managed in a discrete and confidential way.

People were encouraged to be independent and were actively involved in deciding how their care and support needs were met, care plans and risk assessments reflected this.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were actively involved in assessment and care planning processes. Their needs were kept under regular review and where agreed family members were also involved in these processes.

People's lifestyles preferences were known and respected and they were supported to maintain active lives and to be involved in a wide range of work and community activities. There were opportunities for people to express their views about the service and people felt confident and enabled to raise concerns or make a complaint.

Is the service well-led?

The service was well led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance. They continually monitored the quality of the service and responded swiftly to any concerns or areas for improvement.

People living in the home, their relatives and staff were confident in the management structure and felt able to raise concerns or make suggestions for improvement. There were systems in place to receive people's feedback about the service and this was used to drive improvement.

Good



Allen and Whitworth UK Limited - 90 Perry Street

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.’

The Inspection took place on 25 March and 1 April 2015 and was unannounced and was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed the care practice of staff and spoke with the three people using the service, the registered manager and one member of care staff. We reviewed the care records relating to three people who used the service, three staff files and records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

Although people received their medicine on time, the medicine management systems in place were disorganised and in need of improvement. We reviewed the medicine administration records (MAR) and stock control records and found discrepancies between these records and the actual amount of medicine in stock. The entries on the MAR for two people did not correspond with the medicines held in stock or the amount dispensed by the pharmacy and the total number of medicine recorded by staff was incorrect. In addition the medicine carried over from one medicine cycle to the next was not accurately recorded.

Records relating to the disposal of medicines had not been consistently completed. Although the manager told us that some medicines had been returned to the pharmacist, they could not locate any records to confirm this. As the inspection proceeded the missing medicines were found stored within the medicine cupboard.

Medicine administration records could not be relied upon as an accurate record of medicine administered to people; we found that the MAR sheets had been signed in advance of the medicine being administered. At 5pm on the day of our inspection the MAR records had already been completed for that evening and for the following morning.

This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at the home, one person told us “I feel safe here because the front door is locked and we all have a key to the front door and to our own rooms so we are safe in there as well”. Another person told us “I have lived here for over 10 years and I have always felt safe and I know all of the staff really well”.

Staff have received training in safeguarding adults and were clear about their role in protecting people from risks

associated with abuse or avoidable harm. They understood the signs of abuse to look out for and knew how and to whom to report any concerns, including relevant external agencies. We noted that posters were displayed on the staff notice board about safeguarding people and these provided staff with information and guidance at a glance. The registered manager had a good understanding of the reporting procedures and confirmed that they had not been required to make any reports or referrals since the last inspection.

People were enabled to live independent lives and to help support them maintain their safety a range of risk assessments had been completed. These included aspects of their life within the home and also whilst out in the community. Staff understood the risks that had been identified and involved people in agreeing the focus of associated care plans to help manage these. The care plans in place were up to date and clearly detailed the level of support agreed. We saw that these were kept under review and that the way in which care and support was provided was in line with the individual care plan.

Staff told us they were aware of people’s risk assessments and guidelines in place to support people with behaviour that may challenge. People had individual care plans that contained risk assessments which identified risk to people’s health, well-being and safety. Risk assessments were regularly reviewed and updated in line with people’s changing circumstances.

People told us there was adequate staffing to meet their needs. One person said “we always have one member of staff here all the time and they stay here overnight”. Staff knew how to assist people and support them with choices. We saw that people were given choices about their daily lives. People were happy and relaxed in their environment and we could see staff people and staff had a positive relationship. This small home supported three people and the staffing level and skill base was sufficient to meet people’s needs.

Is the service effective?

Our findings

People were involved in decisions about the way their care was provided and were, along with their family members, actively involved in the development of their individual care plans. Care plans had been written in a way that people understood, were kept under regular review and had been signed by people to confirm their agreement and involvement. A person who used the service told us “it’s all written down about what I can do for myself and all about where I work”

The manager and staff had received training and understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). They were able to explain how the requirements worked in practice and how they supported people to make decisions. We saw that MCA assessments had been completed for people and where indicated best interest decision meetings were proactively arranged. We saw that staff considered the need for best interest decision meetings during care reviews and in response to changing health needs. At the time there was no need to instigate a DoLS referral for anyone living in the home.

People were actively involved in deciding what they had to eat and in preparing their meals. Residents meetings were held on a monthly basis and menu planning was always discussed and decisions about the menu made. One person told us “we choose what is on the menu”. We saw that people were supported to make their own snacks and drinks and one person told us “I like to bake cakes sometimes and the staff help me”.

People’s nutritional needs were assessed and monitored. Staff understood each person’s dietary needs and preferences and these were recorded in care plans. Where

there is an identified health need people’s weight was monitored and reviewed. One person said “I am not supposed to be eating cakes but I have a treat at weekends.”

People were supported by a stable staff team who has received training relevant to their role and who were encouraged to continually develop themselves. All staff had been employed for over 12 months. Staff said that they had received an induction when they first staff started work and this included shadow shifts. One staff member had been supported to complete the level three Qualification and Credit Framework (QCF) in health and social care, this person said “The QCF gave me more knowledge and understanding to help me do my job”

Staff felt supported by the manager, they received regular supervision and a yearly performance review. One member of care staff told us “The managers listen to what we have to say and they do take on board our contributions and change things if it is needed, no one worries about going to them with anything”.

People had health action plans in place which were written in a way that the person could understand. These plans provided advice and health awareness information which may support the person’s health and wellbeing. They were updated annually and people had either just attended some health appointments or were booked in to attend. Care records showed that people were supported to attend dentist appointments, visit chiropodists and opticians. One person said “I go to the doctors when I need to and staff come with me”. Where specialist support was required from other health professionals we saw referrals had been made and visits had taken place. Where these visits or contacts had resulted in the need for specific health care support we saw that this was integrated into people’s care plans and was being addressed.

Is the service caring?

Our findings

Staff interacted with people in a caring and respectful way; they knew people well and interacted in an easy and friendly manner. The atmosphere in the home was happy, relaxed and people were content and comfortable.

The provider had a key worker system in place so each person had an identified staff member who knew them well, supported them to appointments and had time set aside for 1:1 time.

One person told us “I like the staff; they spend time with me chatting about my friends and family”. We observed staff talking to people in a caring and respectful manner and chatting about their day. Another person told us “I talk to some staff about my mum, they listen to me and if I get upset they get me a tissue”.

People were encouraged to be independent and to have as much choice over their day to day life as possible. Care plans and risk assessments were focused on encouraging independence and positive choices. One person’s care plan said ‘Encourage [the person] to ask questions and have a say in the day to day running of the home’. Regular residents meetings enabled people to be actively involved in the running of the home and in decisions made about a number of things including planning the menu. We saw people working together to complete routine household tasks such as clearing away the table after meals, washing and drying up and general tidying of the home. People told us “we all have our own jobs to do around here” and another said “It’s my job to put the bins out every week”. They were happy and enjoyed being involved in this way.

Staff knew the people they were supporting very well. They had good insight into people’s interests and preferences and supported them to pursue these. For example, one person identified in their recent review that they wanted to purchase a laptop computer and learn how to use it, this person told us “I’ve got my computer and I know how to work it and I’ve now got the internet and I didn’t have it before”

Staff were confident in their role in supporting people, one care staff told us “I have supported these people for a long time and I know them really well and know their ways and what works for them and what doesn’t.” Staff also told us “I support people how I would like to be supported”.

People could choose to spend their time as they wanted. One person told us “We all have keys to our own rooms so we can have some private space if we want it”. Staff treated people with dignity and respect and when people were having something explained to them this was done in a way people understood and could make informed decisions. We saw staff knocking on bedroom doors and waiting for a response before they entered.

People were aware of how to access advocacy support and at the last residents meeting they were offered a visit from an advocacy service so they could tell them what services they offered. However they choose not to ask them to attend as felt they could advocate for themselves or said that they family members would support them if needed.

Is the service responsive?

Our findings

People were actively involved in all aspects of the assessment and care planning process. They worked in partnership with staff to ensure that staff understood their support needs and to agree how these were met. Individual and person centred care plans were in place and these reflected the current support needs of each person. Regular reviews had been carried out and these involved relevant external professionals along with family members. Care plans were signed by the person to show their involvement and agreement.

Assessment processes included gathering information about people's lifestyle preferences and the way in which they liked to spend their day and included likes, hobbies and interests. Risk assessments were in place to ensure that all factors had been taken into account so that people could be safely supported to pursue their interests and daily activities.

People told us about various work placements they attended and the activities they were involved in. One person told us "I go to work four days a week, I pack things like nail varnish in boxes and then they get shrink wrapped and get sent off to be sold". They enjoyed their work and told us that they get paid and that the people there were their friends. Another person told us they went to a day centre and said "I love it there and we might be getting a new donkey and there are two cats that visit".

People who used the service were encouraged to lead meaningful lives and when activities were undertaken these were documented in the care notes. Staff from work

placements and day centres were also involved in care reviews and this helped continually promote a person centred and joined up approach to help the person achieve the best outcomes.

People were involved in a wide range of leisure and social activities and were encouraged to be involved in their local community. People told us that there was always something to do and that they had lots of choices about how to spend their time. One person told us how they had been supported to paint their finger nails for Comic Relief Day and they had obviously enjoyed the event. Another person was supported to go to the local church and told us that now they had made friends there and was able to go by themselves. Another person told us that they receive regular visits from their family members and that they were going to stay with their family for a few days over the Easter holiday.

People knew how to make a complaint if they felt they needed to do so and felt listened to when they had raised a concern. One person told us "If I am not happy with something I tell the staff who are on shift and they need to do something about it or let the boss know, I don't wait I just tell them". A complaints policy was in place which people had access to. The registered manager told us they had not received any formal complaints but had a procedure in place to deal with them if they occurred. Complaints were dealt with on an informal basis and resolutions found quickly. An example of this was all three people did not agree with the content of the minutes taken at residents meetings, after trying different solutions all the people agreed they would all take their own minutes of the meeting and they could be attached together to form a version of the minutes

Is the service well-led?

Our findings

There was a registered manager in place at the service and they understood their role and responsibilities. They told us “We have been supporting these three people for a long time and my job is to make sure they are happy and to try and make the home like a family style home”

The registered manager was passionate about their role and the staff they employed. They were committed to ensuring that people received person centred care and support. They held regular staff meetings to discuss with the team any changes to people’s care and support needs, training and performance reviews and general ideas and feedback.

Staff were complimentary about the management team, they said “we can go to them with new ideas or tell them if something isn’t working, they are very approachable and do listen”. They were confident that action would be taken to drive improvement and felt that the culture was open and safe. People who used the service knew who the manager was, they felt confident and comfortable to approach them and we observed people chatting to the manager in a relaxed and comfortable manner.

There were systems in place to receive people’s feedback about the service. Surveys had been undertaken recently

and these evidenced that people were happy with the service they received. Family members were supported to raise concerns and to provide feedback on the care received by their lived one and on the service as a whole. They attended care reviews, one persons written feedback from family said “The whole family is happy with the care here”. They were confident to approach the manager and staff and said they would feel comfortable to raise a concern if this was needed. One relative told us “Don’t worry I would soon be on the phone if I weren’t happy”.

The registered manager continually monitored the quality of the service and the experience of people in the home. They regularly worked alongside staff and used this as an opportunity to assess their competency and to consider any development needs. They were involved in all care reviews and quickly identified and responded to any gaps in records, changes in quality, issues about care or any other matter which required addressing. We saw that care plans and risk assessments were reviewed on a monthly basis, concerns were acted upon straight away and the home was clean and maintained to a good standard.

The registered manager y closely monitored the safety of the home. Regular fire checks and drills were held and the manager ensured that the home maintenance needs were kept under continual review. We saw that where necessary they took action straight away where this was necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>This corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>People were not protected against the risks associated with the storage and management of medicines used for the purposes of the Regulated Activity. 12(2)(g)</p>