Respond Care Limited

Ardington House

Inspection report

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26 September 2017
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16 October 2017

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This first comprehensive inspection took place on the 26, 27 and 29 September and 16 October 2017. The first day of the inspection was unannounced; we carried out an announced visit on the second day, spoke to a social care professional involved with the service on 29 September and the relative of a person who uses the service on the 16 October.

Ardington House is registered to provide accommodation and personal care support for up to five people that have learning disabilities and/or autism spectrum disorder. The service provides respite care for young people aged sixteen and above. At the time of inspection there were three people receiving respite care at the home.

The service is required to have a registered manager. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems in place to monitor and improve the quality and safety of the service required strengthening. Arrangements in place to ensure that staff had sufficient skills and knowledge to provide people with appropriate support required improvement. Some staff had not been provided with timely refresher training in key areas such as safeguarding.

People's capacity to consent to their care and support was not always assessed. People supported by the service were not able to consent to some aspects of their care. However, there was no evidence that capacity assessments had taken place and no records to demonstrate how best interest decisions had been made. Staff did demonstrate that they understood some aspects of the Mental Capacity Act 2005 and gained people's consent when supporting them.

Recruitment practices protected people from being cared for by staff that were unsuitable to work at the service. Staff received an induction into the home and did not work with people on their own until they understood the care needs of each person.

People felt safe in the home and received safe care and support. Staff had a good understanding of their role in safeguarding people and they knew how to report concerns. Staffing levels ensured that people received the support they required at the times they needed it. People were supported to develop life and social skills and gain as much independence as possible. Their support was provided by a staff group, who shared a strong person centred ethos.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as

staff had the knowledge and skills to support them and there was access to healthcare services when needed.

Staff were committed to the work they did and had good relationships with the people who were provided with respite care in the home. People interacted in a relaxed way with staff, and people and their relatives spoke about the positive impact staying at the home made on their lives.

People and their representatives were involved in the planning of their care and felt included in discussions, being able to have their say about how their support was provided. Staff listened and respected people's views about the way they wanted their support to be delivered.

People participated in a range of activities within the service, the local community and further afield. The atmosphere was very positive and people were enthusiastic about the activities they took part in.

Staff were aware of the importance of managing complaints promptly in line with the provider's policy. People staying at the home and staff were confident that any issues would be addressed and that if they had concerns they would be listened to. People their relatives and staff had confidence in the leadership of the provider and registered manager.

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

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

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

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Systems were not implemented to ensure that people's capacity to consent to their care and support was formally recorded.

Staff training had not been updated as required in some areas and there was a risk that staff would not have sufficient knowledge and skills to provide care to people appropriately.

People were supported to access appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to communicate these.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people staying at the home and staff.

Is the service responsive?

Good

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service knew how to raise a concern or make a complaint and a system for managing complaints was in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems and processes in place to monitor the quality and safety of the service required strengthening. The provider did not return a Provider Information Return (PIR) prior to the inspection.

A registered manager was in post and they were active in the management of the service.

There was a well-articulated vision and a positive culture of person centred care and support that was understood and put into practice on a day to day basis by staff.

Ardington House

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 the 26, 27 and 29 September and 16 October 2017. The first day of the inspection was unannounced; we carried out an announced visit on the second day, spoke to a social care professional involved with the service on 29 September and the relative of a person who uses the service on the 16 October. The inspection was carried out by one inspector.

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. They did not return a PIR and we took this into account when we made the judgements in the report.

We contacted the health and social care commissioners who help place and monitor the care of people living in the home as well as 'Healthwatch' in Northamptonshire. Healthwatch is an independent consumer champion for people who use health and social care services.

During this inspection we visited the home and spoke with three people who were being supported on a respite care basis and one person's relative. We also looked at care records relating to three people. In total we spoke with five members of staff, including support staff and senior support staff, the registered manager and provider. We also spoke with a social care professional who was involved in supporting people who used the service. We looked at five records in relation to staff recruitment and records related to staff training and the quality monitoring of the service. We made observations about the service and the way that care was provided.

Good

Is the service safe?

Our findings

People were supported in a way that maintained their safety and they told us that they felt safe. People's relatives were also confident that their family members were supported in a safe way. One person's relative said, "I know [Name] is absolutely safe, as the staff know them and understand their needs really well." We observed that people staying at the home were happy and comfortable as they interacted with the staff supporting them.

Safeguarding policies and procedures were in place and were accessible to staff. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described how they would report concerns if they suspected or witnessed abuse. One member of staff said, "I would report it to the manager initially, but could also report outside the company if necessary". There had been no safeguarding concerns raised since the registration of the service.

People were safeguarded against the risk of being cared for by unsuitable staff. Recruitment files contained evidence that criminal record checks were carried out and satisfactory employment references were obtained before staff were allowed to work in the home. Staff also confirmed that these checks had taken place.

There were enough staff to keep people safe, meet their needs and provide a personalised, person centred approach to people's care and support. Staff allocation was directed by the number and needs of the people receiving respite care and continually adjusted to ensure people had access to appropriate support. During the inspection we observed that there were sufficient numbers of staff available to support people to ensure that all of their needs and choices were met.

People's medicines were safely managed and people's relatives told us that staff requested all necessary information to ensure that people received their medicines as prescribed when they stayed at the home for respite care. One person's relative said "I've got no concerns about [Name] receiving their medicines correctly. Once there was an error on the chemist label and the staff picked it up straight away when [Name] arrived for their respite stay." Staff had received training and had their competency assessed prior to taking on the responsibility for medicines administration. One person required a rescue medicine to be administered on an as required basis and staff had been provided with appropriate training to enable them to administer this appropriately and safely. The medicines policy covered receipt, storage, administration and disposal of medicines.

Robust risk assessments were in place and these were focussed on enabling people to take positive risks, as they were supported to be as independent as possible. Staff demonstrated an understanding of the actions that they should take to mitigate the risks to people and the need to adapt the level of support they provided depending on the person's needs and circumstances. One member of staff said, "We use risk assessments to make sure we are supporting people properly and to minimise the risk of harm to them and others. We carry out a social risk assessment that covers all of the social activities we support people to do and if people will be engaging with a new activity we always carry out a new risk assessment." People or

their representative had been involved in the development of their individual risk assessments and care plans. These provided staff with current, detailed information about how to support people appropriately and focussed on positive interventions to promote people's mental well-being.

People lived in an environment that was safe. The provider used an external body to ensure that environmental risk assessments were suitable and reviewed appropriately. A list of emergency contact numbers was available to staff and minutes of staff meetings demonstrated that health and safety matters were discussed and action taken in response to staff suggestions. Each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that some people supported by the service were over the age of sixteen and not able to consent to all aspects of their care, for example support with their behaviour and medicines. However, there was no record of mental capacity assessments being undertaken or best interest decisions being made on behalf of people. Staff had received training in the MCA; they were able to demonstrate an understanding of the key principles of the act and described how these informed their practice. However, systems were not implemented to ensure that people's capacity to consent to their care and support was considered. This was discussed with the provider during the inspection and they recognised the need to have a written record of these assessments and decisions. The registered manager was aware of the need to consider whether a DoLS application was necessary for people over the age of eighteen who would be staying at the service and was working with people's care managers to make applications where needed.

People could not be assured that they would receive care and support from staff that had received the appropriate updated training to enable them to continue to work effectively in their role. The provider's statement of purpose stated that some mandatory training should be updated annually; however records demonstrated that many staff had not attended updated training on an annual basis. For example refresher training in safeguarding, health and safety and fire safety was overdue for a number of staff. There was a risk that staff would not have the skills and knowledge required to ensure that people were protected from abuse or risks to their health and safety. The registered manager was aware that refresher training was overdue for some staff and had discussed with the provider a strategy for ensuring staff training was updated as necessary. The provider needs to ensure that the action required to ensure staff training is updated as necessary is sustained and embedded. Staff had received regular training in other areas such as first aid, food hygiene and equality and diversity. Additional training relevant to the needs of the people staff were supporting was also provided; this included training in autism awareness and epilepsy.

Staff told us that their induction had prepared them to undertake the duties required for their role. Staff did not work with people on their own until they had completed sufficient shadow shifts to ensure that they felt confident. Newly recruited staff also undertook mandatory training such as challenging behaviour, infection control and manual handling. One member of staff said, "I was given time to do the online training and shadowed other staff; the shadowing was good and I wasn't on my own until I felt ready."

People's needs were met by staff that were effectively supported and supervised and staff were happy with

the level of support they received. One member of staff said, "There is pretty good support for all staff, we can always speak to any one of the senior managers." We saw that the registered manager worked alongside staff and this provided opportunities for informal supervision. Regular supervision meetings were also available to all staff. The meetings were used to discuss staff performance and identify on-going support and training needs. One member of staff said, "I have supervision with [Registered Manager], it's helpful; I have the chance to discuss how I am, what's going well and where improvements may be needed."

People had the support they needed to maintain a healthy and balanced diet. People told us that the food they received was good and that they were encouraged to make their own choices about meal options. One person told us, "I like the food." People had access at any time to snacks and drinks within the home. Staff were aware of people's dietary needs and food Intolerances and ensured that appropriate meals were provided.

People's assessed needs were safely met and staff followed the advice of health professionals when providing people's care and support. For example the service had followed the advice of the epilepsy nurse specialist involved in one person's support, when planning how their care would be provided. Staff understood people's individual needs and were aware of their health and medical conditions that may impact on their wellbeing. For example one person's care plan contained information that they had an extremely high pain threshold; staff were aware that if the person expressed that they were in pain this may have a serious medical cause and require medical intervention.

Good

Is the service caring?

Our findings

Staff supported people in a respectful, kind and caring way and involved them as much as possible in day to day choices and arrangements. Staff had good relationships with people, one person said, "The staff are nice." Another said, "I've got friends here, I have a laugh with them." People's relatives were happy with the support provided by staff, one person's relative said, "There is a great warmth from the staff, they go the extra mile."

Staff demonstrated empathy and an understanding of people's support needs and challenges. There was a genuine consideration for people's well-being and staff were committed to supporting them to be as independent as possible. Staff knew about people's past lives and the people and things that were important to them. We saw people talking with staff about what they had been doing and their plans for the day; people gained enjoyment from this. Staff were consistently positive and encouraging and talked enthusiastically about the support they delivered. One member of staff said, "Everything we do is to make people feel at home and comfortable here and ensure that they receive support that is tailored to their individual needs."

People or their representative were involved in planning how their care and support would be provided and were encouraged to express their views and to make choices. There was detailed information in people's care plans about the way in which they wanted to be supported. This included information about their hobbies and interests and how staff could best support them to manage their behaviour. The staff we spoke with told us they thought that people's care plans were individualised and expressed who each person was because they or their representative were involved in planning how their support would be delivered.

People were supported to be as independent as possible. One person's relative said, "[Name] is much calmer since having respite and I think that's because they feel useful. There is a programme of daily activities, so they're learning new skills all the time." We observed people being supported to complete household activities such as taking the bins to be emptied. All the staff we spoke with were positive about encouraging and improving people's independence and were proud of the progress people had made. One member of staff said, "We support people to make their own choices, gain life skills and more independence; it's all about empowering them through how we support them."

The registered manager was aware of how to access advocacy services on behalf of people and information regarding advocacy services was readily available to people and staff. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives). Staff worked closely with advocacy services to ensure that people were supported to make their own decisions and were supported to live their life in the way they chose. A member of advocacy staff that worked closely with the service said, "The service is so respectful of people, they work with people to make sure the support is provided in the way they want. They also work well with the advocacy service; they are really good at communicating and listening."

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about

a person with others, only staff, in a private area so they would not be overheard. People told us and we observed that staff were respectful of their personal space and that when people wished to spend time alone this was respected. We saw people's privacy and dignity was respected at all times, for example staff were respectful of people's personal and private space and only entered their rooms after knocking and being invited to enter.

Good

Is the service responsive?

Our findings

People's needs were assessed before they received respite care to determine if the service could meet their needs and ensure that they had sufficient information to make the decision about whether they wanted to receive respite care in the home. One person's relative said "[Registered Manager] came and did a home visit and we talked about how the staff would support [Name]." During the inspection we saw records of pre admission assessments that had been carried out with people and their relatives. These covered areas such as health needs, communication and social activities, as well as daily routines that people liked to follow.

The pre admission assessment was used to devise care plans, which provided staff with detailed information about how people should be supported. Care plan documentation recorded information about people's beliefs, hobbies and interests along with important information to support people's health and physical wellbeing. One member of staff said, "All the information we need is communicated to us and is in the care plan." People's care plans and risk assessments were cross referenced to provide detailed information regarding people's needs.

People's care plans and assessments were regularly reviewed with them or their representative and provided accurate, detailed up to date information to staff. People received care as detailed in their care plan and the provider worked with health and social care professionals to ensure care plans were appropriate and responsive to people's needs. For example the provider described how the service had worked with the community team for people with learning disabilities to devise very detailed behaviour management guidelines for one person. The provider had then matched a small team of staff to support the person to ensure they were supported consistently in line with the care plan.

People were supported to take part in many activities when they stayed at the home for respite care. One person told us, "I go bowling and do music; I went out for a walk this morning and might go out to [shopping centre] this afternoon." Another person's relative said, "[Name] is very busy, they go to music club, out for meals, go to quizzes. There is lots to do, but if they don't want to do something that's fine too; it's their choice." Staff incorporated life and social skills into the activities they supported people with and made the most of opportunities to promote people's knowledge, skills and independence. One member of staff said, "When people arrive we do an inventory of their belongings with them, we put their things away and make the bed up together; it helps to build rapport. At meal times we get people to lay the table and wash up afterwards; we all work together as a team to do what needs to be done."

Each person had an individual, flexible activity plan that they had been supported to devise. Staff encouraged people to do the activities that they chose and were knowledgeable about people's preferences and choices. We observed staff supporting people to engage in activities in an enthusiastic and positive way; there was lots of laughter and enjoyment and people clearly enjoyed the activities they were taking part in.

People said they were very happy with the service provided and had no complaints. There was a complaints policy and procedure in place, but no complaints had been made by people using the service or their families. Staff knew what to do if someone made a complaint to them and said that knowledge gained from

any complaints would be used to improve the service they provided. There were regular opportunities for people to speak in private to staff or the registered manager.

Requires Improvement

Is the service well-led?

Our findings

Before the inspection we asked the provider to complete a Provider Information Return (PIR); this was not returned to us by the required deadline. This was discussed with the registered manager during the inspection; they were not able to give a satisfactory explanation as to why the PIR had not been returned.

There was a lack of formal governance systems in place at the service. Appropriate audits were not undertaken to ensure that the provider and registered manager had sufficient oversight of the quality and safety of the service. There was a lack of effective oversight of staff training; not all mandatory training had been refreshed as stated in the provider's statement of purpose. Records relating to staff training did not provide information regarding the date when training was required to be updated and plans in place to update staff mandatory training were not sufficient. The provider had not ensured that all staff were provided with appropriate, timely training. The registered manager was aware that improvements were needed to the way in which staff training was planned and initiated a review of the arrangements currently in place.

Although staff demonstrated their understanding of MCA and the need to ensure that people's care and support was provided in the least restrictive way, there was a lack of recorded MCA assessments and best interest decisions in place for people. The provider had not identified that the principles of the MCA had not been implemented appropriately within the home; there was a risk that care would be provided to people that was not in their best interest. These concerns were discussed with the registered manager during the inspection and they undertook to complete mental capacity assessments for people where required.

There was a registered manager in post, who was active and visible in the service. The people and relatives we spoke with told us they found the registered manager to be friendly, helpful, and approachable. One person's relative said, "[Registered Manager] is easy to contact and I always get a prompt reply." We observed people and staff chatting with the registered manager and they clearly knew them well and were comfortable in their company. All the staff we spoke with were very positive about working for the service. One staff member said, "The service is run to a high standard and they [management] always think about the people first when making plans."

The registered manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided for people in the home. There was a defined staffing hierarchy and senior support staff had clearly defined areas of responsibility. One person's relative said, "The staff show the utmost professionalism at all times." Staff we spoke with were aware of key policies such as safeguarding and whistleblowing, and were able to explain the process that they would follow if they needed to raise concerns outside of the company.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. There was an open, inclusive culture in the home that emphasised continuous improvement and supporting people to learn the life skills that would increase their independence.

At the time of inspection the provider was making arrangements to send out a survey, to gather the views of people that had received respite support in the home and their relatives. The arrangement currently in place to gather feedback was on a one to one basis during regular review meetings with people, their relatives and care managers.

Staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run; including any suggestions for improvements. One member of staff said, "We have meetings every couple of months, we discuss how things are going, talk about the people we support and share ideas. We can be open in the meetings." We saw staff meeting minutes that included discussions about health and safety, record keeping and daily routines.