

# Addington House Limited

# Addington House

## Inspection report

62 Addington Road  
Sanderstead  
Croydon  
CR2 8RB  
Tel: 020 8651 9132  
Website:

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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 

### Overall summary

This inspection took place on the 25 November 2014 and was unannounced. At our previous inspection in July 2013, we found the provider was meeting the regulations we inspected.

Addington House is a care home that provides accommodation and personal care for up to six adults with learning disabilities and autism. There were six men using the service at the time of our inspection.

There was a registered manager in post. 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.

People were safe because staff knew what to do when safeguarding concerns were raised. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures. The provider's recruitment and employment processes were robust and protected people from unsafe care.

# Summary of findings

Staff understood people's rights to make choices about their care and support and their responsibilities where people lacked capacity to consent or make decisions. This was because they had received training on the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People received effective care and support because there were enough staff that were trained to meet their needs. Staffing was managed flexibly so that people received their care when they needed and wanted it. Staff had the skills and expertise to meet people's specific needs. This included training on autism and managing behaviour that may be challenging. They understood their roles and responsibilities and were supported to maintain and develop these skills through regular management supervision.

People using the service had personalised support plans, which were current and outlined their agreed care arrangements. Plans were kept under review and individual risk assessments set out what to do to keep people safe. This meant staff had accurate information on how to meet people's needs.

People's health needs were monitored and they had access to health care services when they needed them. Any advice from external professionals was included in their care and acted on accordingly. People were supported to keep healthy and their nutritional needs and preferences were met.

Care records described people's hopes and aspirations for the future and they were encouraged to be as

independent as possible. People were actively involved in deciding how they spent their time and pictorial aids were available for those who needed support with communication.

People were treated with respect and dignity and staff were knowledgeable about the ways in which individuals liked to be supported. Their individual preferences and diverse needs were known and staff supported their choices and independence.

People told us they found the staff and manager approachable and could speak to them if they were concerned about anything. There was an open and inclusive atmosphere in the service and the manager led by example.

Staff had access to information, support and training that they needed to do their jobs well. Staff meetings were held regularly and were used to discuss any areas of concern, any changes to policies and to get feedback from staff. Staff felt well supported and had confidence in the manager.

People and their relatives were involved in providing feedback about Addington House. The provider had effective systems in place to monitor the services people received and to ensure that the service was running safely and to the required standard. Various ongoing audits, both internally and externally meant that the quality of care was regularly assessed and evaluated. Where improvements were needed, action was taken.

# 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 felt safe and staff knew about their responsibility to protect people from the risk of abuse and harm. There were enough staff to support people's needs and safe recruitment procedures were followed.

The environment was safe and maintenance took place when needed. Risks were identified and steps were taken to minimise these without restricting people's individual choice and independence. Management monitored incidents and accidents to make sure the care provided was safe and effective.

People were protected from the risks associated with unsafe medicines management.

Good



### Is the service effective?

The service was effective. People were supported by staff that had the necessary skills and knowledge to meet their assessed needs, preferences and choices. Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People's rights were protected because the provider acted in accordance with the Mental Capacity Act 2005. Staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Good



### Is the service caring?

The service was caring. People were encouraged to be as independent as possible and to make decisions about their care. They told us that staff were kind and supportive and respected their privacy and dignity.

Staff were aware of what mattered to people and ensured their needs were met. They understood their different needs and the ways individuals communicated.

The service was committed to the principles of person centred care. People's skills and personal achievements were recognised, encouraged and celebrated in different ways.

Good



### Is the service responsive?

The service was responsive. People using the service had personalised support plans, which were current and outlined their agreed care and support arrangements. Care records were detailed and the service was responsive to people's changing needs or circumstances.

People were supported to access activities that were important to them both in the home and local community.

The service encouraged people to express their views and had various arrangements in place to deal with comments and complaints. Staff listened to people about how they wanted to be supported and acted on this.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. There was a registered manager and people spoke positively about them and how the service was run. Staff were equally confident in the manager's leadership.

Staff were able to discuss and question practice and there were effective systems to raise concerns and whistle-blow.

The provider regularly monitored the care, facilities and support for people using the service. Where shortfalls were identified, action was taken. Ongoing audits and feedback from people and their relatives were used to guide improvement.

Good



# Addington 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 25 November 2014 and was unannounced.

Prior to our visit we reviewed the information we held about the service. This included notifications we had received from the provider and other information we hold about the service. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection was carried out by two inspectors. We spoke with three people using the service, the registered manager and four members of staff.

We looked at records about people's care, including four files of people who used the service. We reviewed how the provider safeguarded people, how they managed complaints and checked the quality of their service. We checked three staff files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records. We also checked how medicines were managed.

Following our inspection the manager sent us some quality assurance information which included the most recent audit and service improvement plan.

# Is the service safe?

## Our findings

People told us they felt safe at Addington House and staff supported them to share any concerns about the way they were treated. One staff member said, “We explain to people, don’t be scared and report if someone has hurt you.” Posters and leaflets about preventing abuse were displayed.

Policies about safeguarding people from abuse and whistleblowing provided staff with up to date guidance on how to report and manage suspected abuse or raise concerns about poor practice. Information and contact details for the local safeguarding adults team were displayed for easy reference. Staff had a good understanding of how they kept people safe within the service and had undertaken safeguarding training. They knew about the different types of abuse they might encounter, situations where people’s safety may be at risk and how to report any concerns. The staff members we spoke with were confident these would be promptly dealt with.

Records held by CQC showed the service had made appropriate safeguarding referrals when this had been necessary and had responded appropriately to any allegation of abuse. Where safeguarding concerns had been raised, the provider had liaised with the local authority and other professionals to investigate events. This showed they had followed the correct procedures, including notifying us of their concerns.

There were risk assessments in place which were personalised and set out what to do to keep people safe. These were comprehensive and covered risks such as using the local community, sports activities, kitchen hazards and communication. There was clear guidance on how to support people with their emotional and behavioural needs. Where people’s behaviour might present a risk to themselves or others risk assessments had been developed which were based on their individual needs. Staff we spoke with were knowledgeable about the reasons for people’s behaviours. They showed insight and understanding of each person’s behaviour patterns and how people communicated when they were upset or angry. Staff had also completed relevant training on how to respond to behaviours that may be challenging.

Risks associated with the safety of the environment had been identified and managed appropriately. Regular health and safety checks were carried out on all aspects of the premises and equipment which contributed to people’s safety. There were up to date servicing and maintenance records for the premises and utilities such as gas and electricity. This helped ensure people were protected from specific risks associated with the building and facilities. At the time of our inspection, improvement actions included plans to resurface the front driveway and repair a broken fence in the rear garden.

There were arrangements to deal with foreseeable emergencies and the provider had procedures in place for unforeseen events such as fire, flooding and utility failure. People had personal fire evacuation plans and took part in fire drills. Staff were trained in first aid to deal with medical emergencies and told us on call management support was always available. Unexpected staff absences such as sickness and emergencies were covered by existing staff or bank staff from other services owned by the provider.

Patterns of accidents and incidents were monitored and steps were taken to prevent similar events from happening in the future. Records we checked were fully completed, reviewed by the registered manager and reported to the provider every month. This was to check for any themes or trends. People’s care records showed that risk assessments and support plans had been updated in response to any incidents which had involved them.

People were protected from unsuitable staff because the provider had effective recruitment and selection processes in place. People using the service were involved in the recruitment of staff and encouraged to ask questions at interview or show potential new staff round the house. Staff files contained application forms and references as well as evidence of a satisfactory work history, or good conduct when coming straight from education. Criminal record checks had been undertaken. The manager told us that there were no vacancies at the time of our inspection and she had not needed to recruit for over a year. She said that staff had to complete a six month probation period before they were confirmed in post, this was confirmed by the staff we spoke with. The provider had robust recruitment policies and procedures for when concerns were raised about the conduct or performance of staff. This helped to ensure that people were protected from unsafe care.

## Is the service safe?

There were sufficient staff to support people's needs and the low staff turnover meant that people experienced consistent care and support. Staff said they did not feel under pressure, there were adequate staff around to meet people's needs. One staff member told us, "There are enough and staff are available to cover emergencies." Our observations confirmed that people received appropriate staff support. People attended their chosen activities and did not have to wait for attention. During our visit, staff were pro-active and frequently asked people if they needed anything.

Staff allocation records showed that staffing was organised flexibly and according to people's needs. One person had local authority funding for one to one staff support for a number of hours each day. Where individual needs directed, staffing levels were increased or adjusted appropriately. For example, where there were planned outings or activities, holidays or where people had medical appointments.

The arrangements for the management of people's medicines were safe. Medicines were stored and administered safely and regular audits were completed to check people had received their prescribed medicines. People had individual medicine cabinets in their bedrooms and profiles which explained what their medicines were for and how they were to be administered. There were

appropriate risk assessments in people's records to show whether they were able to manage their medicines. One person was learning how to self-administer their medicines. They had a support plan and risk assessment to help them.

Where people needed medicines 'as required' or only at certain times there were individual guidelines about the circumstances and frequency they should be given. Staff had completed training in the safe handling of medicines. The manager also carried out an observation of their practical competency that was reviewed annually.

Medicines administration records (MAR) were accurate and complete, as were records for the receipt and return of medicines. The staff completed weekly recorded checks on balances, stock and administration. The supplying pharmacist had recently completed a full medicines audit and the manager had addressed their recommendations.

A copy of the Royal Pharmaceutical Society (RPS) guidelines for the handling of medicines in social care was also available for staff to reference. We told the manager about guidelines issued by the National Institute for Health and Care Excellence (NICE) in March 2014 for managing medicines in care homes. The manager agreed to obtain a copy and share information with staff.



# Is the service effective?

## Our findings

People were supported by staff with the necessary skills, experience and knowledge. The provider had a training and development programme for staff that included a structured induction and mandatory learning. Staff told us the training was frequent and relevant to their role and they were expected to refresh key areas of training regularly. Examples included safeguarding and the management of challenging behaviour. Records showed that staff received the training they needed to care for people and meet their assessed needs. For example, staff learned about supporting people who have autism and other behaviours that may be challenging. Staff had attended other specialist training on epilepsy and mental health awareness. The manager kept a training record for all staff. This highlighted when staff were due for refresher training.

Staff demonstrated an understanding of the needs of people who have autism. They explained how most people preferred structure and routine in their lives and how best to support individuals if they experienced changes. Staff knew about the communication challenges people faced and understood their individual ways of expression. One person had a detailed communication plan which gave staff essential information about the methods the person used to communicate. We observed staff followed the plan when supporting this person.

Staff confirmed they were supported by the registered manager through monthly staff meetings, one to one supervision meetings and annual appraisals. One staff member said they had supervision every two months and told us, "Supervisions are the opportunity to talk through any issues that we might have." The manager also carried out unannounced spot checks of staff practice during the night and at weekends.

Staff understood the importance of gaining consent. One staff member said, "We check the care plan, we then ask them verbally, we don't make choices for them." Another said, "Before I start to provide personal care I always check if they are ready." Staff told us they always asked people's permission and respected their decision if they didn't want to do something or changed their mind. One staff said, "People are well supported, they are given choices and are able to refuse."

Policies and guidance were available to staff about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). DoLS is a lawful process whereby a person could be deprived of their liberty because it was in their best interests. Staff stated that none of the people using the service had their freedom restricted. The manager was aware of the recent Supreme Court judgement and told us that the provider had started to review their practices accordingly. For example, staff had refreshed their training on MCA and DoLS and the manager had assessed whether any people would need applications made to deprive them of their liberty. Where important decisions were required discussions were held with relevant people and health care professionals. We saw that a best interests meeting had been held for one person who did not understand the associated risks with their dental treatment.

People said they enjoyed their meals and were supported to buy, prepare and cook their meals and snacks. One person told us, "The food is nice." We observed that people could freely access the kitchen when they wanted something to eat or drink. Three people had fridges in their rooms. Staff told us, "We sit down when making menus and ask people what they want; we discuss food at service user meetings."

People's nutritional needs were assessed and monitored. Care plans included information about people's food preferences, including cultural choices and any risks associated with eating and drinking. Staff shared examples of how they supported people to keep healthy. For example, they encouraged one person to buy other foods due to their particular preference to buy the same item. Another staff member discussed a person's support plan for managing recent weight loss. Records showed people's weights were monitored according to their assessed needs.

There was a menu book in the kitchen which was used to promote healthy eating. This included pictures and a traffic light system to show which foods people should eat a lot of, those they should eat some of and those foods they should eat less.

People had access to the health care services they needed. Care records described how the staff were meeting individuals' health care needs. People had health action plans that explained what support they required. They were in a suitable format and included pictures to help people understand their plan. Timely referrals had been



## Is the service effective?

made to other professionals where necessary and accurate records were kept of these appointments and outcomes. Records showed that staff had followed the advice and guidance provided by various professionals including GPs, dentists and dieticians.

People had hospital passports which provided other professionals with key information about their health if they were admitted to hospital. This included details of their GP, full medical history, allergies and important contacts.

# Is the service caring?

## Our findings

People made positive comments about the staff team at Addington House. One person described the staff as “nice” and “kind.” People were able to express their views and were involved in making choices about their care and support. One individual commented, “I get up and got to bed when I want.” Another person told us they could speak to staff anytime if they needed a chat or were worried about something.

During our inspection there was positive interaction and discussion between staff and people who lived at the home which created a friendly and homely atmosphere. Staff supported people's choices in relation to their day to day routines and took time find out what people wanted. We saw that staff explained what they were doing and gave people informed choices when preparing lunch and planning activities for example. One member of staff asked a person if they would like to accompany them on a drive. Staff took time to listen to people and responded appropriately to any signs, gestures or specific communication styles.

Information about the home had been produced in accessible formats for the people who lived there. The care plans were person centred and illustrated with photos to promote people's involvement and understanding. There were other visual aids around the home to help people make choices and decisions. For example, picture cards and photographs were used to encourage activity choices, places to go and preferred meals. There were easy read leaflets about making complaints and reporting abuse.

People were given opportunities to share their views about their care. These included one to one keyworker time, annual reviews and general meetings with staff and other people using the service where they discussed issues that were important to them.

Staff were caring, they knew people well. They understood people's individual preferences such as what time they liked to get up in the morning, what they liked to eat and what hobbies and interests they had. One staff member described a person's needs and preferences in detail and how they supported them. They could identify what the person's interests were and how they showed anxiety by using gestures and repetitive behaviours. The staff knew how to support the person and reduce known triggers. Information in the care plan supported what they told us. The staff spoke about the importance of empowering people and providing person centred care. One told us, “It's all about the individual and their needs” and “We encourage people to do things for themselves.”

People told us staff were respectful and always mindful of their privacy. Staff knocked on people's doors prior to entering their rooms. One staff member said, “I always remember it's their home, I always knock on people's doors before entering their room.” People were able to stay in their rooms if they wanted to spend time on their own and staff respected this. A second staff member explained how they maintained individuals' dignity by reminding people to cover themselves after taking a shower or bath and supporting them to dress appropriately. The service promoted the values and principles of self-respect for people and to support this, two staff were assigned roles as champions in dignity in care.

Care records were stored in the staff office when not in use. People's information was kept securely and policies and procedures were in place to protect people's confidentiality. Staff were clear about respecting people's confidentiality and one told us, “We never discuss private details about people out of work.”

# Is the service responsive?

## Our findings

Each person had a support plan which was personal to them and provided staff with accurate information about their needs. People's care needs and preferences were recorded as 'my plan' and written in a person centred way such as 'things I like to do' and 'how I communicate'. Plans included details about people's abilities and the level of support they required. For example, one record noted that the person needed one to one support and we saw this was provided to them. The records also noted people's life goals, for example one person's record said, "I would like to get married one day." Another stated, "I would like to visit Jamaica." A 'tree of excellence' was displayed in the hallway which showed people's achievements and aspirations such as learning new skills at college and increasing independent living skills.

There were systems in place to ensure that the person's placement and care plans were reviewed regularly. Annual reviews were held and involved people's care managers, family and other representatives such as advocates to represent people's interests. Care plans were reviewed at least six monthly and people met with their keyworker staff monthly to discuss their care and support.

Staff understood people's individual care needs and responded to any changes. One member of staff was able to explain approaches that staff used to avoid one person having too many sweets following advice from their dentist. Another staff discussed the action taken when one person needed medical intervention.

Each person had a planned activity programme as part of their care plan. Activities were flexible but acted as a structure to each person's week as most people required routine and consistency in their lives due to their autism. There were pictorial timetables to help people identify with what day their activities took place. We reviewed some of these timetables which people had created with their keyworker staff. These reflected a range of activities based upon personal choices and interests. People were supported to do the things they liked to do, including cycling, going to college, shopping and train rides. During our visit, people using the service were supported with their chosen activities.

There were opportunities for people to develop their independent living skills. People were encouraged to cook and help keep their home clean and tidy. Each person had a designated day to take part. Care plans set out how people should be supported to promote their independence. Where risks had been identified, information on the person's progress was also monitored and recorded. Staff gave examples where individuals were learning to manage their medicines and budget their finances. One person told us they had learnt to travel independently using public transport. They said they now enjoyed going to London regularly. We noted there were plans for staff to support people using the service to vote, due to the forthcoming general election.

Staff understood the principles of equality and diversity and respected people's different needs. People's care records included information about any specific ethnic or cultural needs and preferences. Staff spoke about how they responded to these needs such as supporting one person to celebrate a religious festival and making sure they were offered the cultural foods they liked. The service held culture days and events and staff shared an example where people had the opportunity to try various food dishes from all over Asia.

People told us they felt comfortable to raise a concern and knew who to complain to. They told us they would speak to their keyworker or the manager if they needed to complain about anything.

There was information about how to make a complaint and this was provided in a format that met individual needs. The provider's complaints policy was up to date and no complaints had been made about the service in the last twelve months.

People had monthly meetings with the staff to discuss their support and plan their weekly menu choices and activities. For example, at one meeting people had told staff they wanted to go swimming and this was arranged for them. In another meeting people planned their holidays for the year.

# Is the service well-led?

## Our findings

People told us they felt involved in how the service was run and that their views were respected. They commented favourably about the manager and were comfortable to raise any issues with her. Throughout our visit, the manager often spent time speaking with people using the service and responded to their queries or requests for information. People were also relaxed around staff, seeking them out for support and company. Staff described a service that was led by the people living in the home and knew their role in providing person centred care.

People using the service, their relatives and other stakeholders were given questionnaires every year to feedback their comments. These surveys were sent out from the provider's quality assurance department. Information from these was used to help improve the service and the quality of support being offered to people. The manager advised that this year's annual plan was underway and showed us one survey completed by a relative. This reflected complimentary feedback. The previous year's report showed that all those who took part were happy with the care and services provided.

There were a range of quality checks in place to ensure that people were safe and appropriate care was being provided. These included quality monitoring visits undertaken by a locality manager and 'quality checkers.' 'Quality checkers' were people using services from other homes owned by the provider and they visited the service every three months to assess the standards of care and talk to people about their care experiences. The locality manager carried out a quarterly audit based on the new inspection approach set by the Care Quality Commission. It considered the five key questions and the experiences of people using the service. A detailed service improvement plan had been created for the manager and staff to implement in the service. This identified where improvements were needed, the actions to be undertaken and timescales for completion. We looked at the report arising from the most recent visit, in October 2014, and noted that actions were underway with progress updates recorded. For example, the easy read complaints procedure had been updated for people and staff had refreshed their training in safeguarding, the Mental Capacity Act and Deprivation of Liberty Safeguards.

The manager carried out a monthly audit to assess how well the service was running. She completed a 'commercial report' on a number of areas including people's care reviews, staffing, safeguarding, complaints, accidents and incidents and finances. The reports were sent to the provider's quality assurance department and enabled the organisation to have an overview of the service and any risks so these could be jointly managed. This system also allowed for any themes or trends to be identified and acted on. The staff team had designated duties to carry out other in-house audits on medicines and health and safety practice such as fire safety, food storage and infection control. We saw checks were consistently completed and within the required timescales.

The provider had a number of arrangements to support home managers. Managers had monthly meetings and one to one supervisions with their line managers. The registered manager had undertaken training to help them manage the service effectively and keep up to date with best practice. This included attendance at forums run by the local authority. The manager told us she was in the process of completing an audit of the service using the '10 point dignity challenge'. This describes the ten values and actions services should demonstrate that they respect people's dignity.

Staff were sure about their roles, the structure of the home and said the manager was always available to contact for advice. Staff described the manager as, "very supportive" and "approachable." One staff member told us, "She really cares for the service users and is a good role model." Another staff said the manager listened and "followed through with things." They told us, "We needed personal protective equipment, I just spoke to her and she sorted it out for us."

Staff confirmed daily handovers took place to keep them informed of any changes to people's well-being and other important information. Meetings were held monthly and staff said they were able to contribute their ideas. We looked at some minutes of these meetings which showed clear discussions for keeping everyone up to date and sharing information about people using the service, developments and practices in the home. One staff member told us, "We talk about how to improve, teamwork and discuss what they [people using service] discuss."

Staff understood their right to share any concerns about the care at the service and were confident to report poor

## Is the service well-led?

practice if they witnessed it. One told us, “They [the provider] reinforce the policy and to tell us to have confidence and always call and report.” Information about the provider’s whistleblowing procedure was displayed in the manager’s office.

The Provider Information Return gave us clear information about how the service performed and what improvements were planned. The manager told us about the key

achievements in the service. This included increasing activities for people and maintaining a full complement of staff. Staff spoke favourably about changes the manager had made since working at Addington House. One told us, “Overall there has been a big improvement, people are going out more and accessing college.” They also commented, “Staffing is better and people are more relaxed.”