

Auckland Care Limited

Auckland House

Inspection report

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Date of inspection visit: 23 July 2015
Date of publication: 11/09/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on 23 July 2015.

Auckland House is a service which provides support and accommodation for up to eight people who live with a learning disability. At the time of our inspection there were eight people living at the service.

The service had a registered manager. 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.

The registered manager did not work day to day in the service and undertook a senior management role. The provider had appointed a new manager (referred to throughout this report as the manager) who had been in post for three weeks at the time of our inspection and who worked day to day in the home. They were supported by a deputy manager and senior support worker. They told us they planned to become the registered manager in the near future.

People told us they felt safe at the home and staff had a good understanding of their roles and responsibilities in

Summary of findings

protecting people from abuse. They knew what to look for and the action to take if they were concerned, however not all incidents had been reported to the local authority and to us.

Staff were aware of risks associated with people's care and knew the action to take if the risks presented. Incidents and accidents were monitored and used to inform the delivery of care. Medicines were stored securely and administered as prescribed. However temperature checks of medicines storage did not consistently take place.

Staffing levels were sufficient to support people safely and in a calm, professional manner. Recruitment processes were in place to make sure only workers who were suitable to work in a care setting were employed. Staff received training and supervision to make sure they had the skills and knowledge to support people.

Staff were aware of the need to gain people's consent and to respect the decision they made.

Where people lacked capacity to make certain decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to maintain their health and welfare. They were able to make choices about their food and drink, and meals were prepared appropriately where people had particular dietary needs. People were supported to access healthcare services as they needed.

People had developed good relationships with staff who were kind and caring in their approach. People were treated with dignity and respect. Staff actions promoted and encouraged people's independence. They were encouraged and supported to be involved in making decisions about their care and day to day life. Plans of care for people were individualised and staff responded to people's changing needs.

The home had an open, friendly atmosphere in which people were encouraged to make their views and opinions known. The manager was new in post and told us they operated an open door policy and encouraged staff and people to make suggestions or discuss any issues of concerns. They were spending time getting to know the provider's systems, people and staff. Staff felt unable to comment about the new manager as they had not had time to get to know them however, staff were confident the senior management team were approachable and always available if they needed support or guidance.

The manager was not aware of any recent complaints at the time of our inspection and none had been recorded in the complaints files. We were not confident that staff always recognised when a person was raising issues that should be addressed under the complaints procedure. We have made a recommendation about this.

Not all records were complete and an accurate reflection of people's support needs. Some health conditions that presented risks did not have plans in place which guided staff. Where best interests decisions had been taken, staff had not ensured records were held of these and where DoLS had been approved these were not reflected in people's plans of care.

Systems were in place to monitor the quality of the service but these were not always fully effective in identifying areas where improvements were required. Not all incidents that required notifying to CQC had been reported. Policies were not reflective of current legislation. We have made a recommendation about this.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of the HSCA 2008 Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Staff understand their responsibilities in safeguarding adults at risk, however not all incidents of a potential safeguarding nature had been reported to the local authority.

Staff were aware of the risks associated with people's needs, how to monitor for the risks and the action to take if the risk presented.

There were sufficient staff to support people safely, and the provider undertook checks to make sure staff were suitable to work in a care setting.

Arrangements were in place to store medicines securely although temperature of storage facilities was not consistently checked. Staff had a good knowledge of people's medicines and these were administered as prescribed.

Requires improvement



Is the service effective?

The service was effective.

Staff received training, support and supervisions to understand their role and meet the needs of people.

Staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. People were supported to make their own decisions and staff respected these.

People were satisfied with the food they received and were supported to maintain a balanced diet. Other health professional involvement was requested and supported when needed.

Good



Is the service caring?

The service was caring

People told us they were very happy with the care and support they received. Staff had a good understanding of people's needs and knew them well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People's privacy and dignity was respected by staff.

Good



Is the service responsive?

The service was not always responsive

People told us they were happy with their care. They were involved in making decision about their support and staff responded to peoples changing needs.

Requires improvement



Summary of findings

No written complaints had been received. We were not confident that staff always recognised when a person was raising issues that should be addressed under the complaints procedure. We have made a recommendation about this.

Is the service well-led?

The service was not always well led.

Records were not up to date and an accurate reflection of people's needs. Policies did not reflect current legislation and we have made a recommendation about this. Required notifications to CQC were not submitted and audits of the service were not fully effective in ensuring good quality monitoring and driving improvement.

The registered manager did not work day to day in the home. A manager had been appointed to work in the home day to day but had only been in post three weeks. Staff were confident they could talk to senior management who they felt were approachable and would listen and take appropriate action to resolve any concerns.

Requires improvement



Auckland 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 checked 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 23 July 2015 and was unannounced. One inspector carried out the inspection.

Before the inspection, the provider completed 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. We also reviewed previous inspection reports and looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked in depth at the care records for two of the six people who lived at the service and sampled the records for a further person. We looked at the medicines records for three people. We also looked at accident and incident records, staff recruitment, training and supervision records. We reviewed a range of records relating to the management of the service such as complaints, records, quality audits, policies and procedures. We spoke with two people and one relative to ask them their views of the service provided. We spoke with the newly appointed manager and three members of staff. We attempted to speak to two external health and social care professionals to gather their views on the service but did not receive a response.

The last inspection of this home was in July 2014 where no concerns were identified.

Is the service safe?

Our findings

People felt safe at the home. We observed people were comfortable and happy when being supported by staff. They told us there were enough staff to support them and they received their medicines when they needed these.

Staff understood their responsibilities in safeguarding adults at risk and had received training to support this understanding. The provider had policies in place which provided guidance to staff about the action to take if they suspected abuse. Staff told us they would not hesitate to raise concerns with the manager and if they felt the manager was not acting appropriately they would raise concerns with the senior manager or Social Services. The manager had been in post for three weeks and had a good understanding of safeguarding and how to report concerns. We were aware prior to the inspection that the provider had alerted the local authority and the police of incidents of a physical nature that had occurred between people, as potential safeguarding issues. However we found two incidents of physical behaviours between people that may have been considered a safeguarding matter that had not been reported to the local authority or to CQC. The manager was unable to tell us why these had not been reported. They told us they would contact the local authority and advise them of the incidents. They also said they would ensure all staff were aware that any incidents that occurred between people were reported to the manager so these could be reported to the local authority.

Staff were aware of the risks associated with people's care and support. Some people could display behaviours which may present a challenge to themselves or others. Staff knew people well and were able to identify triggers to these behaviours and the appropriate support to people's at times of heightened anxiety. Support plans and risk assessments were in place in relation to people's behaviours and these detailed how the behaviours presented, any known triggers and strategies to prevent behaviours and support appropriately if they occurred. Incidents were recorded and the manager told us they would be used to monitor the effectiveness of the planned support. Where it was required, support regarding the management of behaviours from other external professionals had been sought and the advice used to

inform people's plans of care. Other areas of support including the use of the kitchen, accessing the community and personal care also had clear plans in place which guided staff to the risks and support needed.

Two people had diagnosed health conditions identified in their assessment. Staff were aware of the health conditions and knew the signs to look for that would indicate concerns. They were able to tell us the action they would take if they were concerned and health professionals they would contact. We saw for one health condition a specialist nurse was involved regularly in the monitoring of this condition. Whilst staff were knowledgeable of these needs, the records were unclear.

Recruitment records for staff contained all of the required information including two references, application form and Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks. CRB and DBS checks were carried out to ascertain if the staff were suitable to work with people at risk. Staff did not start work until all recruitment checks had been completed.

The manager told us about the core staffing levels at the home. This was set at a minimum of three staff on duty during the day. Some people who lived at the home had additional support hours to help them participate in activities and these were identified at assessment and agreed by the local authority. Staff said there were always enough staff on duty to meet people's needs and people confirmed this. During our visit we saw that staff were available to provide support promptly and when people needed this.

Staff supported people to take their medicines. People confirmed they received this when they needed it and had no concerns regarding their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Records showed the amount of medicines received into the home was recorded and a stock check was maintained with audits each week. People were prescribed medicines to be given when required and there were protocols in place for their use. Medicine administration records (MAR) showed these were not used excessively. Staff had completed training in the safe administration of medicines and competency assessment to ensure they were safe to administer medicines had been undertaken. Storage arrangements for medicines were secure. However, records of the medicines fridge temperatures were not always maintained daily and in line

Is the service safe?

with the provider's policy. Each person had a medicines support plan in place. This detailed how and when they liked to take their medicines. MARs we looked at were up to date and an accurate reflection of people's prescribed

medicines; however a change to one person's diabetes medicines had been handwritten on the MAR but this has not been dated or signed. All staff were aware of the changes.

Is the service effective?

Our findings

People were positive about the support they received. Staff felt supported by management through supervision sessions and training. Observations and discussion with staff demonstrated they had a good knowledge of people and their individual needs.

Staff received an induction when joining the home. This included spending time shadowing more experienced staff, completing an in house induction where they were given specific information about the service and working through a 12 week workbook covering the common induction standards. The Common Induction standards are standards which people working in adult social care need to meet before they can safely work unsupervised. One staff member told us they found the induction really helpful in supporting them to understand people and their needs. Staff told us they received regular supervision and that they could talk to senior members of staff at anytime. Records of four staff members' files we sampled confirmed they had received supervision support and appraisals. Staff had the opportunity to provide feedback and openly discuss any issues they may have. Staff told us they felt very supported and listened to. They had not had time to build relationships with the manager but said the senior management team were always approachable and supportive.

Staff received training that supported them in their role, including safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, medicines administration and health and safety related topics. In addition staff were supported to undertake training that would support specific needs such as diabetes, epilepsy and challenging behaviours. Staff told us training was helpful to them. One said "It helps us because we are learning all the time". They also told us the provider was supporting them to obtain an external health and social care qualification.

Staff demonstrated an understanding of the need for consent and an understanding of the Mental Capacity Act 2005. The Act provides a legal framework for acting on behalf of people who lack capacity to make certain decisions at certain times. Staff told us how people could make their own decisions and staff would provide guidance and support to make these decisions. We observed staff support people to make their own decisions and respect

the choices they made. People confirmed they made their own decisions and could do what they wanted to do. A relative told us their relative always made their own decisions. The manager and a senior member of staff knew how to undertake assessments of capacity and when these may need to be completed. The manager told us people had capacity to make their own decisions on a day to day basis and guidance was available to staff to help them understand how best to present information to people to support them to make decisions. The manager and a senior member of staff discussed how the principles of the MCA had been applied for one person for a major decision that was required. They said this was led by health and social care professionals and the documentation to confirm this was with the social worker. The manager said they would approach the social worker to ensure the home kept copies of this documentation.

The manager understood Deprivation of Liberty Safeguards (DoLS) and staff received training to support their understanding. The DoLS provide a legal framework for lawfully depriving people of their liberty if it is in their best interests to do so. One application to deprive a person of their liberty at certain times had been made and agreed by the local authority responsible for making these decisions. Whilst this had been approved the manager was not able to show us a supporting mental capacity assessment that had been carried out prior to the application being made. They were however, aware of the need to do this prior to submitting application for DoLS.

People were supported to have enough to eat and drink. People said, and we observed that, they were given a choice of what they wanted to eat and when they wanted their meals. People had no concerns about the food, one told us how they prefer to eat sugary foods but staff reminded them this is not good for them. People worked alongside staff to prepare their meals and support them to maintain independence. Where needed specialist input from speech and language therapists had been sought. Plans of care had been developed based on this advice and staff were aware of this. Staff knew people's needs well and plans were in place which described how people preferred to eat, including the support they needed. One person's plan detailed how staff should monitor their weight monthly with the person's permission. We saw this was taking place but if the person refused this was respected. Staff told us how one person often refuses to eat and drink. Records showed they had taken action and made attempts

Is the service effective?

to involve other health professionals but the person had refused to engage. The manager told us they had advised the social service team that a multiagency review meeting was required to discuss how best to support this person.

Staff and people confirmed they have regular access to healthcare services and confirmed regular check-ups with the GP and the dentist took place. In addition, and where needed, other professional input was sought; for example

the psychiatrist and intensive support team, dietician, diabetic nurse and speech and language therapy. We saw the service worked closely with others to support people. We were told how one person had been having a difficult time. The staff had worked closely with other professionals to understand the person's behaviours and the support they required.

Is the service caring?

Our findings

People told us they liked the staff they worked with. One told us they could talk to staff when they wanted but staff also left them alone when they needed this.

We observed positive and caring interactions between members of staff and people. Staff spoke to people in a kind and respectful manner and people responded well to this interaction. Staff recognised when people needed reassurance and provided this in a positive manner. Observations demonstrated people felt at ease and comfortable with members of staff and the manager.

Staff knew about the people they were supporting. They knew what people liked and disliked and gave us examples of how they supported people differently dependent upon their individual needs.

People said they were involved in their care planning and a relative confirmed they attended review meetings. Monthly key worker meetings were in place for people to meet with their allocated key worker to discuss their support and any changes they may want. A key worker is a member of staff given a lead responsibility to work with a named person. Group meetings took place for people on a monthly basis. People were able to discuss issues as a group during these meetings. Whilst we saw records confirming meetings took

place and people discussed anything they chose to, no clear plan of action was devised as a result of these meetings. The manager said these had not been as successful as they could have been and they were looking at how they could change the approach to a more informal coffee and chat session. People were encouraged to do as much for themselves as possible. We observed people being supported to make choices about what they were doing that day, what they wanted for meals and where they wanted to spend their time. Staff said they always asked people what they wanted to do and would respect and support the decision and choice they made.

People were supported and encouraged to maintain their independence. Support plans recognised what people could do for themselves. Where people were able to and if they chose to, they managed their own medicines and accessed the community independently.

Staff understood the need to respect people's privacy and dignity and promote their independence. People told us how staff left them alone when they needed space but also encouraged them when they needed to be. Staff confirmed they always encouraged people to do as much for themselves as possible and would respect their dignity and privacy by closing doors, knocking before entering the person's room and respecting their decisions.

Is the service responsive?

Our findings

People told us they were looked after well. They felt staff understood their needs and the support they wanted. A health care professional told us staff at the home were very responsive to people's needs. They said they understood people and worked proactively to deliver care that was individualised.

All people had individual files which contained personalised support plans. These included people's preferences, choices, likes and dislikes. People confirmed they were involved in discussions about their care and made choices and decisions about how they received their support. This included making choices about how and when they received support and when they went out. Staff told us that discussions about the support people needed took place all the time with staff and people.

Staff were very knowledgeable about people's needs. They were able to explain what care and support was required for individuals. Staff were able to explain how they would recognise if a person needs changed based on their behaviours. They and the manager involved other professionals where necessary. We saw one person's behaviours were causing concern for staff. They had discussed the concerns with an external health professional and were waiting for input from a specialist team. In addition the manager was arranging a meeting with others to discuss the support this person needed. Staff said they were kept updated of any changes during team meetings, by handovers and the communication book. The newly appointed manager had introduced a communication book to ensure all staff were aware of changes that took place for people and to enhance communication between staff.

The manager and a senior staff member told us support plans should be reviewed every month by the keyworker. However, we saw that this did not always take place monthly. For example, for one person their support plans had not been reviewed for the month of June 2015. The

manager spoke to us about a change in the key worker allocation system they would be implementing. This involved allocating a co key worker to undertake the role in the absence of the keyworker.

Activities were personalised and people were supported to carry out the activities they enjoyed. People told us how they did what they wanted to do including going to clubs, shopping, swimming and anything else they chose. Our observations confirmed people made these choices and these were respected by staff.

The manager told us there had been no complaints since they had been in post and they had not been made aware of any previous complaints. A complaints file was maintained in the office which showed no complaints since 2013. The provider's policy for complaints was dated June 2013 and referred to legislation that has since changed and did not state how to raise a complaint but gave clear information about how it would be handled once received. People said they knew how to raise concerns and staff told us they were confident any concerns would be listened to and acted upon.

People told us they had not needed to raise a complaint but then two told us of concerns they had. They told us they had not spoken to the manager about these and we guided them to do this. One person discussed this with the manager at the time of our visit. The person wanted to discuss their concerns with Social Services and the manager ensured they were provided a contact number. The manager advised us they would arrange to meet with the person to discuss their complaint. We asked a staff member, who had advised us the person had spoken to them about their concerns originally, if they had considered supporting the person to raise their concerns as a complaint and they told us they had not. They had not recognised this as a potential complaint.

We recommend the provider seek reputable advice about ensuring their complaints policy provides clear information and to work with staff to understand how to recognise a complaint and the action to take.

Is the service well-led?

Our findings

People and staff felt the home was well led although they said they had not had time to get to know the new manager, they were confident that the senior management team were available and supportive if and when needed.

Records were not always accurately maintained. Two people who had diagnosed health conditions did not have clear risk assessments or plans in place which guided staff about the risks associated with the condition, what they should monitor for and the action they should take if they had any concerns. For one person who was under a DoLS which allowed staff to prevent them from leaving the building without support, the records of this were stored in a locked office and the DoLS was not reflected in the person's support plans or risk assessments. Staff at the home had not ensured records were held in relation to multi-agency best interests decisions and main care plans had not been fully updated to reflect changes to people's medicines support. There was a stable team of staff working at Auckland House and staff told us they did not use agency workers to cover any shifts. This meant staff had built up relationships with people over time and knew them well. However, the lack of clear and contemporaneous records regarding the risks associated with people's health and social care needs, the monitoring required and the action to take should the risks present meant there was a risk people may not receive support that was personalised to their individual needs.

The failure to maintain accurate, complete and contemporaneous records in respect of each person was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to regularly assess and monitor the quality of the service. Monthly visits by a senior manager took place. These involved speaking to people and staff for their feedback, checking the quality assurance systems in place being implemented by staff and were effective. A review of medicines was undertaken at these visits alongside a review of both people's and staff records. Following the visit an action plan was devised for the manager and staff to complete. We asked to view the last three months' worth of these audits and were told the visit dated May was carried out over both May and June 2015.

This visit identified the need for staff to ensure coding was used for PRN medicines when they were not used. Medicines records we saw confirmed this was being completed.

However, we were not confident these visits were fully effective as some issues we identified had not been picked up during these visits. For example, the May 2015 visit had also identified the need for one person's PRN protocol to be reviewed and records we looked at showed this had not been updated since August 2014. The visit dated March/April 2015 stated that one person's support plans and risk assessment had been updated. Whilst we saw this had taken place we found no risk assessment had been written in relation to two diagnosed health conditions that could present risks to the person. The monthly visit had not identified this. Weekly audits of medicines stock were undertaken and these were used to support staff to recognise if a person was refusing their medicines regularly. We saw where this had been identified action had been taken by staff and other professionals were being consulted with. However, this audit only looked at stock and whether medicines had been taken. The audit did not look at other aspects of medicines management such as the recording of the fridge temperature which we found had not been undertaken on 10 occasions between 30 June 2015 and 20 July 2015. The manager and senior member of staff told us this would be included in the weekly auditing of medicines in the future.

The failure to ensure systems to monitor quality were fully effective was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not always ensure they notified CQC of incidents that occurred within the home. For example, two accident records we saw described incidents of a physical nature between service users that had not been reported to CQC. One person had an authorised Deprivation of Liberty Safeguards in place and CQC had not been notified of this. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We asked the manager to provide us with copies of the provider's policies and noted these referred to out of date legislation. **We recommend the provider review their policies and procedures to ensure they are relevant and reflect current legislation.**

Is the service well-led?

The provider undertook annual quality assurance questionnaires with people, relatives/friends, staff and other professionals. The last was carried out in November 2014 and the results had been analysed and an action plan implemented. The action plan had then been reviewed 2 months later to check actions had been carried out. We saw the feedback had been used to make changes. For example 71% of staff had said they wanted more “hands on” training. We saw that a number of face to face training sessions had been booked for staff including challenging behaviour and report writing. One person had said in their questionnaire that they felt their choices were not listened to. The action plan reinforced the need for monthly meetings with people and for staff to ensure people felt listened to and respected, and given clear explanations when something was not able to take place. The two people we spoke with during our visit told us they made their own choices and these were respected by staff.

The manager described an ethos of personalised care and support that promoted community presence and

involvement in the service. Staff echoed this and the manager told us their observations since being in post reflected that staff always encouraged choice, that staff shared information with people and their decisions were respected. During our observations we saw that both the manager and senior staff took an active role and had a ‘hands on’ approach to supporting people who used the service. Staff told us the management structure in the home worked well and they were confident to talk to any level of management if they had concerns. They said they felt listened to and felt the senior manager would take any necessary action. The manager told us they were in the process of getting to know people, staff and the provider’s systems. They said they planned to spend time working alongside staff to understand their roles. All staff confirmed they felt listened to and able to make suggestions. They said staff meetings and supervision sessions were used to discuss any changes that were required and staff felt the management encouraged a culture of learning and improvement.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Service user records were not always accurate, up to date and reflective of service user's needs. Systems in place to monitor the quality of the service were not always fully effective in identifying areas that required improvement.</p> <p>Regulation 17 (1) (2) (a) (c).</p>

Regulated activity	Regulation
	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered persons had failed to notify the Care Quality Commission of incidents which were reportable under the Health and Social Care Act (2008) Care Quality Commission (Registration) Regulations 2009. Regulation 18 (2)(e) (4A)(4B)</p>