

Community Care Matters Limited

Anderson Close

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Anderson Close is a residential care home providing support and personal care for 3 people. The bungalow is in a residential area. Each person living in the home had their own bedroom and shared a communal lounge and kitchen area. There is a staff office which also provided a room for staff to sleep in when carrying out sleep in shifts.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were supported in a respectful way by their staff team who knew them well. People participated in activities tailored to their individual needs. Independence was promoted to prevent social isolation, and to ensure people being supported were integrated into the local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Staff promoted equality and diversity in their support for people. The service had a consistent staff team with appropriately skilled staff to meet people's needs and keep them safe. Care was person-centred and positive professional relationships were observed. People felt safe with the support from staff.

Right Culture: All staff including the management team were aware of people's needs and ensured people were central to support provided. Staff were happy within their role and spoke highly of the people they supported. Management supported staff development.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (published 01 March 2018).

At our last inspection we recommended the provider kept all risk reviews together within the care file and to ensure all documentation in relation to people who are unable to make decisions for themselves was reviewed and improvement made. At this inspection we found the provider had actioned these recommendations. The service utilised an electronic system which enabled all care plans to be on the one system. Mental capacity assessments and best interest decisions were documented within the same systems and were appropriately completed.

Recommendations

We recommend the provider reviews the risk assessments to ensure information is consistent.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was Effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Anderson Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team was made up of 1 inspector.

Service and service type

Anderson close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any information of concern and notifications the service is required to submit regarding any significant events happening at the service. We used the information the provider sent us in the provider information return

(PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan the inspection.

During the inspection

We spoke with 2 family members, 3 people who lived in the service and 4 staff members including the registered manager. We reviewed 3 care records and 2 staff recruitment files. We reviewed policies and procedures and audits relating to the governance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Individual risks were assessed and updated regularly, however there was inconsistency in information about de-escalation strategies.

We recommend the provider reviews the risk assessments to ensure information is consistent.

- Staff knew the people they supported well and were able to identify when a person was distressed and implemented appropriate strategies, to reduce the risk of further distress.
- Personal Emergency Evacuation Plans (PEEPs) were in place and accessible, this ensured people could be evacuated safely in the event of an emergency.
- Health and safety checks in relation to the environment and equipment were regularly carried out with the oversight from management.

Using medicines safely

- There was not always clear guidance on how to administer medicine to those people who received as and when required medicines, such as medicines to manage pain. This was discussed with the registered manager on day 1 of the inspection who actioned the recommendations.
- Medicines that required specific times were administered and recorded appropriately.
- Medicines were stored safely within the staff office and were prepared and administered by trained staff members.
- Staff members had received medicine training and their competencies assessed regularly by a senior staff member or the registered manager.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff had all received safeguarding training and were aware of the own roles and responsibilities to safeguard people.
- People felt safe. One person told us, "We [staff and people living in the service] are like a little family."

Staffing and recruitment

- Safe recruitment practices were being followed, including checks with the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- The service had a full staff team, this meant people were consistently supported by people who knew

them well.

- The service had enough staff including one to one support for people to take part in activities and visits when they wanted.

Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them. The service had good arrangement to keep the premises clean and hygienic. This included daily checks and weekly audits.

Visiting in care homes

- There were no restrictions in place, this is working in line with Government guidelines.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately.
- Staff were encouraged to complete lessons learnt forms. These were then reviewed by management. This allowed staff to recognise when things had gone wrong and what they had learnt from them.
- When mistakes were identified, actions were taken and learning shared with staff members.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs were assessed and reviewed regularly and updated when required.
- Care plans were personalised and included involvement from other professionals. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.
- The service utilised an electronic recording system which alerted staff to any updates in care plans. The registered manager had over site which allowed them to monitor and ensure all staff had read the updated plans.

Staff support: induction, training, skills and experience

- There was a robust induction into the service which included all mandatory training and shadow shifts.
- The service had a consistent staff team which ensure continuity of care to people.
- All staff received regular training and all mandatory training was completed. This ensured staff had the skills required to support people safely.
- Staff received regular supervision, 1 staff member told us, "I get supervision every 4-6wks."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a balanced diet and independence was encouraged including, preparing meals and drinks with support.
- Detailed care plans were in place in relation to eating and drinking and were consistently followed by staff.
- People were encouraged and supported to go shopping for food, this allowed them to choose what they wanted to eat.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with other health and Social Care professionals, this ensured people received the most appropriate support in a timely way.
- People were supported to all health appointments.

Adapting service, design, decoration to meet people's needs

- The bungalow had been adapted to ensure people's needs could be met. This included widened door to allow for wheelchair access.

- People had the equipment necessary to ensure needs could be met this included ceiling track hoists.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

Recommendations were made during the last inspection to review and make improvements to documentation in relation to people who are unable to make decisions for themselves. Improvements had been made in this area.

Whilst we found the service was generally working within the principles of the MCA, records did not always evidence involvement of advocates or family member when a person was assessed as lacking capacity.

We raised this with the registered manager, who assured us all records would be updated to clearly evidence the conversations with family members and advocates.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received a good standard of care based on their needs, this enabled them to remain independent and to be actively involved in activities and experiences within their family and wider community.
- The registered manager was visible in the service and on occasions made up part of the care team. They took a genuine interest in what people, staff, family members and other professionals had to say and wanted.
- Staff were happy in their roles. Comments from staff included, "I love it here. I wish I had done it 30 years ago; I absolutely love it."
- Staff ensured people they supported were central in all decision making. Where a person's communication was limited, staff were aware of other ways to communicate to ensure people's needs were met in a way they wanted.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their role and responsibilities in accordance with reporting notifiable incidents to CQC.
- The registered manager understood their responsibilities under the duty of candour to be open and transparent about incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs and had good oversight of the service.
- Staff were aware of the whistle blowing policy and were confident in utilising it, should it be required.
- Staff were knowledgeable about their roles and understood the needs of the people they supported. One staff member stated, "I love it here, people benefit from a standard of very high care."
- Systems and processes were in place to monitor the service and drive improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Family members were actively involved in their loved one's care. One family member stated, "They [staff] keep me updated all the time, they send me photographs when [person] has been out." And "The manager

is always at the end of the phone and always picks up straight away when they see my number."

- Family members spoke highly of the staff and the registered manager. One family member stated, "They [person] gets 10-star treatment I can't praise them [staff] enough."
- Staff, relatives, and people were provided with the opportunity to feedback any issues regarding the service.
- Staff felt supported by management. One staff member stated, "[Registered manager] is definitely supportive, if they are not at the service, they are always a phone call away."
- Staff received regular supervision and were encouraged to progress within the organisation.

Continuous learning and improving care

- The registered manager completed regular audits and if any concerns were identified this was brought to the staff's attention and improvements made.
- The service utilised an electronic system which enabled the registered manager to immediately identify if there were gaps in recording to ensure these were rectified in a timely manner.

Working in partnership with others

- The service worked in partnership with the Local Authority and external health professionals.
- The service worked closely with specialist services to ensure staff had appropriate training to support people's needs within the service.