Auckland Care Limited

Auckland House

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 13 September 2016 and was unannounced.

Auckland House provides care and accommodation for up to eight people. On the day of the inspection eight people were living in the home. The service provides care for people with a learning disability.

The manager had undertaken their interview with the Commission in August 2016 to be the registered manager, and they have been advised their certificate will be issued shortly. 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.

Following an inspection in July 2015 we asked the provider to take action to make improvements which related to records, notifications and quality assurance. At this inspection, we found the necessary improvements had been made.

The service provided good care and support to people allowing them to lead fulfilled and meaningful lives. The interactions between people and staff were positive. We heard and saw people laughing and smiling. People looked comfortable, relaxed and happy in their home and with the people they lived with. Relatives were welcomed into the home and had clearly formed positive and trusting relationships with the staff team.

There was a positive culture within the service. The manager said, "As well as being the manager I like to work with people. I enjoy spending time with the staff and people we support". Staff had a good understanding of people's needs and spoke in a compassionate and caring way about the people they supported.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The provider had effective recruitment and selection procedures in place and carried out checks when they employed staff to help ensure people were safe. Staff were trained and aspects of training were used regularly when planning care and supporting people with their needs and lifestyle choices.

People were supported by staff who had a good understanding of how to keep them safe. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and were able to describe what action they would take to protect people from harm.

Staff encouraged people to be independent and promoted people's choice and freedom. People moved freely around the building and its grounds and the community as they chose.

Care records contained detailed personalised information about how individuals wished to be supported. People's individual methods of communication were taken into account and respected. People's risks were well managed, monitored and regularly reviewed to help keep them safe.

People were supported to take part in a range of activities both inside and outside in the community.

People had their medicines managed safely. People were supported to maintain good health through regular access to health and social care professionals, such as GPs and speech and language therapists. People's dietary needs and any risks were understood and met by the staff team.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005. People were supported to make everyday choices such as what they wanted to eat and how to spend their time. The manager was aware of the correct procedures to follow when people did not have the capacity to make decisions for themselves and if safeguards were required, which could restrict them of their freedom and liberty.

The manager was aware that notifications about important events to CQC had not always been made and since joining the home in December 2015 had been making notifications when needed. The manager had just become aware of DoLS requests having been made in 2015 and agreed to notify CQC as soon as possible.

Staff described the management as supportive and approachable. Staff talked positively about their work and comments included, "It's a good place to work, the team are committed to meeting the needs of the people who live here". Staff were well supported through induction and ongoing training.

The service had an open door policy. People's relatives opinions were sought through surveys and there were effective quality assurance systems in place that monitored people's satisfaction with the service. Timely audits were carried out and investigations following incidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the service.

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 were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

There were sufficient numbers of staff to meet people's needs and to keep them safe.

People were protected by safe and appropriate systems for handling and administering medicines.

People were protected by safe and robust recruitment practices.

Is the service effective?

Good

The service was effective.

People were supported by skilled and well trained staff. Induction for new staff was thorough and all staff received regular and effective supervision and support.

People's rights were protected. Staff and management had clear understandings of the Mental Capacity Act 2005, and how to ensure people who did not have capacity to make decisions for themselves had their rights and best interests protected.

People were supported to have their health and dietary needs met.

Is the service caring?

Good

The service was caring.

People received care and support from staff who promoted their independence, respected their privacy and maintained their dignity.

Staff had a good knowledge of people they supported and had formed positive, caring relationships.

People were supported to maintain contact with family and

people who mattered to them.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support, which was responsive to their current and changing needs.

People were supported to lead a full and active lifestyle, were supported to engage with the local community and to maintain relationships with people who mattered to them.

Concerns were listened to and dealt with promptly. A system was in place ensuring any complaints were dealt with appropriately and in a timely manner.

Is the service well-led?

Good

The service was well led.

Staff described the management as supportive and approachable. Staff talked positively about their work.

Staff were well supported through induction and ongoing training.

There were effective systems in place to assess and monitor the quality of the service. The quality assurance system operated to help develop and drive improvement.

Some DoLS notification needs were being addressed by the manager.

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 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 13 September 2016 and was unannounced. One inspector undertook this inspection.
Prior to the inspection we reviewed information we held about the service, such as previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The provider returned this information and we took this into account when we made the judgements in this report.

Some people who lived at the home had limited verbal communication, and were therefore unable to tell us about their experiences of living at the home or about the care they received. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team. We spoke with three people who lived at the home.

The manager was available throughout the inspection. As well as the manager, and service manager (the manager's line manager), we also spoke with two members of the staff team. We looked at the records of two people who lived in the home. These included, support plans, risk assessments, health records and daily monitoring reports. We also looked at some policies and procedures associated with the running of the service and other records including recruitment, incident reports, quality audits and medicines records. Following the inspection we asked the registered manager to send us further information regarding training, policies and quality assurance. We received this.

Good

Is the service safe?

Our findings

All people we spoke with told us they felt safe living at the home. One person told us how they could sometimes feel anxious and staff helped reassure them and made them feel better. Another person we spoke with told us that they felt safe in their home with the staff.

All the staff we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. We found that the manager had a good awareness of the safeguarding procedures to ensure people were kept safe. For example the manager told us that they had reported to the local authority their concerns over a person's deteriorating health and behaviours. Support from the team as well as other professionals led to a more appropriate placement for the person.

The manager had assessed individual risks associated with people's needs in a way that protected them and promoted their independence. For example, one person told us that they liked to go out for walks on their own. They told us how staff made sure they remained safe while they were out. Staff we spoke with were aware of the process that had been agreed with the person. The person told us that they enjoyed their independence but also with the knowledge that staff were, "looking out for me". The person also told us that they had been involved with their risk assessments and showed us their support plans and talked us through them.

Staff were aware of potential risks to people in the kitchen area, but also recognised the importance of people being able to use this part of the home to spend time with staff preparing meals. For example they counted knives and sharp objects to ensure they were all there, when some people had been preparing meals in the kitchen.

People's needs were considered in the event of a fire. People had personal evacuation plans, which helped ensure their individual needs were known to staff and other services in the event of a fire. A fire risk assessment and policy was in place, which clearly outlined action to be taken in the event of a fire. Regular visual checks and audits were undertaken to ensure the environment and facilities remained safe and fit for purpose.

There were sufficient staff numbers to meet people's needs safely. All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us that, "There is always someone here". The manager had systems in place, which were flexible to ensure staffing levels were maintained to a safe level in line with people's needs. Staff told us there were enough staff for them to meet people's needs safely. Comments included, "There are always enough staff on duty to keep people safe" and "Staffing levels are safe and there are also enough staff to be responsive and to take people out when they ask".

The manager told us that they had a steady staff team and absences were covered by their own staff. They explained that they preferred this as they knew the needs of the people who lived at the home.

They told us that staff worked hours that reflected people's needs. For example, where people required staff support with external activities more staff were on duty.

We saw records of pre-employment checks were completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff's previous employers and with the Disclosure and Barring Service (DBS). These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

People's medicines were managed safely. Staff were trained and confirmed they understood the importance of safe administration of medicines. Two people we spoke with about medication did not have any concerns about how their medication was managed. One person said, "I take my medicines every day". We spoke with a member of staff that administered medication. They had a good understanding about the medication they gave people and the possible side effects. We found that people's medication was stored and managed in a way that kept people safe. One person wanted to have some control over their medicines. They went with staff to the trolley and 'popped' their own medicines out from the packs and signed to say they had taken them. They proudly showed us their medicines file and explained what they did.

Any risks associated with medicines had been documented and advice sought from professionals when required. Information was clearly available to staff about people who required, as needed (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and how they should be given.

Good

Is the service effective?

Our findings

All the people we spoke with felt that staff who cared for them knew how to look after them well. People told us that they felt confident that staff supported them in the right way.

Staff told us they had received training that was appropriate to the people they cared for, such as NVQ's (National Vocational Qualifications) in health and social care and the Care Certificate had been introduced for staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, a member of staff told us how the Mental Capacity Act 2005 training had helped them develop awareness and understanding to ensure people's rights were respected.

Following the inspection the registered manager sent us a copy of the training matrix, which gave an overview of the courses undertaken and the process to check training was up to date and renewed as required. There was an eLearning system in place and being used by staff. The manager told us how staff were required to achieve a certain percentage in order to pass and that following the training the manager would test staff knowledge by asking questions or by direct observations of staff working.

Staff said they felt well supported by their colleagues and management. Comments included, "The support is good, we have plenty of time for discussion and can ask for support at any time". The manager showed us that formal supervision had lapsed with several changes in management over the last year. However they showed us the plan they had in place to carry out supervisions with the deputy manager and team leader supporting them. Team meetings were held to provide staff with the opportunity to discuss practice, highlight areas where support was needed and to share ideas on how the service could improve.

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 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People we spoke with told us that staff ensured they maintained their independence and staff confirmed this. Two people told us that they were able to go out when they wanted to. The manager confirmed there were three people who went out on their own without staff support. They had been assessed as having capacity to do this.

Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. Two staff members told us that they did what the person wanted and would respect their decision.

Everyone who lived at the service had their own door key. The manager said they chose whether to use it or not. People were able to come and go from the house. Three people were independent and able to go out on their own; they told staff when they were going out, others required some staff support.
We saw that manager had considered people's capacity when a decision was needed. The manager completed an assessment to gain an understanding of the person's capacity to make the decision about a treatment that they required. We found that following the assessment the manager had taken appropriate action and had sought support for a further assessment from the local authority.

People who we spoke with told us they enjoyed the food at the home. People told us that they ate food that they enjoyed and food that they had chosen. People were supported to maintain their independence and would plan, prepare and cook their own food at lunchtimes. One person told us that staff knew what food they enjoyed and helped them to prepare this when they asked for assistance. People told us that staff supported them to go out to eat. Staff spoke of how people were given the choice of cooking in the home or going out for a meal if they wished. Where there were concerns about people's ability to eat and drink safely then advice had been sought from speech and language therapists (SALT). We saw that this information had been incorporated into people's care plans

People were independent in making their own drinks and we saw that people had access to the kitchen to make drinks when they wanted to. They took it turns with staff to make drinks for people, staff and visitors.

People's health needs were met. At the time of our inspection staff had no concerns about people's food or fluid intake. People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged when they requested them. People told us that they saw a doctor when they needed to. One person said, "They call the doctor when I've needed them". They also told us that they were supported to hospital appointments when this was required. We saw in care records that staff ensured people maintained their appointments and worked with external healthcare professionals to ensure the person received the care and treatment in a timely way. One person told us how they used to go to the doctors when they wanted to but after they had behaved inappropriately, an agreement had been reached with them and the GP's surgery that they would speak with staff before approaching their GP. This was recorded in their support plans.

Support plans included detailed information about people's past and current health needs and staff were very familiar with this information. People's health needs had been documented as part of a 'Hospital Passport", which could be used should a person require an admission to hospital. This information is considered by the National Health Service to be good practice to help ensure people's needs are understood and met when they are away from the place they live. Staff knew people well and were able to use this knowledge to recognise and respond to changes in people's health. Relatives feedback said they were kept well informed of any issues concerning people's health and said the staff always acted promptly to address any concerns.

Good

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person told us how Auckland House was their home and they were happy with the staff that cared for them. We found that the interaction between people and the staff was relaxed and friendly and there were easy conversations and laughter.

People approached staff for assistance when they required it. People were comfortable talking with us about their lives within the home and were proud of what they had accomplished.

Staff spoke with people kindly and made sure people were comfortable. Staff were respectful and spoke with people in a considerate way. We saw and people told us that staff did not hurry people and were caring and patient in their attitude towards people. For example one person was going on holiday the week after the inspection, the service manager was auditing their finances, and the person became very excited and indicated they wanted to see their money. They asked this several times over an hour and staff were always accommodating and settled their anxiety that they had enough money for their holiday.

People told us that staff supported them to make their own decisions about their care and support. People told us they felt involved and listened to and that their wishes were respected. People told us that they had information they required in a format that was suitable for their individual needs. For example, information that related to their care plans. The manager showed us that they were gathering information for people on their medicines in an easy to read format so that people could be helped to understand their medicines.

People told us that staff worked with them to ensure they received the support when they required it. For example one person was being supported to go to their parents for their birthday. They had the choice of having this time as a one to one session or for others to be asked if they wanted a trip out too. They had chosen to have one to one time on both the homeward and return journey.

People were supported and encouraged to maintain relationships with their friends and family. People told us that visitors were welcome and they could visit their family members when they wished, although some visits were managed depending on any risks or issues.

People told us they had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people's bedroom or bathroom doors and waited for a reply before they entered. Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

Staff had a good knowledge of the people they cared for. They were able to tell us about people's likes and dislikes, which matched what was recorded in people's individual care records. Staff understood how people communicated and were able to use this knowledge and understanding to respond promptly to requests or signs of anxiety or discomfort.

People received support in relation to loss and bereavement. One person had experienced a recent loss and staff had worked hard to support the individual as well as family members. Staff said it was important to see the person as a whole and to consider the feelings and needs of people who mattered to them.

Good

Is the service responsive?

Our findings

People were supported by staff who knew them well and understood their needs and wishes. Staff gave us clear and detailed information about people's daily routines and how they needed and preferred to be supported. Relatives and external professionals said they thought staff had a good understanding of people's individual needs, and were responsive to any advice or suggestions.

People's support plans provided staff with clear and detailed information about people's health and social care needs. The manager told us they were in the process of developing the support plans, which would further improve the information available about people's needs, support arrangements and goals. We looked at the plans for two people, one had been updated with the person themselves and they talked us through the support and risk assessments. The plan was to work through every person's support plan with them, involving them throughout the process. Most were finished. Each area of the plan described how best to support the person, things staff needed to know and specific goals for the person concerned. For example, one plan stated the person needed support and guidance with personal care tasks, but also the importance of encouraging choice where possible. The plan said the person would find too much choice difficult in areas other than personal care for example money budgeting. They worked with staff to decide on what they wanted to save up for the most and a budget plan for the week was agreed. Staff helped them make choices with the plan if they wanted to do something that required more money than they had budgeted for.

People received personalised care, which was responsive to their specific needs. For example, one person used Makaton (a form of sign language) to tell staff how they were feeling and to help them plan their day. Staff said this person would use this to tell staff what they wanted and they matched what was being said to the person's body language. A thumb up meant they were okay and they came over to the inspector, tapped them on the shoulder and gave them the thumbs up. We also saw the person become agitated when they could not get their message across. Staff responded calmly and asked them to explain slowly what they wanted as they had not understood them at first. The person then repeated themselves and staff went to their room with them.

Systems were in place to ensure information about people's needs and support arrangements were regularly reviewed and updated. Handover meetings took place at the end of each shift so important information could be communicated and documented; and support plans were reviewed at least every six months or more frequently if required.

People were supported to lead a full and active lifestyle. There was a chill and coffee meeting on a Sunday and people told us they chose meals and told staff what they wanted to do during the week.

The manager and staff checked regularly to help ensure people were happy with the care being provided, through daily conversations and yearly surveys. For example when a person went to the kitchen to get a drink staff would ask how they were and if they needed anything. One person looked very hot and staff advised them to go and wash their face with a cold flannel. The person came back and told staff they felt

better after that.

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had provided information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome.

We looked at the provider's complaints over the last 12 months and saw that one complaint had been received. We found that this had been responded to with satisfactory outcomes for the person who had raised the complaint.

Good

Is the service well-led?

Our findings

People who we spoke with told us they found the manager and deputy manager were approachable and responsive to their requests where it was required. One person we spoke with said, "Yes, I like [name, manager]." Another person told us how they enjoyed spending time with the deputy and the manager.

People and staff we spoke with told us that the manager and deputy manager were visible within the home. One member of staff told us that there was a good team of staff and good management in place. "We have had four managers in ten months; it's good to have stability."

All staff we spoke with told us they felt supported by the manager and their colleagues. All staff members we spoke with told us they enjoyed their role. Staff had confidence in the manager to be able to make positive changes should they have any concerns. One staff member said, "I haven't had any problems, but I know if I did I would just talk it through with [name, the manager]."

At the last inspection on 23 July 2015 there was a failure to maintain accurate, complete and contemporaneous records in respect of each person. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

The manager had begun employment at the home in December 2015 and was the fourth manager in ten months. There had not been a registered manager in post since January 2015. The manager had developed an action plan which they shared with us. One of the items was the updating of all the care plans and risk assessments with staff working alongside the person themselves. The last few were being worked on and we were able to see improvements in the notes for each person whose records we viewed.

The manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as the environment, care records, staffing, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being met. Regular audits were undertaken of people's medicines and personal finances to help ensure they remained safe and protected.

The manager carried out these checks on a monthly basis and sent the report to their line manager (service manager). The service manager told us during the inspection that they would carry out an audit every second or third month. They also came to the home monthly to audit people's personal monies. Health and safety checks were carried out monthly by a person using the service supported by a member of staff. These were in an easy read format and were signed by the person and member of staff on completion. Any issues regarding the building were added to the maintenance file and audit and signed off when completed. The manager said "We try to involve people in every aspect of their home and their health and safety." For example one audit from June 2016 had identified that the dining room was very dull and dark. People told us they had been involved with staff in painting the room and making pictures to brighten the room up. The manager said it was the room that was used the most now.

We found that the provider completed regular checks of the service provision. The manager told us that their line manager was supportive and knew people who lived in the home well.

The provider had sent surveys to relatives, people using the service and staff to gain their views about the service provision. Overall, these were positive comments about the care and service that was provided. For example 'do you think the house is clean and tidy' "Yes I help the staff keep it clean and tidy." Comments from family and friends included, "Very happy with everything you do." "Staff helpful and informative." "Staff are polite and welcoming and I hope we can work together to ensure good outcomes for service user."

Staff meetings were held to provide opportunity for open communication. Daily handover meetings helped ensure staff had accurate and up to date information about people's needs and other important information.

At the last inspection on 23 July 2015, the provider had not always ensured they had notified CQC of incidents that occurred within the home. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found that improvements had been made.

CQC has received appropriate notifications and information from the manager about incidents and Deprivation of Liberty applications (DoLS). For example the action needed where safeguarding and other external professionals had been involved to ensure a certain person, staff and other people living at the home were safe until other arrangements could be made. The manager had gathered information and liaised with other services, and ensured action was taken promptly.
The manager recently told us that whilst reviewing all the care plans and records they had found paperwork for two people under a DoLS. These records related to 2015 before the manager had started work and before they were interviewed to be registered in August 2016. We looked at our records and found we had not received notifications of these DoLS. At the inspection we saw that the manager was completing notifications for CQC and had been liaising with the local authority about these applications and had made a third application following a capacity assessment.