Caretech Community Services (No.2) Limited

Albert House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Albert House is a residential care home for up to eight adults who may have a range of care needs including a learning disability, autistic spectrum disorder and / or physical disabilities. There were eight people living at the service on the day of the inspection.

A registered manager was 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 2008 and associated Regulations about how the service is run.

This inspection took place on 24 August 2017 and was unannounced.

At the last inspection in July 2015, the service was rated Good. At this inspection we found the service remained Good overall, but with one area for improvement.

Despite systems being in place to ensure the service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support, people's finances were not always managed in line with Best Interest decision making processes.

Why the service is still rated Good:

Staff had been trained to recognise signs of potential abuse and keep people safe. Processes were also in place to manage identifiable risks within the service to ensure people were supported safely and did not have their freedom unnecessarily restricted.

There were sufficient numbers of suitable staff to keep people safe and meet their needs and checks were being carried out on new staff to make sure they were suitable and safe to work at the service.

People received their medicines when they needed them and in a safe way.

Staff received the right training to ensure they had the necessary skills and knowledge to meet people's needs.

People had a choice of food, and had enough to eat and drink.

The service worked with external healthcare professionals, to ensure effective arrangements were in place to meet people's healthcare needs.

Staff provided care and support in a caring and meaningful way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies

and systems in the service supported this practice. Staff respected people's privacy and dignity, and treated them with kindness and compassion.

People were given opportunities to participate in meaningful activities.

Arrangements were in place for people to raise any concerns or complaints they might have about the service. People and relatives were given regular opportunities to express their views on the service they received.

The management team provided effective leadership at the service, and promoted a positive culture that was open and transparent.

Systems were in place to monitor the quality of the service provided and drive continuous improvement.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Requires Improvement

The service was not always effective.

Systems were in place to ensure the service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support. However, improvements were needed to ensure people's finances were managed in line with Best Interest decision making processes.

We found that people received care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

People were supported to have sufficient to eat, drink and maintain a healthy, balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Albert 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 comprehensive inspection was unannounced and was carried out on 24 August 2017 by one inspector.

Before the inspection we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

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 asked for feedback from the local authority who have a quality monitoring and commissioning role with the service. No concerns were raised.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences. We learnt from speaking with staff and looking at records that people were very dependent on staff to support them in all areas of their lives.

We spoke with or observed the care being provided to all eight people living at the service during key points of the day including lunch time and when medicines were being administered. We also spoke with the registered manager, the deputy manager, two senior support workers and one support worker.

We then looked at care records for four people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Good

Is the service safe?

Our findings

People were unable to tell us if they felt safe because of their complex needs, but our observations found they were comfortable in the presence of staff and showed no signs of distress when approached by them. Staff confirmed they had been trained to recognise signs of potential abuse, and understood their responsibilities in regards to keeping people safe. They all understood what constituted abuse and were clear about the various forms that abuse may take, and the potential impact on people living at the service. Records we looked at confirmed that staff had received training in safeguarding and that the service followed locally agreed safeguarding protocols.

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them from harm. They described the processes used to manage identifiable risks to individuals such as seizures or choking. This information had also been recorded in people's care plans, providing a clear record of how the risks to individuals were being managed in order to keep them safe.

Systems were in place to ensure the premises and equipment was managed in a way that ensured the safety of people, staff and visitors. We saw that checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis to ensure people's safety. A business continuity plan was in place; to support staff in the event of an emergency or a major disruption to the service.

Staff told us that sufficient numbers of staff were planned in order to keep people safe and meet their needs, and we observed this to be the case during the inspection. We were told that the service was using regular bank and agency staff to cover some vacant positions, but the deputy manager confirmed that they requested the same members of staff, to support with consistency of care and support.

The deputy manager described the processes in place to ensure that safe recruitment practices were being followed; to confirm new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We looked at a sample of staff files and found that the required checks had been carried out.

Systems were in place to ensure people received their medicines when they needed them and in a safe way. Staff confirmed they had received training to be able to administer medicines and demonstrated a good awareness of safe processes in terms of medicine storage and administration. Training records supported this.

Clear records were being maintained to record when medicines were administered to people. Other records showed that medication was regularly audited to highlight potential issues in a timely way. In addition, we saw that people had their medicines reviewed on a regular basis, to ensure they were still right for them and to promote their safety and wellbeing.

Requires Improvement

Is the service effective?

Our findings

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that systems were in place to assess peoples' capacity to make decisions about their care, and DoLS applications had been completed where appropriate.

People living at the service had been assessed as not having capacity to manage their finances so staff managed day to day financial transactions on their behalf for example, buying toiletries, paying for leisure activities and taxis. We saw that clear records were being maintained of all financial transactions, which were supported by receipts. However, we noted that where people shared the cost of activities and taxis, that the amount they paid sometimes varied from time to time, depending on how many people were involved in that activity. One example of this was the cost of a regular music session provided by an external musician. Records showed that people had paid up to £2 more for the same session when other people living at the service had been away on holiday. In addition, two people were paying taxi costs to get to and from day care. The amount varied each time depending on how many taxis were required and the distance they travelled. Staff told us they checked people's records to see whose turn it was to pay the larger amount, but we were concerned that there was a risk of one person paying the larger amount more than once in a row.

It was clear from speaking with staff that these arrangements had been in place for many years and that they were acting in good faith. There was also no indication of financial abuse. However, we raised this with the management team because there was little or no evidence to support the fact that people wanted to attend these activities. In addition, there was no record of Best Interest decision making; due to the fact that they lacked the capacity to consent to these arrangements. The registered manager told us she had put an end to the practice of people paying varying amounts for the same activity. She said that in future petty cash would make up the difference in costs if someone was unable to attend a shared activity. She also told us that a Best Interest decision record would be in place for everyone regarding their individual financial arrangements and expenditure.

Staff were consistently seen encouraging people to make their own decisions and seeking their consent before providing care and support. Records showed too that consent regarding daily living activities had been considered, with staff being prompted to look for alternative methods of communication where people could not provide verbal consent, such as facial expressions and vocal noises.

People were unable to tell us if staff had the right skills and knowledge because of their complex needs. However, we observed staff using their training effectively in the way they provided care and support. Staff

confirmed they received the right training to do their jobs. The registered manager told us staff at the service were now a long standing team and had a very in-depth knowledge of all the people living there. She added that they were skilled and experienced in their job roles and very responsive to acting on any areas of concern. The deputy manager talked to us about the home's approach to staff training. Training records were being maintained to enable the management team to review completed staff training and to see when updates or refresher training was due. These confirmed that staff had received recent training that was relevant to their roles covering areas such as induction, safeguarding, medicines, diabetes, epilepsy awareness, nutrition, manual handling, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records we looked at supported this.

Staff told us that meetings were held to enable the team to meet as a group, and to discuss good practice and potential areas for development. They confirmed that they were able to use the meetings to raise issues and influence practice going forward. Recent minutes showed areas such as staffing and staff training had been discussed. Records also showed that staff had received individual supervision; providing them with additional support in carrying out their roles and responsibilities.

People were supported to have enough to eat and drink. The deputy manager explained that meals were prepared using fresh ingredients which promoted a balanced diet and healthy eating. Menus we looked at supported this and offered people a choice at each meal. On the day of the inspection people were provided with home prepared meals at lunch and tea time. Staff assisted people when required to eat in a discreet and helpful manner. Meals we saw looked and smelt appetising, and people appeared to enjoy their meals as they were seen to eat well. There were also opportunities for people to have a variety of drinks in between meals.

Staff demonstrated that they understood how to support people with complex needs in terms of eating and drinking. They were knowledgeable about how to support people who had been identified as being at risk of choking or from not eating and drinking enough. We saw that they blended food or used thickened drinks to aid swallowing, or fortified food and drinks; to encourage higher energy and protein intake. Records showed that people's weight was monitored on a regular basis and that stable weights were being maintained. Other records showed that one person had been supported to switch from using a feeding tube to eating normal food since coming to live at the service. The person had gained weight as a result and now had the opportunity to experience different food and meal times with the other people living at the service.

People were supported to maintain good health and have access to relevant healthcare services. The registered manager told us that people using the service had complex needs, which required regular access to a variety of medical and healthcare professionals. We saw that each person had their own 'My Keeping Healthy' folders, to aid staff in supporting them to meet people's health needs. The records contained clear information about people's healthcare needs, and demonstrated that they had regular access to a variety of healthcare professionals who supported the service in monitoring and managing long term health conditions. On the day of the inspection people were supported to attend a variety of healthcare appointments.

In addition, staff had developed individual hospital passports which would provide important information for hospital staff about each person's needs, in the event of them having to go to hospital.

Good

Is the service caring?

Our findings

People were unable to tell us if staff treated them with kindness and compassion. However, we observed some positive interactions and there was a real sense of respect and inclusion for people living at the service. It was clear that people felt at ease with the staff and they expressed their happiness and contentment in a variety of ways such as laughing and even singing. One person was heard singing, "Happy Happy La La La La" over and over. Staff explained this was a song they sang when they were happy and content. We observed the person to be smiling as they sang their song.

The morning of the inspection was very busy with a new sofa being delivered and various appointments taking place. We observed staff to cope really well under the pressure, remaining calm and consistently putting people's needs first. While the new sofa was being constructed, staff provided appropriate reassurance to people, explaining what was going on. They encouraged people to take ownership and try out the new sofa when it was ready, which one person was keen to do. The person then signed their approval with a big thumbs up.

It was clear the staff knew the people living at the service well and understood how best to support them They showed concern for people's wellbeing and took practical action in a timely way to relieve their distress or comfort. We observed this when one person started to make vocal noises, indicating that they were in need of something. Staff quickly placed a blanket over their body incase they were cold. We saw in the person's care records that being cold was a trigger for them to make these sounds. The person was seen to relax afterwards, indicating that staff had successfully met their need on that occasion.

People were encouraged to express their views and be actively involved in making decisions about their care and daily routines. Staff were seen offering people choices throughout the day, and trying to involve them in making decisions about their care as far as possible, such as when they got up or what time they wanted to eat. Records provided further evidence of the staff team actively supporting people and their relatives, where appropriate, to provide feedback about their care and support.

People were supported to maintain important relationships with those close to them. Staff reported that people had frequent visits from relatives, and they were supported as much as possible to go out and about with them. For example, one person had recently been supported by staff to attend a relative's wedding. We saw a card written by the relative expressing their appreciation of the staff team's efforts in making this possible. The person was also seen smiling when we spoke about their family.

People's privacy and dignity was respected and upheld. Staff supported people to maintain their appearance and to feel good about themselves. We heard a member of staff for example complimenting someone after they had had a shower, "You smell very nice." We also observed how staff supported people to go to their rooms when an optician arrived to see them; enabling them to see the optician in private.

The management team told us about plans to create a second lounge at the service, with drinks making facilities. They explained this would provide people with additional private space to be with their relatives,

when they visited. In addition, we were told about improvements that had already taken place including a new overhead hoist that had been fitted in the bathroom. The deputy manager said there were also plans to source a new dining table; to enable better access for people using a wheelchair. This demonstrated the provider's commitment to providing people with comfortable, accessible and dignified surroundings.

Good

Is the service responsive?

Our findings

People, or those acting on their behalf, were encouraged to contribute to the assessment and planning of their care. Assessments had been undertaken prior to someone moving into the service; to support staff in developing care plans that reflected how people wanted to receive their care and support. Other records showed that staff regularly spent time with people, to check that they were getting the care they needed. Communication passports were also in place, providing person centred information to help staff to support those people who could not easily speak for themselves. We observed lots of positive non-verbal communication from people such as signs, smiles and giggling; which indicated their contentment with how staff provided their care and support.

Care plans contained clear information about how each person should receive their care and support, in order to meet their individual assessed needs and personal preferences. Staff explained that they supported people to have as much choice as possible. One person for example was asleep at lunch time, so staff saved them some food and supported them with this when they woke up. This showed that people received personalised care that was responsive to their individual needs. We found that people's needs were routinely reviewed; to ensure the care and support being provided was still appropriate for them and that their needs had not changed.

Additional records and monitoring charts were being maintained to demonstrate the care provided to people on a daily basis.
People were encouraged to retain their independence and control as far as possible. We observed staff supporting people in a patient and supportive manner, enabling people to complete tasks for themselves as far as possible. For example at meal times, people who needed it were provided with individualised equipment such as bowls or plates with a scooped edge; which allowed them to eat their meal with minimal assistance from staff.

We checked to see how people were supported to follow their interests and take part in social activities. We found that people had regular access to activities such as external day care, watching films, aromatherapy and music sessions. Staff understood what each person liked to do and helped to facilitate this on the day. We saw people engaged in activities such as doing puzzles, looking through catalogues or spending time in their room surrounded by objects of interest to them. Personalised art work was also seen on display in a communal area of the home alongside photographs of people enjoying themselves during outings and holidays.

Information had been developed to explain to people how to raise concerns or make a complaint. The deputy manager explained that no formal complaints had been received recently. We did however see other records which provided evidence that relatives felt comfortable raising queries or making comments about the service. We saw that this feedback had been received well and in a positive manner by the registered manager. This showed that systems were in place to ensure people were listened to and to provide opportunities for lessons to be learnt from their experiences, concerns and complaints; in order to improve the service.

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was person centred, open and inclusive. The deputy manager told us that people and relatives were actively encouraged to provide feedback and showed us some satisfaction questionnaires that had recently been returned on behalf of people living at the service. These provided positive feedback in areas such as staffing, service delivery and communication. One relative had provided feedback after they had been to see their relative on holiday, whilst supported by staff from the service. They had written: 'The team were brilliant, making us very welcome and providing [name of person] with a very enjoyable few days away'. In addition, we saw some satisfaction questionnaires and 'talk time' records that had been completed by staff with people living at the service. Given people's communication difficulties, the registered manager explained that staff were best placed to support them with this, because they understood the best way to communicate with each person. Records we looked at indicated that staff had completed these with peoples' best interests in mind.

The service demonstrated good management and leadership. Staff spoke positively about the management of the service. They explained that the registered manager was responsible for another service run by the same provider, so she divided her time between the two services. They told us there had been big improvements since she had started working at the service. One staff member said, "She [the registered manager] really listens and gets things done so quickly." Another staff member echoed this comment and told us the registered manager was very approachable and made herself available, even when she was not on site. Staff also complimented the deputy manager on the day to day input and support she provided to them. Staff were observed working cohesively together and it was clear they understood their individual roles and responsibilities. They confirmed too that they knew how to whistle blow and raise concerns, and said they felt comfortable to do so. The management team added that the staff were a long standing team and were very responsive to acting on any area of concern. We found the management team to be open and knowledgeable about the service and the needs of the people living there. They responded positively to our findings and feedback, in order to improve the quality of service provided.

The management team told us about the quality monitoring systems in place to check the service was providing safe, good quality care. We saw that a number of internal audits took place on a regular basis covering areas such as care records, the kitchen, medicines, accidents, infection control and the environment. In addition, other records showed that a senior manager checked how the service was doing on a monthly basis on behalf of the provider. We saw that they checked a variety of different areas such as health and safety, staffing, training and safeguarding. The registered manager showed us that the results led to a service improvement plan, which was updated regularly. We noted that audits had been developed to correspond with the Care Quality Commission's five key questions which we focus on when inspecting services - is a service safe, effective, caring, responsive to people's needs and well-led? This meant that systems were in place to monitor the quality of service provision in order to drive continuous improvement.

Systems were also in place to ensure legally notifiable incidents were reported to us, the CQC in a timely way and records showed that this was happening as required.