

Mr Abdul Haleem

Northants Accommodation and Social Care

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 

Overall summary

This unannounced inspection took place on the 6 and 7 May 2015.

Northants Accommodation and Social Care accommodate and provide personal care for up to five adults with a range of personal care needs. There were three people in residence during this inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were assured that staff had been appropriately recruited. Recruitment procedures were robust and

Summary of findings

protected people from being supported by staff that were unsuited to the job. There were sufficient numbers of staff that had the skills they needed to provide people with safe care and support.

People's care plans were individualised and reflected the support they needed and that had been agreed with them. They benefited from receiving care from staff that listened to them and acted upon what they said. Staff encouraged and enabled people to retain as much independence as their capabilities allowed. Appropriate risk assessments related to people's support needs were in place and were acted upon by staff.

People's healthcare needs were met. They had routine and 'as needed' access to a wide range of community based health professionals. Community based healthcare professionals were appropriately consulted, and their advice and prescribed treatments acted upon, to help sustain people's health and wellbeing.

People said they received the support they needed to ensure they participated in cooking their meals and planned their shopping with staff support. They said they

ate well and independently enjoyed their choice of meals. People were guided by staff on eating a healthy diet. Meals suited people's individual preferences and tastes.

People were independently able to manage their own medicines with staff support when this was assessed as necessary such as, for example, reminding and prompting. People were provided with suitable secure storage in their accommodation and, where appropriate, staff monitored people's medicines to ensure they were self-administering prescribed medicines in a timely way. Suitable arrangements were in place for the disposal of discontinued medicines.

People's quality of care was effectively monitored by the audits regularly conducted by the registered manager and the provider.

People knew how and who to complain to. They were assured that they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the training to provide safe care.

People's medicines were appropriately managed and safely stored.

People's care needs and any associated risks were assessed before they were admitted. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Good



Is the service effective?

The service was effective.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Staff had the training and acquired skills they needed to support people and enable them to be as independent as possible.

People's healthcare needs were met.

Good



Is the service caring?

The service was caring.

People care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences and their lifestyle choices.

Good



Is the service responsive?

The service was responsive.

People were supported to maintain their links with the community and with significant others, such as friends and relatives. .

People's care plans were individualised and had been completed with their involvement.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good



Is the service well-led?

The service was well-led.

There were systems in place to monitor the quality and safety of the service.

People were supported by staff that received the managerial guidance they needed to do their job.

Good



Summary of findings

People benefited from being supported by staff that were valued by the registered manager and motivated to work together as a reliable team.	
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Northants Accommodation and Social Care

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 unannounced inspection was carried out by an inspector and took place on the 6 and 7 May 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is

required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We undertook general observations in the communal areas of the home, including interactions between staff and people. We viewed two people's private accommodation by agreement with them.

During this inspection we spoke with two out of the three people who used the service. We looked at the care records of the three people. We spoke with the registered manager, and two staff. We looked at three records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Is the service safe?

Our findings

When we inspected on 28 October 2013 we required the provider to take proper steps to ensure that safe recruitment practices were followed. This was then a breach of Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010. The provider took timely action to improve this area of care.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment and character references were obtained before they started work.

People's assessed needs were safely met by sufficient numbers of experienced staff on duty. One person said, "When I need their [support staff] help I get it. No doubts at all. I feel totally safe."

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. It also made it clear that staff had a responsibility to report allegations to the Local Authority and the Care Quality Commission (CQC). Staff understood their responsibilities and the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adult's team. Staff understood the risk factors and what they needed to do to raise their concerns with the

right person if they suspected or witnessed or suspected ill treatment or poor practice. Staff were familiar with the 'whistleblowing' procedure in place to raise concerns about people's treatment.

People were supported to take their own medicines safely. People generally managed their own medicines with minimal staff support when this was necessary. One person said, "I need reminders to take it [medicine] so they [support staff] always check I have had it on time. That works fine." With people's agreement there were suitable arrangements in place for staff to monitor their medicines to ensure they were self-administering prescribed medicines in a timely way. People were able to store their medicines securely in their accommodation. Arrangements were in place for the disposal of discontinued medicines to the dispensing pharmacy.

People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety. These contained action for minimising potential risks such as risks associated with medical conditions, self-neglect, aggressive behaviours and going out into the community independently.

People were assured that regular maintenance safety checks were made on safety equipment, such as the fire alarm, smoke detectors and emergency lighting. Staff were mindful of the need to ensure that the premises were kept appropriately maintained to keep people safe. A front door intercom system minimised the likelihood of uninvited visitors entering the premises without staff knowledge or people's agreement.

Is the service effective?

Our findings

People received care and support from care staff that had received the training they needed to do their job and ensure that the support provided was in people's best interest. The registered manager and care staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. There was a Mental Capacity Act policy and procedure for staff to follow to assess whether people had the capacity to make decisions for themselves.

People were involved in decisions about the way their support was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. Staff demonstrated their understanding of the importance of obtaining consent to care.

People's care plans contained assessments of their capacity to make decisions for themselves.

Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions. Staff had a good knowledge of people's individual personal care needs that enabled them to consistently provide effective care tailored to the needs of each person.

People drank and ate enough to help protect them from the potential adverse effects of poor nutrition. People said they enjoyed their food and received the support they

needed to prepare meals. One person said, "[Support worker] helps me with all that [meals]. I enjoy doing it [cooking]. They [support staff] make sure I eat good stuff [food]." People were enabled to cook an appetising variety of meals and to go shopping for their preferred foods with the support of staff. The level of support each individual required with maintaining a healthy diet was dependent upon people's assessed capabilities and this was reflected in their agreed care plans. These plans were regularly reviewed with each person's participation.

People's needs were met by staff that were effectively supervised. Staff participated in 'supervision' meetings and that the registered manager were readily approachable for advice and guidance. Staff had their work performance regularly appraised at regular intervals throughout the year by the registered manager.

People benefited from receiving support from staff that were enabled to participate in further training in care work to gain a qualification and enhance their work skills. Newly recruited staff received a thorough induction that prepared them for their role. They also initially worked alongside an experienced member of staff and completed their induction training programme before they took up their care duties.

People received the timely healthcare treatment they needed. There was effective communication between staff and, for example, people's GPs. People received timely medical treatment or other appropriate healthcare treatments from community based professionals.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. People's needs were discreetly met by staff so that they received the support they needed in a dignified manner. People generally attended to their own intimate personal care needs with varying degrees of enabling support from staff.

People received their care and support from staff that were compassionate, friendly and respectful. One person said, "They [support workers] cannot be faulted. They really are the best."

People's individuality was respected by staff and we saw them take an interest in what people were saying about their day and what was important to them.

We saw staff responded promptly when people needed practical support, guidance or reassurance. Staff were able to tell us about the signs they looked for that signalled if an individual was anxious and needed their timely support. We observed that people felt able to approach and talk with staff. When one person repeatedly interrupted our discussions with the registered manager they responded calmly and patiently provided them with explanations and reassurance they needed.

People were encouraged to make choices appropriate to their capabilities and preferences. There was information in

people's care plans about what they liked to do for themselves, such as where they enjoyed going in the local community, and the support they needed to be able to put this into practice. This ranged from what they wanted to do with their time on a particular day to making choices about their preferred daily routine, such as going out to particular shops to get what they wanted.

People were encouraged to bring items into their accommodation which enabled them to personalise their own private space and feel 'at home'. We saw evidence of this in people's accommodation, with items of personal value on display, such as photographs and other personal belongings that were important to them and reflected their interests.

People's accommodation catered for single occupancy. Although registered with the Care Quality Commission (CQC) to provide the regulated activity of 'Accommodation for persons who require nursing or personal care' accommodation within the premises was comprised of 'flats' so that people had as much autonomy as they preferred and received the 24hr staff support they needed to sustain their independent living skills. People were able to spend time in private or join in with communal social activities. One person said, "It [their accommodation] is the way I like it. They [support staff] treat it as my home. They never just barge in without knocking."

Is the service responsive?

Our findings

When we inspected on 28 October 2013 we required the provider to take proper steps to ensure that people's care and support plans were sufficiently detailed to enable staff to provide the timely care people required. This was then a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider took timely action to improve this area of care.

People had been involved in planning and reviewing their care. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known. Their care and treatment was planned and delivered in line with their individual preferences and choices.

People received care that was personalised and met their individual needs. Staff were able to tell us about people's interests and their backgrounds and this information enabled them to understand and support people with diverse needs. We looked at three care plans and saw they were created to meet people's individual needs such as detailing the activities each person liked to engage in. One person said, "I know all about that [care plan]. They [support workers] helped me with it [care plan]. I agree with it."

People received a service that was flexible. Staff said they work with each person and review their care plans with them as their needs, aspirations or expectations change. One person said, "I suit myself and go out to the shops or visit friends when I want to. They [support workers] like to know when I go out and when I intend coming back. I have no problem with that." People who preferred to keep their own company were protected from isolation because staff made an effort to engage with them individually. They used their knowledge of the person's likes and dislikes to strike up conversation and encourage and enable them to manage their daily routines.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. A complaints procedure was available for people who used the service explaining how they could make a complaint. People said they were provided with the information they needed about what to do if they had a complaint. One person said, "If I am bothered about anything I go straight to them [registered manager, provider, or support staff] and they sort it. I have no worries about that."

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a cohesive team that was enabled to provide consistent care they could rely upon. A registered manager was in post when we inspected that had the knowledge and experience to motivate staff to do a good job. Staff said the registered manager used regular supervision and appraisal meetings with staff constructively. They said the registered manager or provider were always available if they needed advice.

People received care from a staff team that were encouraged and enabled to reflect on what constituted good practice and identify and act upon making improvements. Staff said that the registered manager respected them and valued their efforts to provide people with a safe, comfortable living environment.

People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored in the registered manager's office to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and by the provider. These audits included analysing satisfaction surveys and collating feedback from other sources, such as visitors and, for example, healthcare professionals that were involved in people's on-going care and support. One staff member said, "They [registered manager and provider] are very supportive and conscientious. They want people to have a good quality of life here so they make sure we get the training we need to provide that."

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.