

Alan Atchison

Alan Atchison - 2 David's Close

Inspection report

2 David's Close
Werrington
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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

Alan Atchison – 2 David's Close is a residential care home providing personal care to 10 adults with autism, physical and learning disabilities at the time of the inspection. The service can support up to 11 people in one adapted building.

The service had been running for many years prior to the Registering the Right Support best practice guidance. The registered manager told us on the second day of inspection they had become aware of this guidance after our first inspection day. However, we saw the service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with a senior support worker, in the registered manager's absence at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service did support people effectively in line with positive behaviour support principles. Staff told us they were trained to support people using positive behaviour support during their autism awareness training.

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

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.

Although the registered manager at this inspection was not aware of the guidance of Registering the Right Support, the service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

We have made a recommendation about keeping up to date with best practice guidance.

People's support focused on them having as many opportunities as possible for them to gain new skills and

become more independent.

The support and care provided by staff at the service made people feel safe. Staff understood their duty to report any concerns they had about poor care and potential harm to people. Staff had information available to them to refer to on how to monitor and reduce people's individual risks. Staff worked in conjunction with guidance from external health care professionals such as the speech and language therapist team and a hospital consultant to help support and maintain people's well-being.

Staffing levels were looked at and determined to make sure they met the needs of the people using the service. This included support for people who required one-to-one or two-to-one support within the community. Trained staff safely managed people's medicines.

Records showed that not all staff had completed their mandatory training, including a new staff member. Staff told us they had supervisions and a yearly competency check to monitor their skills and knowledge.

We have made a recommendation that staff's training be completed by a set timeframe to make sure staff are competent and confident to deliver effective care and support.

People were supported to maintain their independence where appropriate. Staff promoted people's food and drink intake. Staff respected people's privacy and dignity. Staff knew the people they supported well. People had developed caring relationships with staff who understood their individual and sometimes complex care and support needs and wishes.

People told us staff were kind. People's personal information was kept confidential in the service's office. People, where possible, and their relatives or an advocate service were involved in discussions and reviews of their, or their family member's, care. There had been no complaints recorded. A guide on how to complain was available in a pictorial easy read format. This helped aid people's understanding.

Staff felt supported by the registered manager and other staff colleagues. Audits were carried out to monitor the service and address any improvements required.

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

Rating at last inspection

The last rating for this service was good (published 2 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Alan Atchison - 2 David's 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Alan Atchison – 2 David's Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals such as representatives from an advocacy service who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this

information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager who was present on the second day of the inspection, the administrator, two senior support workers and a support worker.

We reviewed a range of records. This included a person's care record. We looked at staff training records, audits, compliments records, the complaints policy and the Deprivation of Liberty Safeguards applications and authorisations file.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated their training on how to safeguard people from poor care and harm. They confirmed, "We train staff, so they are not using discriminatory [language]. Each person has a person-centred care plan. Staff have to work according to the care plan. [Senior staff] make sure we monitor staff's language." They then told us if they had any concerns about a person's welfare they would "speak to the [registered] manager."
- People confirmed they would speak to staff if they had any concerns. A person told us, "I can talk to staff about anything."

Assessing risk, safety monitoring and management

- Personalised risk assessments informed staff on how to recognise and monitor a person's individual risks including a personal emergency evacuation plan.
- Staff had undertaken physical intervention training which showed staff 'breakaway techniques' to be used when needed. Staff told us that known distractions helped reduce people's anxiety in a positive way. A staff member said, "There is an expectation that staff are aware of what distractions to use to calm a person down. These are communicated in [staff] handovers and are within the care plans so staff have no excuses about not knowing what to do."

Staffing and recruitment

- Checks were completed on new staff to make sure they were suitable to support people. A staff member confirmed, "Application was made regarding a full-time role. I was interviewed and my CRB [criminal records check] and references from previous employers were in place [before I started]."
- We saw that during the inspection there were enough staff to support people. Senior staff confirmed that the number of staff working on each shift to support people safely in the service and out in the community was based on people's care and support needs. A staff member said, "If we need more staff we speak to the [registered] manager. We as seniors monitor the shifts to make sure there are enough staff."

Using medicines safely

- Staff managed people's medicines safely. Staff were trained to support people with their prescribed medicines and had their competency to do so checked by a more senior member of staff once a year. Staff told us, and we saw that care records included guidance for staff on how to deal with a person's distressed behaviour. A staff member said, "There is a care plan, and we use talk down [techniques] and distractions to try to stop it escalating...you use PRN [as and when required medicines] with the authority of seniors or the [registered] manager."
- When asked who helped them with their medicines a person told us, "Staff give me tablets to swallow."

- Part of the senior support worker role was to audit 'counts in and out' of people's medicines to ensure the accuracy of medicine's administration and a weekly check of the medicine's storage.

Preventing and controlling infection

- All areas of the service were clean and tidy with no malodours.
- Staff had training in food hygiene and how to promote good infection control procedures. A staff member said, "Support staff do the cleaning. You have different mops and buckets for different areas of the service. For the kitchens, bedrooms and toilets. [Personal Protective Equipment] PPE there are enough gloves aprons and long gloves. We also have plastic shoe covers. PPE is changed for each task."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. A senior staff member gave an example of improvements made because of learning. They told us of previous medicine's recording errors when staff had failed to record the administration of a person's medicines. They said, "Staff were doing medication on their own, so there was a change in practice to reduce the risk of recurrence. Staff now have to administer medicines with a witness and this has improved things."

Is the service effective?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The management of the service were not always aware of current guidance and best practice. The registered manager told us that they had only been made aware of the Registering the Right Support guidance after the first day of this inspection.

We recommend the registered manager ensures they keep up to date with current best practice guidance on supporting people with a learning disability and/or on the autistic spectrum.

- People's needs were assessed, and advice and support sought from external health professionals to help promote and maintain people's well-being.
- Technology and equipment such as specific monitoring for seizures and hoists were used to monitor and support people's health and independence.

Staff support: induction, training, skills and experience

- New staff completed an induction. A new staff member told us their induction included shadowing another more experienced staff member on shift. They told us they had worked at the service for one month but had not yet completed their mandatory training. They confirmed to us the deadline to complete this was "end December 2019." The registered manager confirmed that there were no set dates for new staff to complete their mandatory induction training.
- Staff training records showed that not all staff had completed their mandatory training. This increased the risk of people not being supported effectively or in line with up to date guidance.

We recommend the registered manager ensures that training be completed by a set timeframe to make sure staff are competent and confident to deliver effective care and support.

- Staff had supervisions and a yearly competency check to review their progress. The registered manager told us competency checks on staff would be more frequent than yearly if needed.

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

- People were supported with enough food and fluid. The PIR stated and staff told us that people helped plan what they wanted to eat. Staff supported people to eat and drink enough and people were supported with their dietary needs such as being at risk of choking.
- A person told us, "I like a nice cup of tea." Another person said, "I choose what I want to eat and drink. Tonight, it is sausage casserole."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People had access to external health professionals such as hospital consultants, GPs, speech and language therapists and dentists when needed. This supported people to live healthier lives.
- A person confirmed to us, "I have a doctor's appointment on [named date]."

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

- The accommodation was an adapted extended detached house in a residential street that had no exterior signage to indicate that it was a care service. This promoted the dignity of people living at the service and was in line with the Registering the Right Support guidance. The rooms were on two floors with wide corridors to support people with limited mobility. There were communal rooms and an enclosed garden for people to use should they choose to do so.
- People's rooms were individualised with their personal belongings to promote their interests and make the rooms feel homely.

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 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. 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 any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments of people's mental capacity to make certain decisions showed that staff were working within the principles of the MCA. Staff had recorded these in people's support plans, alongside best interest decisions and had made DoLS applications to the person's local authority when needed. Not all applications made to the local authority had been processed yet.
- Staff had training in MCA and we saw that people were asked for their choices, which were respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people well. People made positive comments about the care and support provided by staff. One person told us, "I am happy living here." Another person said they "like [2] David's Close. Staff are kind as I get help."
- Staff had good relationships with people and people seemed to enjoy staff's company. There were kind interactions and staff seemed to genuinely care about people and wanted to do their best for them. People told us they had made friends at the service. One person said proudly, "[Named person] is my friend."
- Staff knew the people they supported. They assisted people in line with each person's individual wishes and in accordance with their individual care plans and risk assessments.

Supporting people to express their views and be involved in making decisions about their care

- People were asked their views and where possible people were involved in their care decisions. Records such as 'keeping healthy' were designed by a learning disability team and advocate and were presented in a pictorial, easy read format. This helped to aid the person's understanding of their care and support needs.
- People who chose to were supported with their decision making by using an advocacy service and a 'Relevant Person's Representative' [RPR]. Advocates are independent of the service and support people to make and communicate their wishes and help them make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted and maintained people's privacy and dignity. People were dressed in clothes of their choice for the temperature in the service. One person said, "I like these clothes they keep me warm." People looked clean and tidy, which maintained their dignity. Staff knocked on people's doors before entering their room to make sure people's privacy was respected.
- Staff supported people to be as independent as possible. This included involving people in tasks around the service to promote their life skills. One person told us proudly, "I made my bed, that made me happy."
- People's personal information was kept confidential in the service's office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people with individualised care that met their care and support needs and was in line with people's wishes. Staff gave people assistance, without the person losing choice and control of how they wished to be supported and spend their time. A visiting professional fed back to us that the staff always worked with them in the person's best interest.
- Reviews of people's care took place to make sure the person's support needs were up to date. Where needed, people's family and advocates were involved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- To help aid people's understanding of different information available, documents such as the complaints policy were in a pictorial and easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their interests and hobbies both inside and outside of the service.
- People at the service during the inspection days were seen coming and going from the home. When asked what they had been up to one person said, "College," and another told us, "Day centre," whilst a third said, "I've been working at [named place]."
- When asked if they enjoyed college the person told us, "Yes. Because I learn things and I go out."

Improving care quality in response to complaints or concerns

- People were encouraged to inform staff about anything they were unhappy about. The registered manager said they had not received any complaints about the service since the last inspection.

End of life care and support

- Staff used their training from an external health professional to support a person in conjunction with external health professionals when they were at the end of their life. This was so the person had as dignified and pain free death as possible.
- The registered manager told us they intended to have a complete record of people's end of life wishes to guide staff when this time came, in place by the end of 2019.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff encouraged feedback and acted on the information they received to improve the service. Records showed reviews of people's care and support needs took place and that regular meetings were held where people could give feedback and discuss their wishes. Records showed that people had discussed their wish to hold a Halloween party and to dress up.
- Staff said they felt supported and listened to by the registered manager and there was a clear expectation for staff to deliver a good standard of care to people. A staff member told us that during supervisions staff had told the senior staff they were happy. They went on to say, "What the service does really well? I think it is looking after the residents and the communication with the parents and staff. Residents' meetings are held once a month and staff help with the communication."

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 notified CQC of incidents that they were legally obliged to.

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

- The registered manager was clear about their responsibilities and gave us examples of how they were supported by their organisation to deliver a good standard service to people.
- The administrator told us how the provider had just started 'organisational oversight' visits to both of their services. This was to make sure the quality of care and support being delivered was of a good standard and met their expectation.
- Staff understood the importance of their roles and responsibilities and what was expected of them.

Continuous learning and improving care

- Audits were carried out to monitor the quality of the service provided. Where improvements were found to be needed actions were taken to resolve these. However, these audits had not identified that not all staff training was up to date. The registered manager, on the second day of the inspection, showed us how they would monitor this going forward.

Working in partnership with others

- The registered manager worked in partnership with representatives from key organisations. This included visits from the local authority commissioning team and an advocacy service.