Community Care Matters Limited

Anderson Close

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 11 December 2017 and was unannounced.
Anderson Close is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Anderson Close accommodates three people in one adapted bungalow.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last unannounced inspection in June and July 2016 we identified four breaches of relevant legislation. These related to fire safety, consent, lack of staff supervision and appraisal and governance. During this inspection we found the provider had made improvements to the service although further improvement was required with regard to governance.

During this inspection we saw that the service was working within the principles of the MCA. We saw evidence that where people lacked capacity to make decisions, the provider had considered the least restrictive option and consulted appropriately with people to make best interest decisions, however this was not robustly recorded.

The service had a registered manager 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.

People told us that they felt their relatives were safe living at the home and that they were well cared for. The provider had measures in place to protect people from avoidable harm and abuse. Staff received training in this regard and demonstrated clear understanding of responsibilities and procedures.

We found that safe administration of medicines was taking place, however we saw that on the day of inspection the keys were not securely stored. We discussed this with the registered manager and they confirmed they would remind staff of the correct procedures.

Risks associated with people's care had been assessed and were kept under review. There was a process to record accident and incidents. Although none had occurred since 2013 staff were aware of the actions they should take if an accident occurred.

The provider followed safe recruitment procedures including checks with the Disclosure and Barring Service

(DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

Staff had good understanding of the needs of people living at Anderson Close. Relatives were happy with the care their family member received.

At the last inspection we saw that staff had not received regular supervision and appraisal. During this inspection we found that staff felt supported in their roles and had received appropriate supervision and appraisal.

Staff said they received the training they needed to carry out their roles and were able to attend courses presented by the local authority. The provision of staff hours meant that people always had access to support when they needed it.

We saw that staff knew the needs, preferences, likes and dislikes of people living at Anderson Close well. Staff were observed to be friendly, caring and attentive at all times during the inspection and showed regard to dignity and respect. Care planning was person centred and care plans contained essential information and risk assessments.

The provider had a complaints policy in place and relatives told us that they knew how to raise a concern and who to contact should the need arise. There had been no complaints since the last inspection.

All family members and staff spoken with were complimentary about the registered manager. The registered manager was present during the inspection, engaged well with the inspection process, responding well to any suggestions regarding possible improvement. They were aware of their role and responsibilities both within the service and with regards to their registration.

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.

Policies and procedures were in place to inform staff about safeguarding adults at risk of harm and whistleblowing. Staff had received training in this regard and were aware of the procedures to follow if abuse was suspected.

Recruitment procedures provided appropriate safeguards for people using the service to ensure people were being cared for by staff that were suitable to work with vulnerable people.

There were sufficient staff to meet people's identified needs.

Is the service effective?

Requires Improvement

The service was not always effective.

We saw that although the principles of the Mental Capacity Act 2005 were being followed, documentation of the process followed needed to be improved.

Staff were supported with regular supervision sessions and appraisal.

Staff demonstrated a clear understanding of the individual needs and preferences of the people living at Anderson Close.

People were supported to access services and professionals to maintain their health needs.

Staff spoken with had the knowledge and skills needed to carry out their roles effectively

Is the service caring?

Good

The service was caring.

People spoke positively about the service and the caring nature of the staff was evident.

Staff understood the importance of working in a person centred way

Staff were aware of people's right to privacy and dignity and provided support accordingly.

Is the service responsive?

Good

The service was responsive.

People received care and support that took into account their individual needs and requirements.

The service had a complaints procedure and people we spoke with were aware of who they would speak with should they have any concerns.

We found that staff were positive and motivated about their roles and the care they delivered.

Is the service well-led?

Good

The service was consistently well-led.

Staff were complimentary about the registered manager and told us that they felt well supported.

Staff members understood the policies and procedures that informed their practice.

Quality insurance records were well organised with improvements noted following findings of the last inspection although we found that further improvement was required regarding recording of assessment of mental capacity and best interest decision making.

Anderson Close

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.

The inspection took place on 11 December 2017 and was unannounced.

The inspection team consisted of one inspector and an expert by experience who attended on the day of inspection and also contacted people by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we checked the information we held about the service and any statutory notifications received. A statutory notification is information about important events which the provider is required to send us by law. We also contacted the local authority quality assurance team for their views about the service.

We used a number of different methods to help us understand the experience of people who used the service. We spoke with one person who lived at Anderson Close along with three relatives. We looked at a number of records and reviewed three care plans of people using the service. Other records included, staff training, supervision and recruitment; complaints; policies and procedures; rotas and records relating to the running of the service.

Good

Is the service safe?

Our findings

Due to the complex nature of individual needs, communication with the people using the service was limited. We spoke with three family members and all said that they felt the service was safe for their relative and that they had no concerns. We were told "I trust the service, we are included and informed at every level". We asked staff if they had any concerns about people's safety and were told "No, they are really well cared for".

During the last inspection we found that the service had not carried out fire drills since 2013 and that this constituted a breach of relevant regulations. During this inspection we found that fire drills were now carried out and practiced to ensure that staff were aware of the procedure to follow in the event of a fire and the provider was no longer in breach of this regulation.

The provider had measures in place to protect people from avoidable harm and abuse. Staff received training every three years, or sooner if it was felt necessary, and those spoken with were able to demonstrate a clear understanding of responsibilities and procedures to follow in this regard.

There was a safeguarding policy in place which noted that the local authority policy took precedence over the provider's. Although the local authority policy was available to staff electronically an updated printed copy was not. The provider's policy was basic and required further development to more clearly reflect the provider's and staff's responsibilities and actions to take.

We looked at how medicines were administered and managed. There was a policy in place regarding management of medicines and staff responsible for medicines received training with competency assessed on an ongoing basis. We found that there was no process in place to record medicines that had been disposed of, as the system had recently changed. For example, we were informed that a medicine prescribed as a cream had been returned to a local pharmacy by a member of staff however no record of this had been made. We discussed this with the registered manager and were informed that a system was being implemented and the service was now able to return medicines appropriately and that a system to capture this information introduced. We also found that one person was receiving their medicine covertly (hidden in food), we have commented on this further in the effective section of this report.

Medicines were stored in a lockable cupboard. The provider's policy stated that the medication keys were the responsibility of the senior member of staff. During the inspection we observed that the keys had been left in a container attached to the medicine cabinet therefore the secure storage was not effective. We brought this to the attention of the registered manager who confirmed they would remind staff of the correct procedures.

We reviewed the Medicine Administration Records (MARs) to ensure that the administration of medicines was recorded correctly. We saw that medicines had been signed for by the person administering them however a code 'O' meaning other had been routinely used when there was no medication prescribed. We discussed this with the registered manager during the inspection who confirmed they would ensure that

staff had clear understanding of the use of this code.

We checked stocks of two medicines and found these to be correct, saw that good stock management was evident and that stocks were checked before further supplies were ordered. We observed a member of staff administering a medicine and saw that they did this in a caring and patient manner, telling the person what the medicine was for and allowing the time they needed to swallow, providing prompts throughout.

The risks associated with people's care had been assessed and were kept under review. We saw that the service had recently introduced a process to monitor people's weight using a Malnutrition Universal Screening Tool (MUST) and a procedure to monitor weights where scales would not be appropriate to use. A process to review the risk of developing pressure ulcers had also been implemented however we found that this documentation was kept with quality assurance paperwork rather than in people's care folders. As ongoing assessment of this risk forms part of care planning therefore we recommended that this information was retained in the care files along with other risk assessment documentation.

We reviewed the file relating to accidents/incidents and saw that there had been none since 2013. Staff were aware of the actions they should take should a person be involved in an accident or incident.

Staffing levels were mainly on a 1:1 basis, to meet the needs of the people using the service although there was no dependency tool used. During the inspection we saw that one person who lived at Anderson Close was attending day service and that staffing remained at the same level thereby providing additional resources over and above 1:1 support. During the night there were two staff, which included a sleep in staff member.

We reviewed four staff files and found that the provider followed safe recruitment procedures. Checks included obtaining references and contacting the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with vulnerable people.

The home was visibly clean, bright, tidy and free from malodour. We saw that staff wore personal protective equipment, such as gloves and aprons as required to help reduce risk and prevent the spread of infection. The registered manager explained that kitchen refurbishment was scheduled for January 2018. Since the last inspection several improvements had been made including new flooring and a new boiler in addition to ongoing maintenance and redecoration.

Requires Improvement

Is the service effective?

Our findings

Relatives told us that they felt the staff understood the needs of the people they were supporting and that staff contacted them to inform of any relevant information or changes that arose. Comments included "Wouldn't change anything for the world, very happy", (Relative's) care is absolutely fantastic" and "Very happy with care provided, I can trust them".
Staff spoken with told us that they felt supported and "could go to any of the staff" if they needed to.

During the last inspection we found that staff had not received regular supervision or appraisal and that this constituted a breach of the relevant legislation. During this inspection we saw that improvements had been made and that staff supervision took place regularly. Staff told us that they felt supported and able to carry out their roles effectively.

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 procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards.

We checked whether the service was now working within the principles of the MCA, and whether any conditions on authorisation to deprive a person of their liberty were being met. We saw that the service was working within the principles of the MCA. We saw evidence that where people lacked capacity to make decisions, the provider had considered the least restrictive option and consulted appropriately with people to make best interest decisions, however this was not robustly recorded. For example, one of a person's medicines was being administered covertly (crushed in their food). Information on file indicated that this person would lack mental capacity to consent. However, although discussion had taken place with prescriber (GP) and pharmacy as the instructions were clearly detailed on the MAR which staff were following, appropriate assessment and best interest decision making documentation had not been completed.

We also saw that decisions had been made with regard to appointments for breast screening. There was evidence on file that a least restrictive option had been considered, i.e. ultrasound, discussed with the GP and health professionals and the manager was able to explain the reasons why screening did not take place. However, once again appropriate assessment and best interest decision making documentation had not been completed. We discussed this with the registered manager who advised they would review procedures to ensure more robust recording of best interest decisions.

Applications had been submitted under DoLS for two individuals as required and following the inspection we were advised that, having been approved by the supervisory body, appropriate authorisations were in place.

A process was in place to assess people's needs before they moved to Anderson Close. People told us that this included an initial assessment visit where needs were examined and that family were included in creating a personalised plan.

Staff told us that they attended training provided by the local authority including manual handling training appropriate to the needs of people using the service. The registered manager maintained a matrix detailing training provision, we saw that this was routinely monitored and included details of ongoing planning. We saw that there was a robust induction process in place to support newly recruited staff.

We saw that a handover sheet was completed each shift and that detailed information was recorded so that the next shift would be aware of care provided and any concerns.

Staff told us that they received the training they needed to carry out their roles effectively. Comments included that the registered manager was "Very good, if we want to do things we are put on council courses".

People were supported to have sufficient to eat and drink. Where people required support to eat, staff did so in an unrushed manner and offered encouragement. We observed the serving of lunch and saw that portions were generous. We saw that one person was able to eat independently but that staff were on hand to maintain their dignity and safety, wiping excess food discreetly when needed.

Staff demonstrated clear understanding of the individual needs and preferences of the people living at Anderson Close. We saw that the service maintained good links with community services. People had access to GPs, district nurses, dentists, opticians and chiropodists to assess/meet their health care needs with referrals to speech and language therapy, learning disability services or physiotherapy made when required.

Good

Is the service caring?

Our findings

Families of people using the service said they felt it was caring, attentive to needs and "operated with advocacy when needed" and that they were kept involved in the planning of care for their relative. Comments included "I know (relative) is happy with the service, and as a family we are also" and "Staff are very caring, they help in every way they can". One member of staff spoke about their wish to "make a difference to residents' lives". Also, that they would "Absolutely" be happy for a relative of theirs to receive care at Anderson Close if needed as they would have "No qualms whatsoever, I think it is wonderful".

During the inspection staff were observed to be friendly, caring and attentive to people using the service at all times. They showed compassion and spoke with kindness and respect, chatting throughout the inspection, and were observant to people's needs to enable them to respond in a timely manner. Family members were involved in planning the care that their relative received.

People's rights to privacy and dignity were maintained in all aspects of care and support. We saw that this was reflected in care plans which noted "Maintaining (Name)'s dignity is a key element to a successful night time regime" and "Is helped to remove all clothing with towel placed over any bare areas on view".

Staff understood how people's behaviours sometimes may compromise their dignity for example one person sometimes removed their clothing. The care plan and staff knowledge meant that measures had been taken to ensure clothing was appropriate and staff were vigilant for signs that this may occur in order to protect that person's dignity.

The provision of staff hours meant that people always had access to support when they needed it.

We saw that people were supported to do what they could for themselves, for example, a person was able to eat their food independently, however a staff member was on hand to support them when needed and to ensure their safety and maintain dignity.

Staff were able to demonstrate awareness of the need to maintain confidentiality and records were securely stored.

Good

Is the service responsive?

Our findings

Family members spoken with felt that the care their relative received was responsive to their needs. Comments included "When I've needed to have a discussion on something, they have always listened and responded to what I've said every time" and "If I suggest things, staff do listen and ask how they can improve, really happy with this and feel she gets better care".

It was clear from our observations and discussions that staff knew people well and were responsive to their needs. We found that assessment and care planning was person centred. Care plans contained essential information and risk assessments about people's needs, preferences, likes and dislikes. For example "I need help to unzip my clothes but I can undress myself and "(Name) likes a flannel placed over face area to prevent water running down". We saw that a care plan about medical appointments noted "Care is taken not to inform (Name) too far in advance as this causes anxiety". Risk assessments clearly identified the risk with the actions required to manage and mitigate the risk. Each plan contained sufficient information to inform staff practice and showed evidence of regular review, although we did see some occasional gaps. A pain scale was used to adequately assess the level of pain that people using the service were experiencing.

We saw that people's rooms were personalised and were told that they had been supported to make choices such as decoration by looking at catalogues. Decoration and layout was responsive to people's needs with appropriate moving and handling equipment installed and objects placed appropriately.

Staff told us that people using the service were encouraged and supported with opportunities to explore new things. One person attended a day centre regularly and this was the case when the inspection took place. Activities took place in line with individual's likes and abilities such as arts and crafts and people were supported to be involved with the community including entering a scarecrow competition, coffee mornings and various events at a local club.

The service supported people by providing information in a format to suit their needs, for example, in picture format.

People we spoke with told us that they were made to feel welcome at Anderson Close when they visited.

The provider had a complaints policy and relatives told us that they knew how to raise a concern and who to contact should the need arise. There had been no complaints since the last inspection.

Good

Is the service well-led?

Our findings

Staff were extremely complimentary about the registered manager and told us they felt that they felt she "goes above and beyond" for the people living at Anderson Close. All family members we spoke with told us that they had spoken on the telephone to the registered manager and that they called regularly, "We get regular calls, very supportive and honest".

The service provides a homely, family atmosphere for people using the service and their relatives. Relatives are able to attend hospital and medical appointments when needed and have regular contact with the registered manager to discuss the care provided to their relative.

During the last inspection we identified that although Anderson Close had a comprehensive quality assurance system in place, it had been ineffective in identifying and addressing the areas identified during that inspection. During this inspection we saw again that there was a comprehensive system in place to monitor the quality of the service and improvement in the effectiveness of audits was seen. However further improvement was still required with regard to identifying the lack of appropriate documentation of mental capacity assessment and best interest decision making noted in the Effective section of this report. We recommend that the provider reviews documentation used for assessment of mental capacity and best interest decision making.

Staff spoken with told us that they felt supported by the registered manager and were clearly comfortable when speaking with her. One member of staff told us "It's the only job I've ever enjoyed" and there is "nothing I don't like". There was a "Learner of the Month" programme in place to drive staff morale.

The registered manager was present during the inspection and engaged well with the inspection process, responding positively to any suggestions regarding possible improvements. They were aware of their role and responsibilities both within the service and with regards to their registration including regarding the submission of notifications in line with regulatory requirements.

Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. There were confident that they would feel able to whistleblow and be supported by the manager and told us "Absolutely, I feel strongly and wouldn't think twice.

Quality assurance records were maintained and had been reorganised. We saw that the registered manager had ensured that appropriate safety and maintenance records were in place including, gas, electrical installation and emergency lighting.

The registered manager had made positive links with the local authority and health care professionals and was engaged in a mentor scheme.

Staff, including the registered manager, were clear in their feeling of pride in the service that they provided and this came across strongly at all times.