Creative Support and Consultancy Limited

St Albans House

Inspection report

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Essex
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 15th June 2016 and was unannounced. St Albans House is a two storey house situated in a residential area close to the sea. The service is registered to provide accommodation for up to five people who require personal care. The home provides support to people who have learning difficulties and may have mental health needs. At the time of this inspection there were five people using the service.

The service had a registered manager. 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.

Staff had a thorough understanding of the processes for keeping people safe, and had undertaken and regularly refreshed their training on safeguarding vulnerable adults. There were very detailed risk specific risk assessments in place, which identified the risk, the potential outcomes and the actions which needed to be taken to minimise the risk as far as practicable. There were safe recruitment processes in use in the service, with all appropriate checks being carried out prior to staff commencing work.

There were sufficient staff deployed, to not only meet people's needs safely but also to ensure people were able to participate in activities which they enjoyed and which enriched their lives.

Medicines were managed safely and the service was very clean. The service was nicely decorated. People who lived at the service chose the colours for all areas of the home. The equipment was of good quality and there was a programme of monitoring and replacement for all aspects of the home.

All staff had received a comprehensive induction and received regular refresher training to ensure they had up to date knowledge. Staff told us the training was interesting and effective.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood their responsibilities. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. Where people lacked the capacity to consent to their care, legal requirements had been followed by staff when decisions were made on their behalf.

People were supported by staff who supported them to make day to day decisions. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. Three people at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity

Act 2005 and Deprivation of Liberty Safeguards.

People had access to nutritious and healthy meals and drinks. People who lived at the service were able to choose the meals which would be served as part of their inclusion in the running of the home.

We saw staff were kind, caring and very considerate. Staff treated people with dignity and respect and there was an obvious fondness between staff and people who used the services.

Care plans were very detailed and person centred. There was evidence throughout of people's likes, dislikes and preferences.

The registered manager was very visible in the service and was clearly a very regular presence in the home. The service's ethos was that of delivering high quality services which improved the levels of independence and confidence of the people who lived there.

There were robust policies and procedures in place, which incorporated the organisation's vision and values. There was regular monitoring and auditing of all aspects of the service to ensure any issues were picked up. Where there had been any issues highlighted there were clear records of the actions which had been taken in response and the outcome. The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received safeguarding training and had access to relevant guidance. When safeguarding incidents had occurred they had been correctly identified, reported and acted upon by staff.

Risks to people were identified and effectively managed by staff to ensure people's safety.

There were enough suitable staff to make sure people were cared for safely. Staff had undergone relevant pre-employment checks to ensure their suitability.

People's prescribed medicines were stored and managed safely in accordance with current legislation and guidance.

Is the service effective?

Good

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff who had the necessary skills and knowledge.

People's health needs were met and people received regular health checks.

Staff received the training they needed to carry out their work effectively.

The provider and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were effectively supported to eat and drink. They were involved in the planning of menus and staff supported people to maintain a healthy diet.

Is the service caring?

Good

The service was caring

People had positive and caring relationships with the staff who treated them with kindness and showed compassion and concern for their welfare.

Staff supported people to be actively involved in making decisions about their care.

Staff promoted people's independence and ensured their privacy and dignity were respected in the way their care was provided.

Is the service responsive?

Good

The service was responsive.

Staff used a range of communication methods to ensure staff responded appropriately. People were involved in making decisions about the support they wanted.

Care plans were personalised and gave staff the information they needed to provide support to people. People were encouraged and supported to do as much as possible for themselves so they could maintain their independence.

People were supported to maintain relationships with their family and people spoke positively about the relationships and support provided by their carers.

Appropriate systems were in place to manage complaints.

Is the service well-led?

Good

The service was well-led.

The management in the service was very visible at all times and staff told us they were well supported.

The organisational vision and values were evident throughout the paperwork and practices seen whilst supporting people.

There were robust processes in place to monitor all aspects of the quality and safety of the service, with recommendations made and actioned. The quality of the service provided was monitored regularly and people were asked for their views.

St Albans 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.

The inspection took place on 15 June 2016 and was unannounced.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke to one person and held brief conversations with a further two people who lived in the service. We also spoke with four care staff members, and the manager as part of this inspection.

We looked at two people's care records, three staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

People who used the service told us they were safe there, one person told us, "I am always very safe here, I would tell [manager] if I had a problem. Another person indicated by smiling and nodding that they felt safe when posed the same question.

Staff we spoke with had a good understanding of the safeguarding process which was in place and had received training when they started their roles. They had attended regular updates also which we confirmed with their training records. Staff were fully aware of the particular risks and vulnerabilities of the people they supported and could explain the signs they would be looking for, which could indicate concern where potential abuse was taking place. Staff knew who they needed to report any concerns to and what the escalation process was should they ever feel their concerns had not been dealt with appropriately. Staff were aware of and able to describe the whistle blowing policy which was in place in the organisation. Staff told us they would not hesitate to report any concerns they had and they felt confident their concerns would be dealt with in an appropriate and timely manner. We also noted that any safeguarding notifications had been submitted to us in a timely manner and had been appropriately dealt with to ensure people were kept safe.

There were very detailed individual risk assessments in place. The assessments were personalised and risk specific, which meant they met the needs of the person and provided good guidance on maintaining people's safety. Each assessment laid out the risk and the likely outcome of that risk if action was not taken, and the measures which had been identified and put into place. For example the risk assessment for one person identified the person who could exhibit behaviours that could possibly hurt or injure someone or themselves, identified potential triggers for this behaviour and described early warning signs staff should be aware of. Identifying these early warning signs helped staff to distract the person before the situation escalated. Staff confirmed the information in the risk assessments gave them the information they needed to help keep people safe.

The environment was well maintained. We saw there was a plan for continuous improvement. We reviewed the safety records for the premises and found all safety checks were carried out and all checks were current and in date. This showed the registered provider did all they were able to, to maintain the safety of the environment in which people lived.

We looked at the accident and incident records for the service. We saw there had been very few accidents or incidents in the home. One recent record detailed a road traffic accident that had happened with a service user and a staff member. The records which were in place had been documented in detail and there was clear evidence that the incidents had been investigated and action had been taken to ensure the same incident did not take place in the future by reviewing any mitigating factors. This incident was an accident and the service was not at fault. The person concerned had suffered no bad injury and the service had followed appropriate procedures and reporting systems.
We asked the registered manager about the staffing levels for the home. They told us, and records confirmed, there was always sufficient staff on duty to meet people's needs safely and to ensure they were

well occupied with meaningful activities which enriched their lives. Al the staff we spoke with confirmed staffing levels were adequate. We saw that there were sufficient staff deployed on the day of inspection to enable people to go out independently, accompanied by staff. For example one person went out regularly every week to a café which was their routine and another person was accompanied to a Gp appointment

We looked at staff recruitment, and found the service made appropriate checks before allowing staff to commence their roles. This included a disclosure and barring service check (DBS) criminal record check, which allowed employers to ensure prospective staff were of suitable character to work with vulnerable people. We saw there were also employment references gained from previous employment. This meant the service was taking necessary measures to ensure the staff they employed were suitable for the role.

We looked at the management of medicines in the home. We saw the people in the home had asked that staff assist them to take their medication safely and in line with the prescriber's instructions. There had been mental capacity assessments carried out to ascertain people's capacity to make these decisions and where necessary advocates had supported people. We found the medicines were ordered, stored, administered and disposed of safely. Staff showed us the records of the monthly medicine audits which were carried out. We saw there were no discrepancies and the records matched the medicines which were in stock. There were protocols in place for as and when (PRN) medicines, which explained to staff what the signs were that a person may need the medicine, when they could have it, how often they could have it and the likely effects of the medicine when administered. This meant the registered provider had appropriate processes and policies in place which ensured medicines were managed safely and effectively.

The home was very clean throughout. We saw there was personal protective equipment such as aprons and gloves available to staff. This meant that the service was taking the necessary steps to minimise the risk of the spread of any infections which may occur in the service.

Good

Is the service effective?

Our findings

One person who used the service told us, "They are great here, I think all the staff are very good." One staff member told us, "We all draw on each other's experience but it's the people that live here we are all here for. It is like one big family."

We reviewed the training records for staff who worked at the service. We found staff had undergone a detailed induction prior to starting work and had then been given the time and opportunity to read people's care plans and 'shadow' a more experienced member of staff whilst they got to know people and gained confidence. We saw from the training records staff regularly undertook refresher training in all mandatory subjects including safeguarding and managing medicines. Staff also had regular training in subjects which gave them the skills to be able to support people effectively, such as autism awareness and challenging behaviour. Staff also received training in the use of physical restraints to be used as a last resort when people were anxious or upset.

Staff told us and records confirmed they received regular supervision sessions on a one to one basis with a senior member of staff. Staff also said they could ask questions whenever they needed and they always knew where they could get support between their planned supervisions. The purpose of supervision is to allow staff to embed their current knowledge and gain new knowledge. Staff also received an annual appraisal, at which their performance throughout the year was discussed and further development was planned together. This showed the manager provided support to their staff to allow them to carry out their roles to a high and expected standard.

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. We saw there had been appropriate mental capacity assessments carried out for each of the people who lived at the home. The assessments were decision specific and clearly showed the consideration which had been given to the judgements made.

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 the Deprivation of Liberty Safeguards (DoLS).There were three people who were subject to a DoLS. There were no conditions attached to these authorisations. This meant the registered provider was working within the MCA 2005 and was protecting the rights of people who lived at the service.

We saw in people's care records there were risk management plans in place. These plans described the measures which needed to be used in cases where a person may display distressed behaviours which may challenge others. The plans clearly laid out what techniques should be used and what the escalation procedure was, should these not be effective. Physical restraints were described, however staff told and records confirmed that there had not been any need to use them for a significant period of time, as people's

behaviour could be managed by much less restrictive methods such as distraction.

We looked at whether people had been asked for and given their consent to the care they were being given. We found that people had given their consent as they had been involved in the creation of the care planning and had signed them, (Where they were able to) to show their agreement, in all cases there was a mental capacity assessment in place which showed what level of decisions each person was able to make and they were supported in their decision making by significant others, healthcare professionals and in some cases, advocates.

People who used the service told us they enjoyed the food, and that they were asked what they liked and didn't like. People told us they could ask for something else if there was anything they didn't want and they would always be given an alternative. We saw there was a good variety of meals provided and these were prepared from fresh ingredients. We observed there were snacks and drinks available to people at all times. We saw in one person's care plan one of their goals was healthy eating and to reduce their alcohol intake, to improve their health and long term well-being. The manager told us they had been able to achieve this. The manager was aware of the National Institute for Clinical Excellence (NICE) guidelines in relation to caring for people with learning disabilities. They told us that people's health and wellbeing had improved because people had continuity of care.

Each person had a file which contained a 'Health Passport'. This was a document which provided important information about the person should there be a need to go to hospital. There was information such as: 'Things you must know about me' and 'Things that are important to me'. There was also information about the person's ability to give consent to care and treatment. There was information for staff regarding the need for best interest meetings to be held if consent was not able to be given. The manager told us that if a person needed to go to hospital they would be accompanied by a member of staff so they were supported by someone they knew. This would help to ensure people received consistent effective support. We saw that one person attended a GP appointment on the afternoon of the day we visited and that this process was followed. Each person was also offered an annual health check which looked at all aspects of their health and well-being. Records showed each person had regular access to other health professionals including dentists, opticians, GPs and hospital specialists to ensure they were as well as possible.

Good

Is the service caring?

Our findings

One person who used the service told us, "The staff look after me here, I recently had a car crash and I cried but [staff member] looked after me. Another person smiled in agreement when asked whether they felt staff were caring and thoughtful.

Throughout the inspection we observed kind, caring, patient interactions taking place between staff and the people they supported. Staff treated people with dignity and respect. There was clearly a connection between people who lived at the home and their staff team.

Each person had a plan of care about consent and choices and also a care plan promoting equality and dignity. These plans guided staff on how to ensure people were involved and supported in the planning and delivery of their care. There was information around the barriers each person faced which guided staff about the potential loss of choice the person may experience. Also it reflected the importance of ensuring the person was not just seen as vulnerable, rather than being an individual. Staff said the care plans reminded them how easy it was for people to make assumptions and they would advocate for people to ensure their rights were respected. Staff explained the risks and benefits of any decisions so people had the information they needed to make an informed decision. Staff said that they would always respect people's wishes and treat them with dignity and respect. Observations confirmed this. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in the service's confidential communication book or discussed at staff handovers which were conducted in private.

People had monthly meetings to discuss any issues they had and these gave people the opportunity to be involved in how their care was delivered. Minutes of these meetings showed people were involved in planning activities, holidays, meals and decoration of the home. People also had an allocated key worker who had one to one meetings with them to discuss any individual issues. This gave people the opportunity to express their views and for staff to support them to do this.

Staff supported people to ensure their privacy and dignity was respected. Staff knocked on people's doors before entering and waited for a response before entering. Staff took time to explain to people what they were doing. Staff used people's preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact. People took pride in their appearance and staff supported them to dress in their personal style. Staff said they enjoyed supporting people. Observations showed they had a caring attitude towards people and a commitment to providing a good standard of care.

There was a good rapport between staff and people. We observed positive interactions between staff and people. There was a relaxed and caring atmosphere and people were confident to approach staff. Any requests for support were responded to quickly and appropriately.
We saw from people's care records they all had their part to play in maintaining the standards of cleanliness

in the home. For example people could help with their own washing or preparing their meals. We spoke with the person about this and they told us, "I like to do what I can when I can." All the people who lived at the home had individual goals tasks to achieve as part of their life skills development.

Staff were mindful of people's well-being and recognised that people had varying moods for instance, and were aware of how this may affect their behaviour and physical health. One person was complaining they were feeling a little under the weather on the day of our inspection and it was very hot. Staff were sympathetic and reassuring in their approaches to this person and ensured they had plenty of opportunities to maintain good levels of hydration and rest. Staff sat with people when they spoke with them and involved them in things they were doing. Staff told us how they respected people's wishes in how they spent their day, and the individually assessed activities they liked to be involved in. People were supported to maintain relationships with friends and family. However where this was not possible we were told that advocacy support services were available and were used. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

Is the service responsive?

Our findings

We reviewed the care records for two of the people who lived at the home. We found there were very detailed assessments and care plans in place for both people. Each person had two files. These recorded all aspects of the person's life, including their history, family circumstances, medical conditions, behaviours and personality. Throughout the care plans there were examples of people's thoughts, preferences, likes and dislikes. Care plans were reviewed on a monthly basis or more frequently if there was a significant change to a person's needs or presentation. The reviews showed great attention to detail and documented all input from other professionals which had taken place over the month and the impact this had on the person and their needs.

In each person's care file there was a comprehensive activity plan which covered their activities for each month, and had been created in partnership with the person it related to. We saw there were a wide variety of individual activities undertaken including weekly café visits for one person and the manager told us about one person who did not like a lot of hustle and bustle but they had managed to take them on a trip to Chinatown in London since they had been at the service. People had many opportunities to get involved in activities and outings which enriched their lives. These included day trips to the seaside and one person told us they were very much looking forward to their holiday coming up in Disneyland, France. They told us, "I am going for five days." We also noted that one person had their own guinea pigs and went out for lunch and to buy some needed items for their pets. Another person who enjoyed crafts was observed to be making a father's day card with a member of staff in the garden. Each person had the opportunity to choose and plan their own holiday each year.

The sister home to this one was just one road away and the manager recognised that to avoid people being at risk of social isolation it was positive for people to visit each other and take part in joint activities. The service also held barbeques during the summer and they invited friends and relatives. These occasions facilitated times where people from all the provider's services were able to come together and socialise and create new friendships. We saw people who used the service were treated as individuals and were able to express their personalities in the way they dressed and the activities they chose to participate in. Staff actively encouraged people to make their own choices and express themselves as they felt comfortable.

Staff talked warmly about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. Staff told us that they were confident and knew how to support people who could become anxious in a safe and dignified manner. We saw staff were receptive to people's non-verbal communication and understood when they did not seem happy and when people needed to be kept safe. Staff had sufficient guidance in the health and behavioural action plans, so they could provide support to people, when they needed it and reduce the risk of harm to others.

We reviewed the complaints and concerns records. We saw there was a robust procedure in place for the management of complaints, which included timescales for each part of the process to be completed. There were no complaints or concerns in the file. We asked staff about this and they confirmed there had been none received. The manager had recorded concerns and complaints which had been made. There was a

record to show how these were investigated and the action taken as a result of these. The records also showed who the manager had informed about the complaint, and the feedback given to the complainant. We saw that the process of complaints had been discussed with the staff at team meetings to enable them to learn from these.

Good

Is the service well-led?

Our findings

There was a registered manager in place at the time of our inspection. People who used the service reacted very positively when the registered manager visited the service. It was clear their presence was a very regular feature in people's lives and the people were very fond of the manager.

Staff told us the registered manager was very visible in the service and spent time there often. Staff told us they felt they could approach the manager with anything which concerned them and they would always see that action had been taken and they received feedback on what that was. There was an open positive culture within the home. Staff reported being happy in their roles and this showed through in the way in which they supported people. There was clear leadership within the service, not only from the manager who whilst managing more than one service in the group, was present throughout the inspection.

There were senior support workers who took the lead in the home and gave very clear guidance and support to the other members of the team. There was a strong sense of responsibility throughout the service. Staff took their roles in maintaining the safety and well-being of the people they supported very seriously including the manager. The registered provider and manager are aware of their regulatory responsibilities and complied with all aspects of these in a timely manner, informing us of notifiable events and communicating with us in an open and transparent manner.

The service likes to maintain high standards, this was directly attributable to the consistent presence and approach of the provider's management team and the manager and their commitment to improving the lives of people who use their services. The service continually looked at how they can improve the lives of the people who live at the home, for example by researching and facilitating people to take trips to places which relate to their personal interests. This was evident as one person had no wish to go on a holiday, so days out were facilitated instead so the person did not feel excluded. There were photographs put up around the service to remind people of events held.

The service had close working partnerships with health and other professionals who had regular contact with people who used the service. The provider had a clear set of values which they embedded throughout all their services. The manager told us of the service's vision and values which ensured people received appropriate support to ensure they lived as independently as they could. Staff told us they understood the service's vision and values and used these as their focus in their delivery of people's care and support.

There were robust and thorough procedures in place to monitor and assess the quality and safety of all aspects of the service, including unannounced visits from members of the senior management team at which there were inspections carried out and reports created. The provider had recently employed someone to specifically focus on carrying out the audits in the service. There was very clear evidence that where any issues had been identified there was a corresponding action recorded and this could be tracked through to completion. There was analysis of the information which was gathered which meant patterns and trends could be picked out and lessons learnt actions put in place to reduce further risks and improve standards still further. Records were detailed, accessible and regularly reviewed to ensure people's progress was being

monitored and support needs were re-adjusted accordingly.