

Addington House Limited

Addington House

Inspection report

62 Addington Road
Sanderstead
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CR2 8RB

Tel: 02086519132

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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

About the service

62 Addington House is a residential care home that provides accommodation and personal care support for up to six adults with learning disabilities and or autism. At the time of our inspection five people were using the service.

The service has 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.

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

People were safe at the service. Staff had been trained in safeguarding to protect people from abuse. Staff understood the signs of abuse and how to report any concerns in line with the provider's procedures. There were enough staff on duty to meet people's needs. The provider followed safe recruitment practices. Risks to people were assessed and management plans were in place to manage identified risks.

Medicines were administered and managed safely. Staff maintained accurate medicines administration records. The environment was safe and clean. Staff followed safe infection control procedures. There were systems in place for staff to learn lessons when things go wrong.

People's care needs were assessed and their support planned based on their individual needs. Care plans were reviewed regularly to ensure support delivered to people continued to meet their needs. People's relatives were involved in their care planning and their views were respected. People received food and drink to meet their nutritional and dietary needs. People received support to maintain good health; and staff worked effectively with health and social care professionals.

Staff were trained and supported through regular supervision. They had the skills and knowledge to meet people's needs. The service had systems in place to enable a smooth transition when people moved between services. The home had been adapted and had suitable facilities which met people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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

Staff understood people's needs and treated them with respect and dignity. Staff communicated with people appropriately and supported them to express their views. People were encouraged to follow their interests and develop daily living skills. The service provided information to people in accessible formats. People were supported to maintain their religious and cultural values.

People's relatives knew how to make a complaint if they were unhappy with the service. The service sought feedback from people and their relatives and used this to improve the service. There were systems in place to monitor and assess the quality of service provided. The service worked in partnership with external organisations to develop and improve the service.

You can read the report from our last comprehensive inspection on our website at www.cqc.org.uk.

Rating at last inspection and update:

The last rating for this service was Good (published 17 May 2017). At this inspection the service remained Good overall.

Why we inspected

This was a planned inspection based on the previous rating of the service.

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?

Good ●

The service was effective.

Details are in our effective 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.

Addington House

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

The inspection team consisted of one inspector and Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE was a family carer for someone with autism.

Service and service type

62 Addington House 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. The inspection site visit took place on 5 November 2019

What we did before the inspection

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the other information such as notifications we held about the service and the provider. A notification is information about important events the provider is required to send to us by law.

During the inspection

We interacted with four people and carried out general observations of how staff supported them. We spoke with two support staff members, the deputy manager and the registered manager. We looked at three people's care records and the medicine administration records for four people. We reviewed four staff member's recruitment, training and supervision records. We also checked records relating to the management of the service including quality audits and health and safety management records.

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

- People were protected from the risk of abuse. People and their relatives told us they felt safe at the service. One person said, "Yeah, yeah! I'm very safe."
- Staff had been trained in safeguarding adults from abuse. They knew the various forms of abuse, signs to recognise them and the actions they would take to protect people. Staff also felt confident to whistle blow if they needed to.
- The registered manager understood their responsibilities to safeguard people from abuse including notifying CQC of any safeguarding concerns. There had not been any safeguarding allegations since our last inspection.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. Risks to people were assessed and management plans devised on how to reduce identified risks. These plans guided staff on how to manage areas of risk relating to people's physical health conditions, mental health, behaviour, accessing the community and activities of daily living.
- One person's management plan included details of strategies to reduce and manage their behaviour from becoming challenging. The plan identified potential triggers and early signs to recognise changes in their mood, as well as actions for staff to take to calm them down and what to do if the person's behaviour escalated to ensure their safety was maintained.
- Staff understood people's risk management and daily care notes showed they supported people accordingly. Support plans were reviewed and regularly updated to ensure they continued to reflect people's needs and guided staff to support people safely.
- The living environment and equipment in the home was safe and well maintained. Staff carried out regular health and safety checks. They also took part in regular fire drills to practice evacuation procedures.

Staffing and recruitment

- There were enough staff to meet people's needs safely. People told us staff were always around to support them when needed. Staff also confirmed staffing levels were sufficient to meet people's needs. One staff member said, "We are three staff during the day which is fine. They increase to four staff if the house is full to capacity. We are okay with the number on duty. We can take people out on activities and meet their needs." We observed that people received support from staff adequately and promptly.
- Staffing levels were planned based on people's needs. If people's needs changed, staffing was adjusted accordingly. Staff worked extra hours if needed to cover any absence. The home also had access to bank staff to provide cover if needed. Rotas showed that the service was adequately covered.

- The provider continued to follow safe recruitment processes to ensure people were supported by staff who were fit and safe to support them. Recruitment records included satisfactory references, as well as checks on each staff member's right to work in the UK, employment history, and criminal records checks.

Using medicines safely

- People received their medicines as prescribed and medicines were managed safely. We reviewed the medicine administration record (MAR) sheets for three people for the four weeks period prior to our visit and they were completed correctly.
- One person was supported to administer and manage their medicines independently. There was a risk assessment in place for this and staff checked periodically to ensure there were no concerns.
- Medicines were stored in a locked cabinet in people's individual rooms. The room temperature was monitored to ensure the potency of medicines was maintained. Staff carried out regular checks and audits on medicine stocks to identify any errors. Medicine stocks tallied with the information recorded on people's MARs. This showed that medicines were well managed for people.

Preventing and controlling infection

- The service had adequate procedures to reduce the risk of infection. Staff received training in infection control and food hygiene. They knew to use personal protective equipment (PPE) where required, such as gloves and other items of clothing that protect people from the spread of infection. The home was clean and well maintained.

Learning lessons when things go wrong

- Staff maintained records of incidents and accidents. The registered manager reviewed these to learn lessons from them. Handover and team meetings were used to discuss incidents and lessons learned. For example, one person's risk assessment was updated following an incident where they had gone missing. Staff now ensure they carried ID when going out and the person also received one-to-one training and support to travel in the community.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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 outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to establish what support they needed when they started using the service. Care needs assessments covered people's physical, mental health, as well as their social, activities and personal care needs.
- The service followed nationally recognised guidance when assessing people. For example, staff followed the National Institute of Health and Care Excellence (NICE) guidelines for assessing and supporting people with their oral care. They also followed the Epilepsy Action UK guidance to devise management plans for people with epilepsy.
- Staff involved relevant professionals such as psychologists where appropriate to assess and devise support plans for people.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, that they received training, support and regular one to one supervision to be effective in their roles. Staff felt confident and supported in their roles. One staff member told us, "I'm very supported. I get monthly supervision with my supervisor. I can discuss any concerns with them and they listen and support me. When I was struggling with the job they helped me through training and supervision to improve. It is now easy for me."
- Notes of supervision meetings showed staff discussed issues including people's needs, health and safety concerns and other matters relating to service delivery. Training records showed staff had completed courses the provider considered mandatory. Staff also completed and received support to enable them to support people in specialist areas such as challenging behaviour, autism and epilepsy management.
- Appraisals were conducted annually where staff received feedback on their work performance.

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

- People's nutritional and dietary needs were met. People's care records showed their individual needs and preferences in relation to eating a healthy balanced diet had been assessed and planned. People had access to food and drink throughout the day and were able to help themselves whenever they wanted, or request support from staff to prepare what they choose.
- People were involved in planning the menu which was varied and included healthy options. People were also able to request for options outside what was on the menu if they wished. The menu was planned in line with people's cultural preferences.

Staff working with other agencies to provide consistent, effective, timely care.

- The service was a part of the 'Red Bag' scheme. The Red Bag scheme was designed to ensure people received a well organised and coordinated service when they moved between services.

- Each person had a red bag which contained important information them such as care plans, person's physical health, hospital passport, medication list, GP and next of kin details.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to meet their day to day health needs. Records showed people had access to various healthcare services they needed such GP, dentist, opticians, dietician, speech and language therapist and physiotherapist.
- People told us, and records showed, that staff supported them to have regular and annual health, dental and optician check-ups when due.

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

- The home was designed and decorated to meet people's needs and preferences. People were proud of their rooms and they happily showed us around. Each room had en-suite facilities. People's rooms were decorated with colours of their choice and individualised with personal items such as family photographs, and art work.
- There was a communal area for people to socialise and relax. The bathroom and toilet facilities were adapted with grab rails to help promote people's independence. People were allocated bedrooms based on their needs. One person with mobility difficulties stayed in the bedroom on the ground floor. There were appropriate adaptations to ensure the person's safety.

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.

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.

- People consented to their care before it was delivered. People's relatives were also involved in making decisions about people's care where required. Relatives we spoke with confirmed that staff consulted them in decision making.
- The registered manager and staff understood their responsibilities in enabling people to make their own decisions and respecting their choices. Records showed that mental capacity assessments had been completed for people where there were doubts about their capacity to ensure best interest decisions were made.
- People's freedoms were protected. The registered manager understood their responsibilities to maintain this. People had valid DoLS authorisations in place and the conditions were complied with.

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

- People were cared for by staff who were caring and compassionate. One person told us, "They [staff] are nice. I'm happy here." One relative said, "My [relative] is thriving; very relaxed and calm."
- Staff interacted with people in a positive manner. They were gentle in their approach but reinforced positive behaviour strategies in the way they supported people. We observed staff appropriately engaging people in conversations they enjoyed as a way of distracting them or occupying them positively.
- Staff patiently listened to people when they spoke and communicated in ways people understood. Staff knew people well and how to relate to them. One member of staff told us, "The more you know the people, the more meeting their needs become easier. The more you interact with them, communicate and spend time with them, the more you know them and know how to support them. We understand each other and how to work together. We [staff and people] respect each other."
- People attended places of worship of their choice in the community. Staff supported people to practice and follow and maintain their cultural beliefs. Cultural and religious festivals were celebrated in the home. For example, one person had been supported to celebrate a recent religious festival. Staff accompanied them to an event so that they could celebrate their family. Another person decorated their bedroom wall with art work to reflect their cultural heritage. People's cultural dietary needs were met.
- People's sexual needs were explored in their care plans. Staff initiated conversations with people about developing and finding intimate relationships and during keyworker meetings. Staff supported people to visit places where they could meet other people or find friendship and love such as discos and clubs.

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

- People, and where required their relatives, were involved in decisions about their care and support. People were encouraged to express their views and given a choice about their day's activities and care. We saw people decide what they wanted to do during our inspection and staff respected their choices.
- Relatives were given regular updates about people's care. They attended review meetings and any actions they discussed were acted on. For example, one relative requested for their relative to move bedrooms and this was arranged. The person indicated they were happy with this.
- One relative commented that they did not have regular direct communication or updates from staff who worked with their relative day-to-day but received updates from the registered manager. They said they would prefer to hear directly from staff who supported their relative directly. We gave this feedback to the registered manager and they agreed to implement a system where people's keyworkers would be responsible for providing updates and liaising with people's relatives directly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. Staff knocked on people's doors before entering their rooms and sought permission from them before entering. Confidential and personal details about people were only discussed privately. Staff completed a dignity in care workshop and applied this learning whilst working with people. They spoke to people appropriately and respectfully.
- The service applied the principles and values of 'Registering the Right Support' and other best practice guidance. Staff encouraged and supported people to be as independent as possible. People were involved in running the home and took part in chores such shopping, laundry, ironing, entertaining guests, and preparing meals.
- People were supported to develop skills to move to more independent living accommodation. Care plans identified people's potential and long-term goals. Staff worked with people to develop their skills of daily living. One person had developed the skills and confidence to self-medicate. They were making progress in achieving their goal to move-on to semi-independent living.

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

- People received support appropriate to their individual needs. Each person had a care plan which contained detailed information about their needs such as those relating to their mental and physical health, their interests and the goals they wanted to achieve. People's likes, dislikes and daily routines were also included in their care plans. One relative commented, "We are very happy with the care they [relative] is receiving."
- Care plans provided information to guide staff on the best possible way to support people with their needs. People were supported with their day-to-day activities, maintain their health and well-being; and develop skills to be travel in the community. For example, people had risk assessment and safety awareness training to help them gain the skills and confidence to travel in the community safely.
- Care plans were reviewed and updated as required to ensure it continued to reflect people's needs.

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.

- People's communication needs were met. Care plans, menus, activity plans, hospital passports, safeguarding and complaints procedures were available in pictorial, and easy read formats to ensure they were accessible and easy for people to understand.
- Staff understood people's communication needs and presented information to them in the way they understood. Staff knew people's non-verbal cues including gestures, signs and expressions. People had communication books in place with pictures to aid everyday communication between people and staff. The way in which people expressed pain, anxiety and contentment were detailed in their care plans.
- Staff supported people to use computers and technological systems such as electronic devices which they used to aid and promote effective communication.

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 continued to be supported to maintain relationships important to them. Staff supported people to maintain contacts with their family. People showed us pictures of their family visits. Relatives were made to feel welcome when they visited the home.
- People were supported to do the things they enjoyed. Each person had an individual activity. They took part in various activities both at and away from the service. Staff also supported them to go on a recent

holiday which they'd enjoyed which one person commented, "It was nice. I liked the lights."

- People attended social centre activities such as clubs, discos, pubs where they met other people and socialised. One person had completed IT courses as they were interested in computers. Another person was supported to undertake voluntary work at a local charity organisation. They told us about their experience and said, "I like going there. I hope I will find a paid job someday." People enthusiastically showed us art works they had drawn at their art classes.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to express their concerns or complaint about the service. One person said, "No one makes me unhappy here. I will tell [registered manager] if I am not happy." There was a complaint procedure in place which was also available in pictorial and easy read format so that it was easy for people to understand. The registered manager understood the provider's complaints procedure. There had not been any complaint recorded since our last inspection.

End of life care and support

- People had end of life care plans which detailed their funeral wishes, including the type of ceremony they wanted to have and the people they would like to attend.
- Staff had completed an accredited course in end of life care with a hospice. The registered manager knew to work closely with people's relatives and healthcare professionals to meet people's needs at the end of their lives.
- Staff and people celebrated the life of a person who passed away during the previous year. They attended the funeral and gave tributes. People and staff celebrated the person's one-year remembrance which was attended by the person's relatives and a healthcare professional who had supported them at the end of their life.

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 culture of the service was positive and enabled good outcomes for people. Care delivered focused on the individual needs of people. Staff supported people in line with their person-centred care plans to maintain their well-being; and where identified as a goal to move on to independent living accommodation; they worked with the people to achieve this. Staff demonstrated they understood the importance of providing person centred care and support; and empowering people to achieve good outcomes.
- There were systems, policies and procedures in place which promoted and enabled person-centred care to be delivered to people. The registered manager provided support to staff through workshops, training and supervisions to develop their knowledge and experience in supporting people in a person-centred way.
- Staff told us they felt listened to and they were involved in the service. Team meetings were held regularly as a way of engaging staff and discussing any concerns with them. Team meetings were also used as opportunity to share learning and best practice.
- The registered manager organised events such as coffee mornings and Christmas activities to bring people, their relatives and staff together and to share views about the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had a registered manager in post who had worked there for many years. They understood their role and responsibility in providing effective care to people. The registered manager complied with the requirements of their Care Quality Commission (CQC) registration including submitting notifications of significant events at their service. They also displayed the last CQC rating of the service at the location and on the provider's website.
- The registered manager understood their responsibility to be open and transparent in the way they operated the service and supported people. They shared information with relatives about people's care and support. They also took any feedback from people and their relatives about the service on board; and accepted responsibility where necessary when things went wrong. For example, feedback from a relative about how they preferred to be involved in their relative's care was taken implemented.
- Whistle blowing, and safeguarding information was displayed around the home, so people and staff could contact relevant authorities if they had concerns.

Continuous learning and improving care

- The service had systems in place to regularly assess and monitor the quality of service provided. Staff carried out regular audits and checks to identify any issues with the service and help drive improvement. These included audits of people's medicines, infection control, staff records, care records and health and safety. An annual health and safety inspection was carried by the provider's health and safety officer. Recommendations made from their last visit had been completed. A legionella risk assessment had been completed as a result.

- People, relatives and professionals were asked for their feedback through surveys. From the last survey people and their relatives had asked to know when the registered manager is based at the home as they currently manage another nearby care home and split their time between the two homes. We saw that there was a plan in place indicating how they split their time and what days they work at this home. The registered manager told us they were contactable by staff and they would be present at the home if needed. Staff confirmed that they had access to the registered manager at anytime if they needed support.

Working in partnership with others

- The service worked in partnership with local authority commissioners, health and social care services and day centre staff. They also worked with other organisations such as MENCAP, St Christopher's and MacMillan Cancer Support to meet people's needs.

- The registered manager attended the local authority's provider forum where they shared knowledge and best practice.