

Southside Partnership

# Southside Partnership - Ambleside Avenue

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Southside Partnership – Ambleside Avenue provides care for up to six people living with a learning disability, some of whom have additional physical disabilities and sensory impairments. The facilities at Ambleside Avenue are suitable for people with a range of mobility needs, there is a passenger lift allowing access to the first floor and off road parking is available. Sensory features assist people who are visually impaired to become familiar with the building. On the day of our inspection there were five people using the service.

At the last inspection in December 2014, the service was rated Good.

At this inspection, we found the service remained Good and demonstrated they continued to meet our regulations.

People were safe as staff knew how to identify abuse and understood the procedures to follow if they had concerns about people's well-being and safety. Staff had received training in safeguarding adults and equality and diversity to develop their knowledge on how to keep people safe. Staff identified risks to people and plans were put in place to mitigate against potential harm.

There were sufficient numbers of skilled staff to support people meet their needs. People's care was provided by staff who were trained and skilled to carry out their roles. Staff were supported in their role and received training and supervisions to ensure they provided care that was effective. Appropriate recruitment checks ensured that staff were suitable to provide people's care.

Medicines were managed safely and stored securely. People received the support they required to take their medicines safely from staff trained and assessed as competent to do so.

People had their rights upheld as required under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People consented to care and treatment and where they were unable to do so, best interests procedures were followed.

People received enough to eat and drink and they enjoyed the food provided at the service. People's nutritional and dietary needs were met. Staff made appropriate referrals to healthcare professionals to ensure people were supported to maintain their wellbeing and to have their health needs met.

People's care was delivered in a kind, caring and dignified manner. Staff treated people with respect and upheld their dignity and privacy. People were supported to do as much as possible for themselves. Staff understood the importance of giving people choice about their care and respected their decisions. People's care was provided in the least restrictive way possible. People were supported to access advocacy services to have their views heard on matters that were important to them.

People, their relatives and healthcare professionals were involved in the planning and review of their care.

Staff reviewed regularly people's needs and updated their care plans to reflect changes in their health and the support they required. People received support that was appropriate to their needs. People took part in activities of their choosing which they enjoyed and were supported to follow their interests.

People had access to information about how to make a complaint or raise a concern. Staff supported people to make their views about the service known and their feedback was valued.

The culture at the service was open, transparent and promoted a person centred approach when providing individual care. Staff and healthcare professionals had positive comments about how the service was run. Staff were supported in their role and felt valued at the service.

The quality of the service and safety of people was monitored regularly and improvements made when necessary.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Southside Partnership - Ambleside Avenue

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection of Southside Partnership – Ambleside Avenue took place on 12 April 2017 and was unannounced. One inspector carried out the inspection.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to inform the planning of the inspection.

During our inspection, we spoke with one person's friend, four care staff, a deputy manager and the registered manager.

We reviewed three people's care records including their medicine management records. We looked at five staff files that included recruitment, training and supervision notes. We reviewed other records held at the service relating to the management of the service and quality audits.

We undertook general observations of how people were supported and received their care in the service. In addition, we 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.

After the inspection, we received feedback from two healthcare professionals.

# Is the service safe?

## Our findings

People were safe living at the service. A healthcare professional said, "People are well looked after. We do not have any concerns about the service."

People were protected from potential harm because staff knew how to identify and report abuse. Staff had attended training in safeguarding adults and understood their responsibilities to keep people safe. Staff had access to safeguarding and whistleblowing procedures which provided guidance on what action they needed to take if they suspected abuse. Staff were confident their concerns of an allegation of abuse would be acted on. People's money was managed appropriately and staff maintained accurate records about expenses and receipts of payments made. The finance management systems remained effective in preventing financial abuse through regular audits and checks.

Risk management plans remained effective and ensured people were safe from avoidable injury. Staff assessed risks to people's health and put plans in place to mitigate against identified risks whilst they minimised any restriction to their freedom. One staff member told us, "It's about being as safe as possible with people." Risk assessments were in place and regularly reviewed to ensure staff provided safe care to people's changing needs. For example on people's safety when walking, eating and drinking and accessing the community. Staff were aware of the risks to people and how to support them safely.

People's needs were met by a sufficient number of suitably skilled and vetted staff. Staffing levels were dependent on people's needs and duty rotas confirmed staff provided one to one staff support when needed. Additional staff were on duty to support people on outings and to attend healthcare appointments. Staff were content about the staffing levels during the day and night and said they had enough time to provide care in a safe manner. We observed staff responded to people's requests promptly and had enough time to spend with people without rushing.

People received their prescribed medicines safely. Staff had assessed and knew people's ability to manage their medicines and supported them as appropriate. The provider had effective management systems which ensured the safe administration, recording and storage of medicines. Staff were trained to manage people's medicines and their competency was regularly checked. Medicines administration records were accurately completed and showed people received their medicines safely and as required. Staff followed protocols in place on how to support people with 'when required' medicines.

The premises were safe for people. Health and safety checks ensured equipment was serviced regularly and repairs were carried in a timely manner. Staff knew how to reduce the risk of infection by following appropriate handwashing techniques and use of gloves and aprons for personal care. Each person had an emergency evacuation plan in case of an emergency at the service.

# Is the service effective?

## Our findings

People received care from staff who had the skills and knowledge required to carry out their roles. A visitor told us, "The staff are committed and do a very good job of taking care of everyone here." A healthcare professional said, "The staff are well trained. They understand how to meet people's complex conditions."

People's care was provided by staff who were supported in their role. New staff were inducted into their role to ensure they had the right skills and knowledge before they started to support people. Records confirmed staff continued to receive regular supervision and an annual appraisal to reflect on their performance, discuss any concerns affecting people and to plan their learning and development.

People benefited from care provided by staff who kept up to date on their competencies. Staff attended training and refresher courses in safeguarding, infection control, mental capacity, moving and handling, fire safety and first aid. Staff received specific training in epilepsy to ensure they had the relevant skills to meet people's individual needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff were aware of their responsibility and upheld people's rights to make decisions about their daily living. Staff had received training in MCA and DoLS and had a good understanding of how people's ability to make decision could change from time to time. Mental capacity assessments were carried out on a person's ability to make specific decisions. Appropriate procedures were followed to ensure best interests meetings were held with healthcare professionals and relatives for people who were unable to make decisions about their care and treatment. Five applications were made to the local authority for DoLS assessments and had been authorised. People's freedom and liberty was lawfully restricted in line with the DoLS authorisations. For example, people were supported to go into the community in a safe way.

People received the support they required to have sufficient to eat and drink. Staff had information about people's food preferences and dietary needs and ensured people received appropriate meals. We observed the lunchtime meal where food served was well presented. Staff supported and encouraged people to eat and drink when needed as stated in their care plans.

People's healthcare needs were met. Records confirmed staff monitored people's health and made referrals when necessary to healthcare professionals. People were supported to maintain their health and saw the GP, dieticians, chiropodists, dentists and opticians. Each person had a health action plan and received an annual review of their needs. Care plans were in place to provide guidance to staff on how to support people appropriately. Staff had followed guidance from healthcare professionals to ensure people's health and nutritional needs were met.

# Is the service caring?

## Our findings

People were happy living at the service. Healthcare professionals had positive comments about how staff cared for people. We observed positive interactions between people and staff. Staff were patient when communicating with people because of their complex needs and limited use of speech. Staff showed interest in people and took time to reassure them when supporting them. The atmosphere at the service was welcoming and that people were relaxed around staff.

Staff upheld people's dignity and maintained their privacy. Staff were aware of the need to treat people with respect and supported them as they wished. Staff closed doors and curtains when giving people personal care and ensured no other person entered the room at that time. We observed people were able to spend time in their rooms and that they could choose where to sit in the home.

People were involved in planning their care and were supported by healthcare professionals, relatives and advocates when needed. A healthcare professional said, "I have met with two of the link workers who had an understanding of the needs, likes and dislikes of the people that they support." Care plans were individualised and contained information about people's likes, dislikes, preferences, routines and how they wanted their support provided. Staff knew people well and were able to tell us people's needs, what was important to them and their history.

People had their confidentiality respected. Staff were aware of their responsibility and followed the provider's data protection and confidentiality policies to protect people's information. Staff told us they shared information with healthcare professionals on a need to know basis. We saw people's records were kept in locked cabinets and only accessible to authorised staff.

People were supported to be as independent as possible. Staff understood people's minimal use of words and gave them the choices about their daily living. For example by showing them what they could wear, using a pictorial menu and photographs of their preferred activities to choose. We observed that people were able to make such choices and that their wishes were respected. People had access to advocacy services and received input from Independent Mental Capacity Advocates on decisions about how to promote their independence on a daily basis.

People were supported to maintain relationships important to them. Relatives and friends told us there were no restrictions to visiting times to ensure they could visit when it was convenient. Relatives were made to feel welcome and were invited to functions at the service.

Staff provided compassionate care to people nearing the end of their lives. Care records contained information on people's wishes and preferences on their end of life care. Daily records showed staff supported a person as they wished and ensured they were comfortable and that their pain was managed appropriately. Healthcare professionals were involved to ensure people's health conditions were managed.



## Is the service responsive?

### Our findings

People continued to receive personalised care in line with their individual support plan. One healthcare professional told us, "Staff understand people's needs and provide suitable care for their health." Staff were aware of people's individual needs and the support they required. This ensured they delivered care centred on the needs of each person. Care records were person centred and showed people's daily living skills, physical, emotional and spiritual needs and how staff were to support them.

People received care that was responsive to their needs. Staff said they were kept informed of changes to people's needs and had sufficient guidance on how to support them. Records showed people's care plans were reviewed and updated regularly to show their changing needs and the support they required. Each person had an assigned member of staff as a keyworker to ensure their support was well coordinated between healthcare professionals, their relatives and the service. This ensured people received support appropriate to their needs.

Staff monitored people's health and ensured they received support relevant to their needs. For example, staff knew the triggers to a person's behaviours and had guidance on how to respond to their needs. Staff had involved a dietician to support a person with their weight management.

People were supported to take part in activities of their choosing which they enjoyed. Staff were aware of people's interests and maintained a schedule of activities of in-house and community based activities. Staff told us they used pictorial aids to show people the activities they could do and let them choose what they wanted to do on that day. Care plans contained details of people's interests, hobbies, preferences and routines and how staff were to support them achieve their goals. People were kept occupied at the service through one to one chats with staff, watching television, art and crafts and hand massages. People accessed the local community for recreational activities such as swimming, shopping, eating out and day trips.

People had access to an easy read complaints procedure. People were supported by their relatives and advocates to make a complaint when they needed to do so. Relatives were confident people's concerns would be listened to and resolved. The registered manager told us and the complaint recording system showed none were received since our last inspection.

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager understood their responsibilities in line with their registration to CQC and had submitted notifications about reportable events as required. The registered manager knew the needs of the people at the service and the support they required.

Staff and healthcare professionals said the service was well managed and were happy about the care people received. A healthcare professional told us, "The [registered] manager is proactive, person centred and focused on improving people's care."

People benefited from a service that promoted a culture that was transparent, inclusive and empowering about how their care was planned and delivered. One member of staff told us, "The [registered] manager encourages us to provide care focussed on the needs of each person." Staff were clear about their roles and responsibilities to support people. Important information about people's health and changes to their support plans was shared effectively through a communications book, team meetings and staff handovers.

Staff were supported in their role by the registered manager who they said was visible at the service and approachable. Staff told us teamwork was good, that they supported each other and were happy working at the service.

People's views about the service were sought and their feedback was used to improve their care. Staff supported people to express their views about the support they received and the quality of food provided at the service. The registered manager had an open door policy where relatives and visitors could discuss any issues about people's welfare by telephone or through one to one meetings. Staff recorded feedback from healthcare professionals and the comments we saw were positive.

Staff said their contributions to develop the service were valued and felt confident to raise any concerns with the registered manager. Records of regular team meetings, supervisions and appraisals showed staff were able to give their ideas of how to develop the service.

The quality of people's care and safety was subject to regular checks and improvements were carried out when necessary. Care plans were regularly audited to ensure they reflected accurately people's needs and support plans. Medicines audits confirmed people received their medicines and that staff followed the provider's procedures on administration, storage and recording. Health and safety checks ensured maintenance and repairs were carried out in a timely manner to maintain the standards of care. Audits of the last 12 months had not identified any significant issues. The registered manager had an action plan that set the timescales in which shortfalls identified should be addressed. The provider used effectively the

quality assurance systems in place to assess and monitor the quality of service provision.