Chapter 1 Charity Ltd

St Andrews House Exmouth

Inspection report

St Andrews Road
Exmouth
Devon
EX8 1AS

Tel: 01395223737
Website: www.ch1.org.uk

Date of inspection visit:
23 March 2017

Date of publication:
26 April 2017

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 home provides accommodation and personal care for up to six adults who require help with personal care. The home specialises in emergency, short and medium term respite for people with mental health issues. The accommodation is located in a converted church in Exmouth, within walking distance of both the sea and the town centre. On the same site, there are two other areas which provide supported living accommodation. Staff work across all three areas.

At the last comprehensive inspection in November 2014, the service was rated Good. This comprehensive inspection took place on 23 March 2017 and was unannounced. At this inspection we found the service remained Good.

The home had a registered manager who had registered with the Care Quality Commission in May 2016. 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 had been assessed when they started using the service. Risks to people and the environment were assessed and plans put in place to mitigate any identified risks. Care plans had been developed with the person's involvement and described what staff needed to do in order to meet the person's needs, risks and preferences. These were mostly reviewed regularly and if the person's requirements altered. However, one care plan had not been updated for a person who received regular respite care.

There were sufficient numbers of staff on duty to support people with their assessed needs.
People received care that met their needs from staff who were recruited safely and trained in their role. Staff were supervised in their role and received an annual appraisal to help their personal development. Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns.

Staff knew people well and showed kindness and compassion when working with them. Staff respected people's right to privacy and ensured they maintained people's dignity.

People were supported to have choice and control of their lives. Staff supported them to maintain their independence. Staff had been trained in the requirements of the Mental Capacity Act (2005) and knew the implications of this when providing care for people. People were encouraged to do activities including those related to daily life, such as cooking. People were provided with a healthy and varied menu to meet their nutritional needs.

Policies and procedures were in place for staff to support people to take their medicines safely.

The home was well maintained. People were able to personalise their bedrooms. Friends and family were

encouraged to visit without unreasonable restrictions.

There were quality assurance systems to monitor the running of the home. Records showed that where issues were identified these were addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

St Andrews House Exmouth

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.

This comprehensive inspection took place on 23 March 2017 and was unannounced. The inspection was carried out by one Adult Social Care inspector.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed this in January 2017.

We spoke with three care staff working at the home on the days of inspection, as well as the registered manager, her deputy manager and a referrals coordinator.

At the time of this inspection, four people were living at St Andrews. We met three people living in the home and spoke to two of them about their experiences. We also met one relative who was visiting the home.

We looked at a sample of records relating to the running of the home and to the care of people. We reviewed three people's care records, including risk assessments, care plans and two records relating to people taking their medicines. We reviewed two staff records. We were also shown policies and procedures and quality monitoring audits which related to the running of the service.

After the inspection we contacted health and social care professionals in two community mental health teams. We received no responses. We also contacted the GPs and district nurses at two local GP surgeries but did not receive a response.

Good

Is the service safe?

Our findings

People said they felt safe living at St Andrews. For example, one person said "I feel very safe here. Staff are really supportive."

People were protected against the risks of potential abuse. Staff had a good understanding of how to keep people safe. They were able to describe their responsibilities for reporting accidents, incidents or concerns. For example, one member of staff said that if they thought someone was being abused, they would ensure the person was safe and then report it to their manager. They also knew how to escalate concerns to the local safeguarding authority if they thought action was not being taken.

People were supported to take risks to be independent. Risks to people were documented in their care plans and control measures were described to mitigate against these. For example, one person had decided they would spend two nights in a hotel with a friend. This had been risk assessed by staff who had worked with the person on ways to remain feeling safe whilst being away from the home. This had included remaining in regular phone contact with staff.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Although most people were able to self-evacuate in an emergency, staff had recognised that one person might have more difficulty. Therefore a personal emergency evacuation plan has been developed to inform staff what to do if an emergency evacuation was necessary.

Staff did not administer people's medicines, but did support people to ensure they took their medicines. Each person had been assessed to identify the level of support they required and the risks of them administering their own medicines. People were responsible for ordering and collecting their medicines from the pharmacy, although some people were helped by staff in these tasks. Peoples' medicines were stored in a locked cabinet in their bedroom. We observed one person taking their medicine; staff unlocked the cabinet and observed the person taking out their medicine. Staff then checked with them that they were taking the correct dosage of the correct medicine, before signing to say the person had taken it. At the end of each day the person countersigned the medicines sheet to say they agreed with what had been written by staff.

The deputy manager audited the medicine sheets to check that staff were completing them correctly. Where errors were identified, action was taken to reduce the risk of recurrence.

Staff were trained to administer medicines in case the need arose for staff to take this role for a person.

The home was well maintained and kept clean to ensure people were protected against the risks of infection. People were responsible for cleaning and tidying their own bedrooms although staff would support them if they needed help. Communal areas were cleaned by domestic staff. There was a laundry room with a washing machine and tumble drier. People also did their own laundry, with support from staff if necessary.

The registered manager said that there were normally two care workers on duty during the day. In addition they said they or another member of senior staff were usually at the home. They said there was one care worker on duty at night until 10.30pm after which the care worker provided sleeping-in support. The registered manager also said there was also usually an activities coordinator.

People said there were sufficient staff to meet their needs most of the time. However one person said there had been occasions where because of the needs of another person, they felt they had not received as much one to one time as they would have expected. We discussed this with the registered manager, who explained they had identified that one person's needs had escalated and therefore they were putting measures in place to ensure this did not impact negatively on other people.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.
Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included "[Care worker] and [Care Worker] are really brilliant."

New staff were supported to complete an induction programme before working on their own. Senior staff monitored progress by new staff during their probationary period. Training included fire safety, safeguarding vulnerable adults, health and safety, safe handling of medicines, food hygiene, lone working, equality and diversity. Staff were supported to refresh training from time to time as well as undertake nationally recognised qualifications in care. Staff were also supported to attend courses to help them understand particular mental health issues such as supporting people with personality disorders.

Staff received supervision every two months. One staff member said "I get supervision every couple of months, but can always get support if I need it."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

At this inspection, we found staff had an understanding of the MCA. Staff supported people to make their own decisions as much as possible. No applications for DoLS had been made as everyone had been assessed as having capacity to go out when they wanted. We observed people were able to move in and out of the home without restriction.

People said they liked the food and were able to make choices about what they had to eat. People prepared their own breakfast and lunch whilst the evening meal was prepared by staff, with people's assistance if they chose. During the inspection, the kitchen was locked. We discussed this with the registered manager, who explained this was because of the needs of one person. They said they did not expect the situation to continue indefinitely. They also said they had discussed this with the other people living in the home. Records showed, and people confirmed that this had been discussed with them and they had agreed to the kitchen being locked. They said they had access to drinks in the dining room and also could store food in refrigerators in their bedroom. Both the people confirmed that staff opened the kitchen for them whenever they asked it to be.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. During the inspection we observed the registered manager discussing with a health professional, the steps that were needed to keep one person safe.

Good

Is the service caring?

Our findings

People said they were happy with the care they received. One person said "staff have really helped to build my confidence. Staff are really supportive." However another person said they would sometimes like more support from staff. We discussed this with the registered manager who explained that they encouraged people to be as independent as possible, which sometimes meant that the person felt anxious initially. We reviewed records which showed staff had offered support to the person who had sometimes refused it.

A relative commented "I don't come very often, but I am always made to feel very welcome." They said they thought staff were caring of their family member.

People were supported to be as independent as possible. Care workers said they encouraged people to do as much for themselves as possible. For example, one person had been supported to gradually attend a sporting activity on their own. They described how initially they had needed staff to accompany them but now felt able to manage on their own. Another person had been supported by staff to get their financial situation into order and start saving money. One person was being supported by staff to move into independent accommodation in the near future.

Family and friends were encouraged to visit the home. People were also encouraged to stay in touch with family and friends.

The registered manager explained that people were not expected to remain at St Andrews long-term. Some people had moved to the supported living accommodation in the same building which meant they had continuity of support from staff they already knew.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff respected people's right to privacy. For example staff knocked on people's bedroom doors and asked permission before entering the room.

Peoples were able to personalise their bedroom to their taste. For example, some people chose to bring their furnishings to the home.

There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews and resident meetings. The registered manager said they also spoke with people individually to find out what they thought.

People's records included information about their personal circumstances and how they wished to be supported. People were given information when they arrived at St Andrews. This included the 'house rules' information about fire safety, safeguarding, local contacts for community mental health teams, pharmacies, GPs and other local organisations.

Good

Is the service responsive?

Our findings

People's needs, risks and preferences were assessed before and after admission to St Andrews. Each person had a care plan that had been written with their involvement and was tailored to their individual needs. Two care plans we reviewed had been updated on a regular basis so staff had detailed up to date guidance to provide individualised support relating to the person's current situation. People had signed to say they agreed with the care plan.

However one care plan for someone who received respite care on a regular basis had not been updated when they had returned to the home within the preceding week, having been in the home two months earlier. A senior member of staff said that this was unacceptable and arranged for the care plan to be reviewed with the person to check whether there needed to be any changes.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. We observed a handover meeting and all staff contributed to the discussions about each person. This included their mood, things they had done, appointments that they were due to attend and other actions staff needed to support them with.

Most people were able to attend activities on their own and staff encouraged them to maintain hobbies and interests. However people were also supported to get involved in new activities of their choice both inside and outside the home. This included attending training courses and groups. One person said how they had enjoyed attending arts and craft sessions in a local café. Another person said they liked to go out for swimming. Staff also supported people to develop and maintain life skills such as managing personal finances, washing, cooking and cleaning. People were supported to move to other services, for example to supported or independent living.

There was a complaints procedure in place which people were given as part of the information when they moved into the home. The complaints procedure was also available on the provider's website. People said they knew how to make a complaint if they needed to. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been one complaint since our last inspection and this had been investigated thoroughly. There was evidence that the registered manager had taken appropriate actions to address the complaint including responding to the person, although they no longer lived there.

Good

Is the service well-led?

Our findings

The provider's website described the aims of St Andrews as providing a respectful environment that promotes and encourages positive lifestyles. It also described how people were supported to gain/maintain skills and confidence and support them to 'move on'.

The registered manager and staff were able to describe these aims and how they supported people to achieve them.

The registered manager and provider reviewed the quality of the service and considered how they could improve it. For example, the registered manager described the new role of Assessment and Referral Coordinator which had been introduced to help improve people's move into St Andrew's. They described how the coordinator was responsible for visiting people who might move into the home and working with health and social care professionals to support the person's move. The coordinator also spent time with people in the home which meant that people were familiar with them. Another new role of Activities Coordinator had also been introduced to support people with activities both inside and outside the home. People said this had been really helpful. People had been supported to maintain links with the local community. The registered manager described how they had run an open day the previous year to support local understanding of what St Andrews did. They said people had got involved in this as they had run a number of stalls to encourage people to visit.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. This included regular audits and completion of a monthly performance monitoring system by the registered manager. The service promoted a positive culture which encouraged feedback from staff, people living in the home and their families. Staff meetings were held regularly which staff said were really useful. The registered manager valued feedback and acted on their suggestions. For example changes had been made to the menus following feedback from people using the service.

Senior staff from the provider organisation visited the home regularly to provide supervision for the registered manager and to undertake quality assurance checks. This included getting feedback from people and staff. The provider had also commissioned a third party to undertake a quality inspection of the home. The registered manager explained that they had received some feedback and were waiting for a draft report.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.