Auckland Care Limited

# Auckland Care Limited

## Inspection report

Mill House Office Units
108 Commercial Road
Totton
Hampshire
SO40 3AE

Tel: 02380860917

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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

Auckland Care Limited provides personal care and support to people living in a supported living service, who have a mental health condition and/or learning disability. People have tenancy agreements with a separate housing provider. There were six people receiving personal care and/or other support at the time of our inspection.

The inspection was announced and was carried out on 24 August and 7 September 2017 by one inspector.

There was a registered manager in place at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People told us staff supported them to stay safe. Staff understood how to identify, report and manage any concerns related to people's safety and welfare. People were protected from individual risks in a way that supported them and promoted their independence.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to provide care and support for people. There were enough staff deployed to meet people's assessed needs.

Where required, people received support to manage their prescribed medicines from staff who had received appropriate training.

People were supported by staff who had received an induction and further training, professional development and supervision.

People received support when needed in order to maintain their health and have access to appropriate healthcare services.

The registered manager was aware of legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

People were supported to eat and drink enough and develop and to maintain daily living skills that included budgeting, shopping, meal preparation and maintaining a healthy diet.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were encouraged and supported to maintain relationships that were important to them.

The service monitored people's changing needs through regular reviews. People were involved in discussions about their care and support planning and had information about how to make a complaint should they wish to.

Staff told us the registered manager and senior management team were supportive and accessible. There were systems in place to monitor quality and safety of 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 understood how to identify, report and manage any concerns related to people's safety and welfare.

Safe recruitment practices were followed and there were enough staff deployed to meet people's assessed needs.

Where required, people received support to manage their prescribed medicines from staff who had received appropriate training.

### Is the service effective?

Good

The service was effective.

Staff received an induction and on-going training to enable them to meet the needs of people.

Staff sought consent from people before providing care and were aware of legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

### Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

People were encouraged and supported to express their views and be involved in decisions about their care and support.

### Is the service responsive?

Good

The service was responsive.

Care and support plans were personalised and focused on

individual needs and preferences.

The registered manager and staff listened to people using the service in order to provide personalised support. There was a process in place to deal with any complaints or concerns.

## Is the service well-led?

Good

The service was well-led.

The registered manager and senior management team were supportive and accessible to people using the service and staff.

There were systems in place to monitor the quality and safety of the service provided.

# Auckland Care Limited

**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.

The inspection was announced and was carried out on 24 August and 7 September 2017 by one inspector. The provider was given 24 hours' notice because the location provides a supported living and domiciliary care service; we needed to be sure that someone would be available in the office.

Before we visited the service we checked the information that we held about the service and the service provider, including previous inspection reports and notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

With their agreement, we visited the supported living premises where people lived and had tenancy agreements. We spoke with three people living there and had a telephone conversation with another person's relative. We spoke with the registered manager, office manager, and six members of the support staff. We received some feedback from three community health and social care professionals. At our request, the registered manager informed staff of the inspector's contact details so all staff had the opportunity to provide us with feedback. We received one call as a result of this.

We looked at care and support plans and associated records for six people, staff recruitment, training and supervision files, records of incidents, policies and procedures and quality assurance records.

This was the first inspection of this service since it was registered in April 2016. Between December 2016 and March 2017 there was no one receiving a service and it was therefore dormant.

Good

# Is the service safe?

## Our findings

People confirmed staff supported them to stay safe. A relative who was involved in a person's care and support said they felt confident about the service and that the registered manager carried out risk assessments. Community health and social care professionals reported no safety concerns.

Staff received training in safeguarding adults and demonstrated understanding of the policies and procedures for safeguarding and whistleblowing, which provided guidance on how to report concerns. Staff were confident the registered manager would respond to any concerns raised. Staff received training on the management of behaviours which challenge and were aware of the provider's policy and guidelines around the use of any forms of control and restraint. The policy stated that 'restraint of any kind should be avoided except where it is practised as part of an individual care plan'. One person had a support plan written in their best interest for the use of a safety harness when travelling in a car. Staff told us that other types of physical interventions were not part of any person's support plans. One member of staff commented "It's 'hands off' here".

People were protected from individual risks in a way that supported them and promoted their independence. The service had worked with people and their families or representatives and with community health and social care professionals in developing support plans and risk assessments based on people's abilities and needs. For example, people's support plans showed that they were able to do certain routine tasks independently but may need additional support if they became unwell. One person's support plan provided guidance on how they should be assisted with personal care tasks such as bathing, taking into account their mobility and risk of falls. Each person had a personal emergency evacuation plan, which included important information about the care and support each person required in the event they needed to evacuate the premises.

Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring. Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents. The provider had a policy to protect staff if they were lone working and staff were aware of it. A member of staff told us they were never left alone in situations they were not comfortable with.

People received support based on their individual abilities to manage their medicines safely. Where staff assisted people with medicines this was recorded. People's medicines were held in secure facilities within their private rooms. One person did not want staff coming into their room to support them with this and had agreed an alternative arrangement with the service. Another person had a risk management plan based on an assessment of the possibility of them refusing to take medicines to prevent epileptic seizures. Staff received training in the safe management and administering of medicines.

The provider had in place recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the recruitment records for five staff. The staff files included evidence that pre-employment checks had been carried out, including evidence of the applicants' identity, employment

histories, written references, and satisfactory disclosure and barring service clearance (DBS). DBS checks provide confirmation that staff are not on the list of people barred from working in care services.

The provider had agreed staffing levels with commissioners of the service, based on people's individual support needs, as part of an initial assessment and transition period.

The basic care provision for when the house was fully occupied was set at three day staff, one awake and one sleeping in staff at night. Additional 1:1 hours could be agreed according to assessed need. One person lived in an annexe to the property and had their own staff team that included a waking night staff and 2:1 staff support during the day. Two other people living in the main house had been assessed as requiring additional 1:1 hours during the day. The registered manager told us that as there were only five people living in the main house, there were currently two staff during the day plus staffing for the 1:1 hours. The staff rota reflected the current basic care provision and indicated the numbers of additional hours.

Each person had an allocated number of care and support hours depending on their assessed needs and contract agreements. People could choose when and how they wanted to use their hours, for example support with domestic tasks, cooking, shopping, managing finances, or attending activities in the community.

A person told us they were concerned that they were not getting the 1:1 support hours they should be. They said they felt they "Have to come downstairs to have the support time and then there are other people, other ears". They said there was often one member of staff to five people and that "No-one looks forward to weekends". They said "The support I get from staff is fine, they do that well, but there are not enough support hours". They added "I have never seen so many staff as today". The registered manager sent us records of 1:1 support demonstrating people were getting the support hours they should be. They explained that people could use these hours flexibly for example, when people chose to get up later in the day, the additional support hours were provided in the afternoon. From our observations and the information provided by the registered manager, we considered that there were sufficient staff at the time of our inspection.

A member of staff told us the management team monitored the rota to ensure appropriate staff cover. Another member of staff told us "We rarely need to use agency staff".

Good

# Is the service effective?

## Our findings

People confirmed that staff had the qualities and skills to support them well. We observed staff communicated with people effectively and demonstrated understanding of their needs.

Records showed staff completed a range of essential training that included safeguarding, equality and diversity, health and safety, food hygiene, infection control and fire safety. Service specific training such as epilepsy awareness was also provided to enable staff to support people effectively. Staff told us they had the training and support they needed to enable them to effectively meet people's needs. They said they could request additional training including nationally recognised diploma courses in health and social care subjects.

New staff started on a three month trial period, undertook an induction and shadowed experienced staff before working unsupervised. A member of staff told us "You can take on more shadow shifts if you don't feel comfortable; they will give you more time". The provider was introducing the Care Certificate, which is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. Staff were further supported through supervision and appraisal meetings. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

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. The provider had policies and procedures for when people were not able to make decisions about their care or support. The registered manager had liaised with community health and social care professionals with regard to one person who did not have capacity to sign the tenancy agreement; and an application had been made to the Court of Protection to identify a representative. Staff were aware of the person's needs and support plans and told us how they enabled the person to make as many choices as possible, through "Learning how (the person) communicates". Where a person had a relative or other representative with power of attorney for particular aspects of their care this was documented.

People received a range of support for activities of everyday living that included budgeting, shopping, meal preparation and maintaining a healthy diet. The level of support varied in response to each individual's abilities and needs and this was reflected in their support plans and records. The recommendations of a speech and language therapist had been incorporated into one person's support plans in relation to a risk of choking on food.

Records showed and people told us they received support when needed in order to maintain their health and have access to appropriate healthcare services. This included GPs and community nursing teams. Staff had supported a person to hospital to receive treatment following a fall. A relative told us they had meetings with the registered manager and multi disciplinary specialist health teams to discuss a person's support.

Community health and social care professionals confirmed that the provider and registered manager engaged effectively with their services.

Good

# Is the service caring?

## Our findings

People who spoke with us said they were happy with the way staff provided care and support. They confirmed that staff treated them with respect and worked in ways that promoted their dignity and independence. A person told us they enjoyed taking part in interviewing prospective staff. They said they were able to ask their own questions, about what was important to them, and that they felt the managers listened to their feedback.

A relative told us staff were "Caring and interact well with (the person)" and that "The service is developing around her". They said staff were "All getting to know my daughter" and "Looking at different activities once they have got to know her". They commented that there had been "Some good progress these last two months. The manager has taken everything on board and has good communication skills".

A health and social care professional said "My client has appeared to settle in well" and "Staff, when I have seen them, have been friendly and helpful". They commented that the registered manager "Has always kept in touch with me to let me know of any concerns or changes going on".

People's support plans were written in a respectful way that promoted people's dignity and independence. Staff spoke with and about people in a respectful manner and demonstrated understanding of their individual needs. Staff were knowledgeable about people's preferences and what mattered to them, enabling them to communicate positively and valuing each person. Support plans contained information about what was important to people, including for example family member's birthdays. A member of staff said liked "The lovely atmosphere, very family team orientated". Another member of staff told us "I don't feel like I'm coming to work, I'm coming to my second home".

Support plans referred to staff using 'positive resources' such as developing positive relationships, listening, positive reinforcement and engagement. Staff spoke about the importance of getting to know people as well as reading their support plans. As one member of staff said "Each person and scenario is different". Another member of staff said "We want people to have normal lives, not to be segregated".

Records showed and people confirmed that their support plans had been discussed and reviewed with them. This encouraged people to take responsibility for achieving desired outcomes and promoted respect. A member of staff commented about the importance of "Talking with people, learning more about their goals, what they want to achieve. I feel that helps me support them better". A statement by the provider in people's records read: 'A key objective of the accommodation and support plan is to gain / strengthen social and self care skills'.

One person had contacted the registered manager by email to talk about the transition and discuss the room they would be occupying when they moved in. Another person had been supported to choose the staff they wanted working with them and in choosing how their room was to be decorated. Some people preferred to get up later in the day and so their support hours were provided at suitable times.

Good

# Is the service responsive?

## Our findings

A family member told us they had been involved in a person's transition arrangements and continued to be involved in on-going reviews with the service and specialist community health teams. They told "At this stage I am fairly confident" and said the service had "Made some good progress" supporting the person to settle in. A health and social care professional had stated in a person's care review notes that the person "Appears to be settling well, sleeping well and diet has improved". Since coming to the service, another person's social interaction had increased and instances of self harm had decreased.

Before people started using the service an assessment of their needs, abilities and aspirations took place to ensure the service was suitable for them. A transition period enabled people to see the accommodation and meet the agency staff before any decisions were made. This provided an opportunity to explore further what type of support would best meet the person's needs. Following the assessment an accommodation and support plan was put together that was tailored to the individual and reflected their personal needs, lifestyles and goals.

The service monitored people's changing needs through regular reviews that were recorded and involved people and their representatives in decision-making about their care and support. A person told us they received the support they required on a day to day basis and also with their plans to move to alternative accommodation. One person was in a transition phase and staff were working with the person on the best ways to communicate with them and developing communication tools to support this. Another person had a crisis plan containing guidance for staff about how to respond in the event the person became unwell. Staff were aware of people's individual needs for practical and emotional support at various times and how to support them.

Staff said they spent time with people getting to know them as well as reading support plans. Staff had worked alongside staff from a person's previous placement in order to become familiar with the person's specific needs and for the person to get to know them. Communication books and handover meetings between shifts were used to communicate any information amongst staff about each person for that day. This included healthcare appointments, activities and any additional information, such as requests for staff to review people's support plans and risk assessments. Staff also provided support if required to manage correspondence and attend appointments.

The provider had a policy and procedures to deal with complaints, which provided people with information about the action they could take if they were not satisfied with the service being provided. People knew how to make a complaint if they wanted to and were confident the managers and staff would respond appropriately if they raised any issues. Feedback we received from health and social care professionals indicated the service responded appropriately to any issues or concerns they raised. One community professional told us they had not had any specific concerns about the service. When their client had raised concerns, the service "Always had a very reasonable response and from which I did not feel any further action was required". The examples given indicated the service promoted people's independence and contacted healthcare professionals for further advice about people's care and support. Another community

professional said "I have not had any concerns reported to me by my client or had any concerns that I have observed".

Good

# Is the service well-led?

## Our findings

Auckland Care Limited provides personal care and support to people who live in a supported living service and have tenancy agreements with a separate housing provider. During our visit to the supported living premises, which people had consented to, we spoke with three people and the staff on duty.

People knew the names of the directors of the company who they said visited and talked with them. People also told us they were involved in decisions about how the service they received was provided. A member of the management team told us there were "Negotiations with tenants regarding how staff work within the house".

The registered manager was actively involved in the daily running of the service. Staff told us the registered manager and senior management team were supportive and accessible. They said "We see the directors, they come round and ask how we feel". The directors visited services to provide training and take part in team meetings and staff confirmed they acted on any issues raised. For example, twelve hour shifts were changed to six hour shifts after staff had raised the issue about the longer shifts making them tired so they felt they were "Not on the ball" and sufficiently responsive. Staff said the senior management team dealt with the issue in a "Timely and effective" way and the change "Kept everybody safe and active".

The minutes of team meetings were read and signed by staff. Agenda items included sharing information about support plans and risk assessments, how people were and how best to support them, teamwork and how staff were feeling. There were also reminders and discussions about confidentiality, record keeping, and training. Staff told us "If you request more training they will give it to you"; and "Any questions are answered. Everybody has always got the time for you".

Staff said they felt the service was "well managed and running smoothly". They told us staffing levels had been a challenge when the service started, which had been resolved through deploying staff from other services run by the provider. They said staffing at the service was "Up to numbers now with new staff on probation periods" and said "They (new staff) all seem to fit in with the company philosophy and ideals – providing the best quality care we can to each person and safeguarding their welfare".

The registered manager used an audit tool to regularly assess the quality, safety and effectiveness of the service and report back to the provider. The audit included discussion with people, observation of staff working practice, reviews of support plans, medicines and financial audits, health and safety and equipment checks. Following each audit an action plan was developed, which included details such as the person responsible for taking the action, the outcome and the completion date. Examples of actions included contacting the housing provider to check when the fire risk assessment and fire alarm servicing was next due to be carried out. Records of routine practice fire evacuations were also monitored as part of the audits.

A senior care coordinator provided support to the registered manager, supervising shifts, ensuring there was sufficient staff cover and checking medicine stocks. There was a management on call rota and procedure.

The provider and registered manager worked in partnership with community health and social care professionals through meetings and reviews to help ensure people received appropriate support.