

# Community Homes of Intensive Care and Education Limited

## St Andrews

### 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

This inspection took place on 10 August 2017 and was unannounced.

St Andrews is a care home accommodating up to five adults with learning disabilities and or mental health needs. There were four people living at the home at the time of inspection.

There was a registered manager in post. 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 were safe. Staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There were enough staff to safely provide care and support to people.

Medicines were well managed. Emergency systems had been put in place to keep people safe.

People had also been assisted to move to more independent living by the service. We were provided with evidence of incidents where people had been cared for in a supportive and flexible manner.

Information was provided in a way that made it easier for people to understand. Staff took time to reword things when people didn't initially understand. We saw that some important information, for example care documents, were produced in plain English and made use of images to support people's understanding. Not sure you have referenced this clearly in the main domain.

We saw that where possible people had choice and control over their lives and that staff responded to them expressing choice in a positive and supportive manner.

Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and staff worked with health and social care professionals to access relevant services. The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a service that was caring. They were cared for and supported by staff who knew them extremely well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that was easy to understand. People were supported to maintain relationships with family and friends.

The service was responsive to people's needs. People received person centred care and support. People were encouraged to participate in employment and leisure activities. People were encouraged to make

their views known and the service responded by making changes.

Complaints were dealt with appropriately.

People benefitted from a service that was well led. The registered manager had an open, honest and transparent management style. There were systems in place to check on the quality of service people received and any shortfalls identified were acted upon.

## 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.

People were safe from harm because staff were aware of their responsibilities and able to report any concerns.

Risk assessments were in place to keep people safe.

Recruitment practices were safe and there were enough staff.

Medicines were well managed.

Systems had been put in place to keep people, visitors and staff safe.

### Is the service effective?

Good ●

The service was effective.

The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to make choices about their daily lives. People's fluid and nutritional intake was monitored where required.

People's healthcare needs were met and staff worked with health and social care professionals to help people access relevant services.

Staff were sufficiently skilled and experienced to support people effectively.

### Is the service caring?

Good ●

The service was caring.

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

Staff recognised and promoted the role of family and friends in people's lives.

### **Is the service responsive?**

The service was responsive

People received person centred care and support.

People, were encouraged to make their views known and the service responded by making changes. Complaints were dealt with appropriately.

People were supported and took part in meaningful activities.

**Good** ●

### **Is the service well-led?**

The service was well led.

The registered manager and provider demonstrated good management. They had an open, honest and transparent management style with people who used the service.

The provider had systems in place to check on the quality of service people received and any shortfalls identified were acted upon.

The registered manager knew when to make notifications to CQC.

**Good** ●

# St Andrews

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 10 August 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed previous inspection reports and information we held about the service including notifications. A notification is information about important events which the service is required to tell us about by law). This information helped us to identify and address potential areas of concern. Before the inspection, the provider completed 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

During the inspection we spoke two people living at the home. We also spoke with the registered manager and three members of staff. We looked at the care records and other associated documents for two people. We also looked at a range of records relating to the management of the service such as accidents/incidents, staff recruitment records for six staff and training records for all staff, complaints, safeguarding, quality audits and policies and procedures. We requested some records to be sent to us. We received this information.

# Is the service safe?

## Our findings

One person told us they felt safe at the service. They said, "They look after me." We observed staff supporting people making their lunches and hot drinks to ensure their safety.

People were protected from avoidable harm. Staff had received safeguarding training and understood their responsibilities in relation to safeguarding. Staff were able to explain what signs they would look for if they suspected somebody was being abused or neglected. They said protecting people from harm and abuse was part of their induction training. Safeguarding concerns had not been received since the last inspection. The home had policies and procedures regarding protecting people from harm and abuse.

Staff recognised people's rights to make choices and take everyday risks. Assessments had been carried out to identify risks to the person and staff supporting them. This included environmental risks as well as risks associated with people's support needs and lifestyle choices. Assessments detailed the action needed to minimise the risk of any harm to the individual or others, whilst also promoting and recognising people's rights and independence. Staff were aware of potential risks to people in the kitchen area, but also recognised the importance of people being able to use this part of the home to spend time with staff and preparing meals.

Staff were able to explain to us why safety measures had been put in place. For example, a patio door was kept shut due to steep stairs outside, which posed a risk therefore people accessed the garden via a side door in the kitchen instead. The registered manager told us this was reviewed regularly. Documents evidenced this. Records showed risks had been identified and detailed people had capacity to agree with any action to mitigate these risks. For example, where the Speech and Language Therapist (SALT) had assessed there was a choking risk and the advice was to eat slower and smaller bites of food. Records showed the person was aware of the risk and chose to ignore the advice given by the SALT. However, staff reminded the person of the risk and encouraged them eat slower with smaller amounts.

There were sufficient staff to meet people's needs. Staff were available 24 hours a day. There were at least three staff on duty during the day and two at night. Staff were available to support people as required to meet their needs and ensure their safety. Shifts were organised to enable time for a handover of information between staff. This ensured continuity in care and support provided to people. An out of hours service was available so staff could obtain further advice and support from a senior member of staff if required.

Safe recruitment practices were followed. The recruitment process ensured that new staff were of good character and suitable to carry out the role. Disclosure and Barring Service (DBS) checks were completed on all of the staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed safely and given to people as prescribed. Staff were trained and confirmed they understood the importance of safe administration of medicines. Systems were in place to help ensure people received their medicines at the correct time and in a way they needed and preferred.

Medicines administration records were in place and had been completed as required. Medicines were locked away, temperatures had been checked and were within the guidelines that ensured the quality of the medicines were maintained. Staff were knowledgeable with regards to people's individual needs relating to their health and medicines.

Any risks associated with medicines had been documented and advice sought from professionals when required. Information was clearly available to staff about people who required, as needed (PRN) medicines. These protocols helped ensure staff understood the reasons for these medicines and how they should be given.

People's needs were considered in the event of a fire. People had personal evacuation plans, which helped ensure their individual needs were known to staff and other services in the event of a fire. A fire risk assessment and policy was in place, which clearly outlined action to be taken in the event of a fire. Regular visual checks and audits were undertaken to ensure the environment and facilities remained safe.

## Is the service effective?

### Our findings

People received care and support from staff who knew them well and had the skills and training to meet their needs. There was a strong emphasis on training and continuing professional development throughout the staff team. Staff completed a full induction programme which included the needs of each person in the home and allowed the new staff member time to look at relevant support plans and records.

The registered manager confirmed all new staff undertook the Care Certificate as part of their induction to work. The Care Certificate is sector specific training designed to ensure consistency of skills for care staff in social care settings. Staff said the induction process was thorough and prepared them for their role in the home. We saw senior staff viewing a new member of staff's care certificate folder. They explained they looked at it to see where additional support was needed.

In addition to required training such as health and safety and safeguarding adults, staff also had the opportunity to undertake additional training to develop themselves within the organisation. Staff said training was of a good standard and relevant to their role.

Following the inspection the registered manager sent us a copy of the training matrix, which gave an overview of the courses undertaken and the process to check training was up to date and renewed as required.

Staff said they felt well supported by their colleagues and management. Comments included, "The support is good, we have plenty of time for discussion and can ask for supervision at any time." Staff received formal supervision, which included one to one discussions and an annual appraisal of their role and work in the home. Team meetings were held to provide staff with the opportunity to discuss practice, highlight areas where support was needed and to share ideas on how the service could improve.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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. We saw there were DoLS in place for three people. Two had been renewed and the third had been waiting to be renewed by the local authority since February 2017. Documents and the registered manager confirmed they had been in regular communications about the renewal of the DoLS for the third person..

Records confirmed staff considered people's capacity to make decisions. Records also confirmed best

interest discussions and meetings had been held to support people who had been assessed as lacking the capacity to understand or make a particular decision themselves.

Staff understood the need to promote choice and to ask people's consent before providing care and support. We saw staff speaking with people as they offered support and reminded people it was their choice.

Staff were supported to understand and manage people's behaviours, training was provided and guidelines were in place to help staff understand possible triggers as well as what action to take if difficult or challenging behaviour occurred. For example, when becoming agitated one person could throw cups of hot drinks. Staff were aware of the triggers before this behaviour and their support helped minimise this behaviour.

People were supported to have a sufficient and well balanced diet. Although people had limited ability to partake in meal preparation and choices, staff involved and included people as much as possible. For example, peeling the potatoes for the sausages and mash for tea. People could access the kitchen at any time, although the hot water urn was locked away due to risks that had been identified. People could access and be supported to make hot or cold drinks whenever they wanted them. People also accessed foods whenever they were hungry. When we arrived people were still eating breakfast and one person ate regularly throughout the morning before their lunch, followed by an outing out to a local café in the afternoon for tea and cake.

Support plans included information about how staff should support people to have a well-balanced diet and to consider healthy eating options. Where a person was experiencing difficulties with their food we saw staff had been in touch with the GP and meal supplements had been prescribed and were being encouraged.

People's health needs were met. People were supported to maintain good health and when required, had access to a range of healthcare services for example chiropody, dietician, psychiatrist, dentists and optician. Support plans included detailed information about people's past and current health needs and staff were very familiar with this information. People's health needs had been documented as part of a "Hospital Passport", which could be used should a person require an admission or visit to hospital. This information is considered by the National Health Service to be good practice to help ensure people's needs are understood and met when they are away from the place they live. Staff knew people well and were able to use this knowledge to recognise and respond to changes in people's health.

## Is the service caring?

### Our findings

We observed the atmosphere in the home was warm and welcoming. People appeared relaxed, comfortable and happy in their home. One person came to see us when we entered the home and told us they would go and tell the staff we were there, which they did.

People told us that the staff, "Looked after me very good." "They are really good and help me out with things." The interactions between staff and people were positive. One person was spending time in the kitchen area preparing themselves extra snacks throughout the morning the staff supporting them spent time chatting with them about their interests and plans for the day. One person had gone out with staff early to the shops and returned for lunch. Another spent their day in their room as they felt unwell, we saw staff checked on them regularly and ensured they were offered food and drinks. A fourth was cleaning their room and accessed the cleaning equipment with staff support. They joked with the inspector and the maintenance person who was visiting the home.

The staff and registered manager explained the service provided a secure and stable environment in which people could become more confident, skilled and independent with some being able to move to more independent living in the future.

People were as independent as possible with support from staff. People were involved in keeping their home clean and tidy and they had individual chores. This led to the home to be less of a care home and more homely.

People were encouraged to style and decorate their bedrooms how they wished and staff supported people to purchase items to make their room their own. For example, we were told one person chose the paint colour for their room which was not liked by all.

People felt listened to and were encouraged to express their views and to make their own choices. Staff provided people with sufficient information for them to make their own decisions and empowered them to do so. We saw staff taking an encouraging role in the decision making as part of the process to help people become independent and make decisions.

People's care plan's had information about the support people needed around making decisions and this was followed by, and strengthened by staff. People's individuality was respected and encouraged. Care plans for example, detailed how to offer choices by only asking short simply worded questions.

Staff had a good knowledge of the people they cared for. They were able to tell us about people's likes and dislikes, which matched what was recorded in people's individual care records. Staff understood how people communicated and were able to use this knowledge and understanding to respond promptly to requests or signs of anxiety or discomfort.

One member of staff had concerns about a person following a recent illness. They were concerned about

them on the day also and rang the GP with an update. We saw they spoke to the person gently and respectfully to check if they were feeling okay and encouraged them to eat and drink.

People's privacy and dignity was respected. Staff were seen to knock before entering people's rooms and doors were closed when they were supporting people with their personal care.

Staff recognised the importance of family and friends. When people close to keep in contact with their family and friend's arrangements were supported by the staff team.

People received support in relation to loss and bereavement. The home had experienced a recent loss of a person who lived at the home and staff had supported the other people who lived there as well as each other in managing their feelings. One person spoke about the other person with us during the inspection showing us a photo and telling us about their friend.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs. They were encouraged to be active, healthy and as independent as possible and were supported by staff who knew them very well. One person told us, "[Name] always helps me."

Each person had a care plan in place for each identified support need. Information was included in people's records about how the person could support themselves and how staff could support them. People's preferences, their personal history and any specific health or care needs they may have were clear. Staff had a clear understanding of people's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes, hobbies, and the personal abilities of people to manage their own care. It also noted people who were important to them and who needed to be involved in their lives and in helping them to make decisions. We saw from daily records and how staff supported people, that people were supported in line with the information in their care plans. Daily records recorded what people had been doing and any observations about their physical or emotional wellbeing. These were completed daily and staff told us they were a good tool for recording information which gave an overview of the day's events for staff coming on duty.

Copies of reports from meetings people had with the healthcare professionals involved in the treatment of their mental health were kept in people's care records. Information was provided to staff about what increased a person's anxiety and how the person was to be supported to reduce their anxiety. Staff encouraged people to talk about their feelings and any changes in mood. This helped to manage people's behaviours.

People were supported to lead a full and active lifestyle. People had lots of personal items in their bedrooms and around the home to occupy their time and pursue their particular interests. There was a computer console which people liked to use and one person told us how they played cricket with staff on the console. Others liked to help in the garden; the home had come second in a provider garden competition. One person showed us the fence panel they had painted. Each person living at the home had decorated a panel in their own style.

Each person had a weekly activity plan, which included regular planned activities such as swimming and horse riding, as well as other leisure activities including local walks, shopping and eating out.

People had responsibility for some household chores such as doing their laundry. These and other tasks helped people develop their life skills. For example, purchasing food items and keeping their rooms tidy. These chores and skills depended on how the person was feeling on the day and praise was given when these were achieved.

There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

The complaints policy was displayed in the home in written and pictorial format. The registered manager told us they worked closely with people, visitors and neighbours to enable concerns to be addressed promptly and effectively. With the manager being a visible presence in the service people and visitors could speak directly with the manager should they wish to raise any concerns. The home had received five formal complaints since June 2015. We saw these had been responded to in line with the provider's complaints policy.

## Is the service well-led?

### Our findings

The registered manager, the deputy, team and shift leaders provided a stable management team in the home. There were clear lines of accountability and responsibility and staff understood their role and what was expected of them.

The registered manager was visible in the service and they told us they were supported by the provider with systems and processes in place to ensure the safety and welfare of people. Staff felt able to speak with the registered manager about any concerns they may have and these would be addressed promptly and effectively.

Staff felt supported through supervision and team meetings. They told us they were encouraged to share information such as learning from incidents and new training and development opportunities. Staff felt the registered manager promoted an open and honest culture for working which was "fair" and supportive to all staff.

Systems were in place to check on the quality and safety within the service. This consisted of regular audits. For example regular audits were undertaken of people's medicines and personal finances to help ensure they remained safe and protected. A number of environmental checks were completed on a daily, weekly or monthly basis, including, checks of fire equipment, vehicles and temperature controls.

The registered manager saw records of incidents and accidents. Incidents and accidents were recorded, and followed up to minimise the risks of the incident occurring again. This information was also shared with the provider and the records were seen by the provider on quality visits.

People, their relatives and external health and social care professionals were asked for their views of the service and the quality of the care delivered at the home.

There were group meetings for people as well as individual support meetings. This had enabled people to develop their coping skills with situations. The meetings enabled staff to develop further understanding of individual's needs, abilities and skills.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. These had all given sufficient detail and were all submitted promptly. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.