

Alan Atchison

Alan Atchison - 2 David's Close

Inspection report

2 David's Close
Werrington
Peterborough
Cambridgeshire
PE4 5AN

Tel: 01733707774

Date of inspection visit:
12 April 2017

Date of publication:
02 May 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

Alan Atchison - 2 David's Close provides accommodation and personal care for up to 11 people who have learning disabilities or autistic spectrum disorder. The home is on two levels with access to stairs and chair lift. At the time of our inspection nine people were living at the home full time and two people who lived in the home for part of the week.

At the last inspection the home was rated good. At this inspection on 12 April 2017 we found the home remained good.

People were cared for by staff who provided care and support that ensured people's safety and welfare. People were cared for by staff who had been recruited and employed only after appropriate checks had been completed. People's needs were met by sufficient numbers of staff.

Medication was administered by staff who had received training and their competency had been checked.

People were supported to have as much choice and control of their lives as possible. Staff supported them in the least restrictive way possible; the systems in the home supported this practice. People were cared for and supported by staff who had received appropriate training to support and meet people's needs. People were supported to maintain a balanced diet with suitable food and fluid. People were referred to any health professionals when required.

People were cared for by staff who were kind and caring. Staff had a good understanding of people's preferences in areas of their care and welfare. People were supported to be as independent as possible.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were encouraged and supported to follow their interests and participate in social activities. The registered manager knew how to respond to and investigate complaints.

There were systems in place to assess, monitor and improve the home and these were reviewed on a regular basis.

Further information is in the detailed findings below.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Alan Atchison - 2 David's Close

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 home, and to provide a rating for the home under the Care Act 2014.

This unannounced comprehensive inspection was carried out by one inspector and took place on 12 April 2017.

We looked at the quality assurance report collated by www.carehomes.co.uk about the service in November 2016 and reviewed the information as part of our inspection.

We reviewed previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the home is required to send us by law. We also looked at information we held about the home.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We reviewed the information to assist us with our planning of the inspection.

We spoke with four people who lived in the home and two relatives. We also spent time observing the care provided by staff to help us understand the experiences of people who were unable to tell us their views directly.

We looked at records in relation to two people's care. We spoke with the registered manager, and three care staff. We looked at records relating to the management of risk, minutes of meetings, staff training and systems for monitoring the quality of the home.

Is the service safe?

Our findings

People and their relatives said they felt safe. One person said, "I feel safe because I do!" One relative said, "Oh yes [name of family member] is safe. [Person] wouldn't wander but they [staff] know who's in and out [of the home] and there are alarms on the doors."

Staff told us they kept people safe. One staff member said, "There are a number of ways we keep people safe. There are reviews [of people's care] every three months. There are house checks like any hazards. Any damage in the house is repaired. There are no locked doors but we do lock away sharp knives and cleaning products."

Staff were aware of the providers safeguarding procedures and who to inform if they had concerns or witnessed people at risk of harm. One staff member said, "I would report to the senior [member of staff] on duty." Another member of staff said, "We make sure people are safe and there is no abuse. There are many different forms of abuse like financial and physical. I would record everything and then go to [name of registered manager]. I can report to CQC or the [local authority] safeguarding team, they would tell me the way forward."

People were supported to be as safe as possible by staff who understood how to minimise the risks. Staff focused on what the individual could do, and the support they needed so that activities were carried out safely. One staff member said, "We know about the risk assessments and follow the procedures to keep people safe." We saw that risk assessments were in place where people were at risk of choking with eating and drinking, falls or seizures.

People were kept safe because the provider had a robust recruitment and selection process in place. Information in staff files showed staff had only been employed once suitable references and disclosure and barring criminal record checks had been completed.

We could see that there were enough staff available to meet people's needs because people were engaged in individual personal activities and staff took the time to ensure people were listened to. One staff member said, "There are enough [staff]. The rota shows what activities are taking place for people and an extra [member of staff] is brought in if needed. If anyone [staff member] goes sick then they telephone around and ask if we are busy [to be able to cover the shift]. There is always a member of staff on call, especially at the weekend." At night there was one waking member of staff and another member of staff sleeping in the home in case of emergencies. The registered manager confirmed that if extra staff were needed to support a person for an activity, hospital appointment or if a person was unwell and needed to be cared for in bed, they would be provided.

People were administered their medicines and systems were in place so that staff managed medicines consistently and safely. Staff had a good knowledge of the medicines people were prescribed.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. Staff told us they had recently had training in physical intervention, first aid, end of life care and epilepsy.

Staff said they were supported to do their job through regular face to face meetings with the registered manager or senior member of staff as well as yearly appraisals. They said they talked about any concerns and their work within the home. They also said they found the meetings useful and were able to speak freely and confidentially about things.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff said they had received training in MCA and DoLS and understood the implications for the people they supported. One member of staff said, "I am due [a training update] next week. It's about the best interests to benefit the person. We talk to them and ask them what they want and give them choices. We sit with the person, their family, doctors and consultants to check things are in their best interest." Staff were aware of the conditions that were in place for some people on their DoLS authorisation.

We saw that people communicated with staff in a variety of ways. Some people were able to tell staff their choices and comments, whilst others used pictorial choices or specific noises. Staff were aware of people's methods to communicate and what this meant and responded appropriately with people. One person told us how staff were assisting them to lose weight and encouraging more healthy meal choices.

We saw that people could make choices about their food and drinks at any time. Where people needed support to eat and drink safely this was provided by staff who understood people's needs.

The home continued to support people with their health needs. For example we saw that people had been supported to attend hospital and GP appointments. Information was provided for staff on people's files on any health issues in relation to conditions such as diabetes, Eisenmenger Syndrome and epilepsy. We saw evidence that the GP, chiropodist, falls team or speech and language therapists were called when needed. One relative said, "Staff have taken over the medical needs, [name of family member] appointments, which has been a great help to us."

Is the service caring?

Our findings

At this inspection we saw that people remained happy living at the home. We saw how staff included people in conversations and how people responded as a result. Staff showed they were kind and compassionate when speaking with people and took their time to talk with people and showed them that they were important. One relative said, "[Name of family member] is very happy and feels this is a second family. It's a great weight off our shoulders." One person told us, "It's nice here. Staff are nice to me."

People were cared for by staff who knew them well. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. One staff member said, "We know about each person. [Name of person] will ask for help and we [staff] then support [person]. [Name of another person] shows us they don't like the food by not opening their mouth so we know." Staff told us that where people had relatives, they were involved in the person's care. During the inspection we heard how people were encouraged to make choices and remain as independent as possible about their care and support. For example one person was asked about whether they intended to have a bath. The person said that they did intend to have a bath, but told the staff member how to rinse their hair for them so that they got all the soap out.

Staff were aware that some people had advocates who acted on their behalf. Advocacy services are independent and support people to make and communicate their views and wishes.

We saw that people were treated with dignity and respect. Staff discussed personal care issues with people discretely and quietly before assisting the person. One staff member told us, "We make sure that doors are shut and make sure everything we need is there before we start. We also cover people as we wash them. If they can do anything for themselves then we let them. We ask if they want help."

One member of staff said, "We try to keep people as independent [as possible] and maintain the skills they have." They gave an example of one person who was supported to eat independently and safely, which made them (the person) happy.

Is the service responsive?

Our findings

People's health and welfare continued to be met by staff who remained responsive to their needs. The registered manager told us that two people in the home stayed part of the week. This was to help the transition between living with their relatives and moving into a residential placement. One relative told us that the registered manager and staff had exceeded expectations by allowing their family member to have a gradual increase in overnight stays until they were comfortable with the placement. They felt they and their family member had been listened to throughout the process and their family member now stays in Alan Atchison – 2 David's Close for four nights each week.

People's care and support needs had been assessed before they came to live in the home. Details in people's support plans showed they and their relatives had been involved in those plans. Information in people's files showed people's likes and dislikes, activities they enjoyed and the people who were close to them and who were important in their lives. One relative said, "Yes I'm involved in his care plan. I come to the reviews and they write it all down."

We heard during the inspection how staff encouraged people to maintain their interests and links with the community. One person told us that they went to church, went bowling and liked to go out for fish and chips. Staff told us that people liked a wide variety of activities such as day centre visits, working in a nursery, local disco, going to the local pubs, cafés and restaurants, attending concerts and going on home visits to spend time with relatives. One staff member said, "We give people choices about what to eat, where to go and one to one activities. People go to college, bowling, cooking and shopping. We also do house activities like drawing and housework." They went on to say that people were supported to do the things they enjoyed. One person said, "I've been out [today] with [name of staff] to [a supermarket] for my toiletries. We went to the café. I go for a walk and picnic in the park and to the cinema to watch a film."

The registered manager continued to have a robust complaints process in place. The information was provided in easy read and pictorial symbols. People told us that if they were not happy they would talk to staff. One person said, "If I wasn't happy I'd talk to [name of registered manager]. She'd do something about it." The staff said relatives or advocates would be involved where possible to further support the person. There had been no complaints but staff knew how to support people to raise a complaint should they need to.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. 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.

Staff were very positive about the registered manager. One staff member commented, "She's good and is very approachable. She takes up ideas and listens. For example the allocation of staff duties; we discussed how some staff are better at different things than others." Another staff member said, "[Name of registered manager] is good. If there is any problem you can talk to her and she will help you."

There were regular meetings with the people living the home. Minutes showed that the last meeting had been held on 14 March 2017. This showed that there were discussions in relation to a regular disco being set up and that people would like it once a month. The registered manager said this had been agreed and would be the last Saturday of each month with a buffet tea. People were told about any new staff who would be working in the home. People were asked about the support they received from all staff and the minutes showed people were very happy with it. Menus had been discussed and that Tuesday was 'take away' night.

There were regular staff meetings; the last were held in March and April 2017. One staff member said, "We discuss how staff are working, any concerns about the residents or suggestions on how we run the house." We saw that on the minutes of each meeting there was a section recorded as 'last meeting updates', which showed the action that had been taken after the last meeting. For example information about 'grab files' (which provide information about a person should they need to be admitted to hospital), were continuing to be completed and staff should ensure those already in place were kept up to date.

The registered manager had a number of quality assurance systems to improve the home. Audits had been completed in areas including medicines, accidents and incidents and fire checks. A quality assurance questionnaire had been sent by an external agency (carehome.co.uk) to people living in the home and their relatives. The information was displayed on their website and showed nine family members responded and comments made were very positive and all would recommend the home.