

Tracs Limited

St Georges

Inspection report

100 St Georges Avenue
Northampton
Northamptonshire
NN2 6JF

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26 January 2017

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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 26 January 2017 and was unannounced. St Georges is registered to provide accommodation and personal care for up to five people, some of whom may have a mental health diagnosis. There were five people living at the home at the time of the inspection.

There was a registered manager in post at the time of this inspection. 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 could be assured that they would be supported by sufficient numbers of staff. A number of people within the home received 1:1 care from staff and records showed that people received the 1:1 care that they needed to maintain their safety.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care and had detailed individualised plans of care in place to guide staff in delivering their care and support.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with staff and good interaction was evident.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs. People were supported to access a range of activities and to maintain their interests and hobbies.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

The quality monitoring procedures adopted by the provider successfully monitored and improved the quality of care that people received. People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The registered manager was a visible role model within 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.

There were sufficient numbers of staff deployed within the home.

Risks to people had been assessed and appropriate action taken to mitigate the risks to people.

People could be assured that they would receive their prescribed medicines safely.

Staff were confident in the action that they should take to protect people from the risk of harm.

Is the service effective?

Good 

The service was effective.

There was an induction process in place for new staff to help them to develop the necessary skills.

People were supported to maintain their nutrition and their health needs were monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Good 

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed prior to admission and reviewed regularly so that they received the care they needed.

People's needs were met in line with their individual care plans and assessments.

People's feedback about their care was actively sought and prompt and appropriate action was taken to address any complaints or dissatisfaction with the service provided.

Is the service well-led?

The service was well-led.

The provider had appropriate quality assurance and monitoring systems in place that had been effective at generating improvements within the home.

The registered manager was approachable and was a visible role model in the service.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

Good 

St Georges

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 inspection took place on 26 January 2017 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who monitor the care and support of people living in their own home.

During this inspection we spoke with three people living in the home and six members of staff including the registered manager, operations manager and the provider.

We spent time observing the care that people living in the service received to help us understand the experiences of people living in the home. We reviewed the care records of three people and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

There were sufficient numbers of staff working to meet the needs of people living in the home and to provide safe care and support. Staff had time to engage positively with people using the service and to provide a range of meaningful activities. The majority of people living in the service received 1:1 support during the day and records confirmed that the provider had sufficient numbers of staff available to provide this support.

People were supported by staff who were knowledgeable about potential risks and who knew how to protect people from harm. Staff had received training in safeguarding people and the staff we spoke to had a good knowledge of how to recognise the signs that someone may be at risk and the steps to take to escalate concerns to the registered manager or other outside agencies. One member of staff said "If someone was at risk I would tell the manager or use our whistleblowing line to report it." We saw that the provider had made appropriate notifications to the safeguarding team when there were concerns that individuals may be at risk. Where safeguarding notifications had been referred to the provider to investigate appropriate investigations had been conducted.

Risks to people had been assessed and plans of care developed to mitigate the assessed risks to people. Staff were knowledgeable about the risks to people and followed the plans of care that had been introduced to mitigate the risks to people. For example one person has been identified as being at risk of absconding from the home. Staff recorded the clothing each day that this person was wearing and ensured that the front door to the home remained secure. However, where people required one to one care to mitigate the risks to them or other people within the home we found that this support was not always provided which placed people at risk of harm.

People received their medicines as prescribed and were protected by the safe administration of medicines. Staff administering people's medicines had received training in how to do this safely and had their competency assessed by senior staff in the home. We observed staff administering medicines, the member of staff checked each individual's Medication Administration Record (MAR) sheet before dispensing medication and ensured that people received the right medicines at the right time. The member of staff explained what people's medicines were for and observed people taking their medicines to ensure that they had done so safely. There were regular medicines audits where actions had been taken to improve practice.

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for new staff prior to them working in the service as well as checks with the Disclosure Barring Service (DBS).

Is the service effective?

Our findings

People received care from staff that had received training to enable them to provide effective care and support. One member of staff told us "The training system has changed recently and we do a mixture of online and face to face training; it's very good. I have also done a Diploma in Health and Social Care." The provider maintained accurate training records for staff and ensured that staff regularly updated their knowledge in key areas.

Staff received regular support and supervision from the registered manager. One member of staff told us "The manager is great. She is always around if we need support and we get regular supervisions too. I feel well supported here; it helps to make a great team." New staff underwent an induction programme that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. One member of staff who had recently joined St Georges told us "I spent my first day just observing the other staff learning what to do and reading people's care plans so I started to get to know them." New staff received regular supervision and were observed by more experienced staff to ensure that they were competent in providing care and support to people. Staff received ongoing formal supervision and appraisal from senior staff within the home that aided them in working effectively in their role.

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).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been applied for from the local authority. Staff had received training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests. People were encouraged to make decisions about their care and their day to day routines and preferences. We observed staff seeking people's consent prior to providing care.

People had access to a healthy and balanced diet; they were able to choose and help in the preparation of their own meals. Staff were knowledgeable about people's food preferences and showed us how people were involved in planning the menus for the home. Staff told us that people could choose meals that were not on the menu and people had access to snacks and refreshments freely. We observed staff supporting one person to plan their weekly menu using pictures and recipe cards.

People had regular access to healthcare professionals and staff were vigilant to people's changing health

needs. One person said "If I need to see the doctor then someone always takes me." Staff liaised closely with people's GPs and reported any changes in their health or wellbeing in a timely manner to ensure that appropriate medical intervention was provided. For example, we observed one person informing staff that they had a blocked ear and the member of staff arranged an appointment for them that day with their GP. Staff within the home also liaised closely with people's allocated health professionals such as psychiatrists and followed their recommendations when developing people's plans of care.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. The atmosphere within the home was calm and friendly; we observed staff sharing jokes with people and engaging in positive interaction. One person told us "I get on well with all the staff; they're nice."

People received care from staff that knew them well and supported people to achieve their aims and aspirations. People and staff interacted well and appeared to enjoy each other's company. Staff were able to describe people's personalities, likes and interests and were knowledgeable about people's preferred routines. We saw that people were supported to achieve their goals for example attending football matches and going on holiday. People's achievements were celebrated in an annual awards ceremony and shared with their families through regular newsletters.

People were treated with dignity and their privacy was respected by staff. Staff routinely knocked on people's doors and waited for a response before entering. Personal care was carried out discreetly in people's rooms with their doors closed. We observed that one person chose to spend time in their room when they returned from their morning activity. Staff checked regularly to ensure they didn't need anything but respected their choice to spend time alone. We observed people's rooms were personalised with items of their choice such as photographs, pictures and ornaments. People were supported to decorate their bedroom in colours of their choice.

Staff understood the need to respect people's confidentiality and understood they should not discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a staff communication book and confidential database accessible only by staff.

There was information available about advocacy. The registered manager was aware of the need to involve an Independent Mental Capacity Advocate for people who had no family or representative and lacked the capacity to make certain decisions for themselves. At the time of the inspection there was no one who needed an advocate.

Is the service responsive?

Our findings

People's needs were assessed before moving into the home to ensure that the service could meet their needs. The registered manager told us that they were always involved in the assessment of people's needs and considered their compatibility with other people already living at the home before agreeing to any new referrals moving in.

People received a service that was responsive to their individual needs. Care plans were person centred and were regularly reviewed to ensure staff had up to date guidance on people's needs. Each person had a one page profile in place which detailed what was important to the person, what people admired about them and guidance for staff on how they could best support the person. Care files contained a detailed history of people's lives and information about people who were important to them.

Guidance was provided on how to support people in all areas of their lives including personal care, communication, mobility, diet, making choices and activities. One person's records contained detailed information regarding their daily routine, how they preferred to be supported and how to present options of activities. Staff were knowledgeable about people's plans of care and provided care in line with these plans. For example we observed staff communicating with one person who was deaf and communicated via lip reading. The member of staff ensured that the person could see their face and communicated effectively with them.

People were supported to pursue their interests and hobbies. For example, one person enjoyed swimming and staff arranged for the hire of a private pool each week to enable them to maintain this hobby. The service had a focus on enabling people to lead fulfilled lives and to access community activities; the activities that people completed were then shared with their families through regular newsletters.

People knew how to make a complaint and were confident that any complaints would be acted upon. There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. People were provided with information to tell them what to do if they wanted to complain. Feedback from people was sought and during monthly keyworker meetings and action was taken in response to the feedback received. For example, one person had asked staff to arrange a holiday for them and we saw that they had been supported to go on holiday.

Is the service well-led?

Our findings

The quality assurance procedures adopted by the provider were successful in monitoring and improving the quality of service that people living at St Georges received. A system of audits was in place completed by the registered manager, operations manager and the provider. Audits covered key areas such as the environment, health and safety, staff training and people's plans of care. When areas for improvement had been identified these were targeted and improvements were monitored. For example, one audit had highlighted that some staff supervisions were out of date and the registered manager took swift action to ensure that these supervisions were completed. The provider responded positively to changes in people's care and support needs or incidents within the home and increased staffing levels to maintain people's safety until reviews had been completed by commissioners.

The registered manager was visible and accessible within the home. Staff told us that they felt the home was well managed and that "The manager is committed to providing good, person centred care for people." It was evident that there was a positive culture in the home whereby people were enabled to pursue their interests, received person centred care and support and were valued as individuals. Staff meetings took place to inform staff of any developments to the service and for staff to contribute their views on how the service was being run. Staff meetings had focussed upon the individuals receiving care and support and reinforced a positive person centred ethos. Staff meetings supported staff in enabling people to achieve their individual goals and aspirations.

There was a positive culture within the home that was evident whereby staff valued people as individuals and supported them to pursue their interests and engage in new experiences. Staff were motivated to support people creatively and the registered manager was a role model for staff in providing personalised care and support.

Policies and procedures to guide staff were in place and had been updated when required. Staff demonstrated a good understanding of policies which underpinned their job role such as safeguarding people and confidentiality.

The service was being managed by a manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.