

Creative Support and Consultancy Limited

St Albans House

Inspection report

2 St Albans Road
Clacton On Sea
Essex
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27 March 2019
02 April 2019

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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

About the service: St Albans House is registered to provide accommodation for up to five people who require personal care. Support and care is provided to people who have learning difficulties and mental health needs. Five people were using the service.

People's experience of using this service:

St Albans House has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. People were supported to take their medicines in a safe way. Risks to people were identified and mitigated.

There were enough staff who had appropriate training to support people and it was clear to see people felt relaxed and comfortable in the company of staff. People's health was well managed and staff had links with professionals, which promoted well-being for them.

People had a choice of what they had to eat and drink. Refreshments were available throughout the day and people were encouraged to make their own drinks and help prepare meals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff provided care and support in a caring way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

The service was well-led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The service was currently being sold to a new provider, staff reported communication about these changes had been excellent.

Rating at last inspection: Good (report published 15 September 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

St Albans House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by two inspectors.

Service and service type: St Albans House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The announced inspection took place on 27 March 2019, followed by phone calls to relatives on 02 April 2019

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did: 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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with three people living at the service. We spoke with the registered manager, regional director and two support workers. We contacted a relative by phone following the inspection. We reviewed a range of records held in relation to people's care and the running of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse.
- Staff we spoke with were aware of the procedures in place to follow regarding any suspicion of abuse. Staff told us they would not hesitate to report any concerns or signs of abuse.

Assessing risk, safety monitoring and management

- People had risk assessments in place which guided staff on how to keep people safe. For example, one person had detailed guidance for staff to follow to support them when having a seizure.
- Emergency plans were in place to ensure people were individually supported in case of a fire, or any other event which may require evacuation from the home.

Staffing and recruitment

- There was enough staff to support people's needs. When people went out, additional staffing was provided where necessary. A staff member said, "We always have three staff on shift, sometimes we could do with a middle (extra staff member) but the managers do help." We discussed this with the registered manager and house manager who told us this is being considered.
- The service followed a thorough recruitment procedure. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- Medicines were safely managed. Medicine systems were organised, and people were receiving their medicines when they should. The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- One person required recovery medicine due to the risks associated with their epilepsy. Staff received separate training in relation to this medicine.
- Some liquid medicines did not have opening dates. This was immediately addressed.

Preventing and controlling infection

- The premises were kept clean by both staff and the people using the service, who were supported to complete the household tasks. One person said, "Staff are okay they help me clean."
- Staff had access to Personal Protective Equipment (PPE) to prevent the risk of infections spreading. There were checks in place to ensure any areas that needed attention could be identified and addressed swiftly.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff at team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Thorough assessments were completed to establish if people's needs could be fully met, before they moved into the service.
- The registered manager considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.

Staff support: induction, training, skills and experience

- Staff received training and supervision they needed to provide care and support in line with best practice. One staff member told us, "My induction and training was very good."
- The new provider had increased staff opportunities for training. Staff undertook training in areas such as safeguarding and the Mental Capacity Act 2005, infection control, first aid and safe medication management. Training was a mixture of e learning and face-to-face training.
- Staff were encouraged to undertake additional, non-mandatory training, which helped them better meet the needs of people. For example, supporting good health in adults with learning disability and epilepsy.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were assessed and monitored and when needed, health professionals were referred to for guidance.
- Where appropriate, staff supported people to shop for ingredients and prepare and cook meals for themselves. One person did this independently and had their own fridge.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support.

- Staff working at the service knew people well. Staff could promptly identify when people's needs changed and seek professional advice.
- The registered manager told us people were supported to attend health appointments and family members were involved if appropriate. A relative told us, "[Named house manager] keeps me up to date with any appointments."
- Daily handovers and weekly care meetings helped staff to provide consistent care. One staff member said, "We have clinical meetings every week to keep updated on how people are doing, and a handover at every shift. Communication is good."

Adapting service, design, decoration to meet people's needs

- The design and decoration of the service met people's needs.

- People had personalised their rooms with things they liked or were meaningful to them.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had undertaken training about the MCA and DoLS and were aware of how to apply this legislation. A staff member told us, "We ask people what they want and use different ways depending on the person to communicate. We give people options, show pictures or point."
- There was evidence of mental capacity assessments, when needed, and their outcomes.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were complimentary about the staff. One person told us, "There are staff that I like and I have come to like it here." Another person said, "Staff listen to me." A relative said, "[Family member] is happy there, all of the staff are friendly and very supportive."
- We saw good interactions between staff and people, they knew each other well and had developed caring relationships.
- Staff understood people's individual communication needs. When we spoke to one person they felt more comfortable answering us through the registered manager. The registered manager reassured them and chatted with them in a relaxed way while we just listened. It was clear they had a very good relationship.
- Staff treated people equally and recognised people's differences. For example, one person had a specific preference around their personal care and this was respected by staff.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to maintain relationships with people who were important to them. A relative said, "Overall the care for [family member] is brilliant. They support [person] as much as they can. I visit regularly."
- There was a keyworker scheme in place. This meant that individual staff would take a lead with individual people, in relation to checking their care records, reviewing their care with them, and making sure their wishes and preferences were met.
- House meetings were held monthly so people could express their views about menus, activities and how they spent their time in the service.

Respecting and promoting people's privacy, dignity and independence

- Support plans documented what support people needed and gave staff guidance on how best to support people in order to promote their independence. One person went out independently and managed their own finances.
- People's privacy was respected in their own rooms and people said staff never entered without knocking and waiting for a response.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans were individualised and people's needs and wishes were considered and planned for.
- Staff knew about people's lives and the things that were important to them. They were knowledgeable about the person's likes, dislikes and preferences and told us how they met their individual needs.
- One person liked animals and there were budgies, bearded dragons, a cat and a guinea pig at the service. The person told us they loved animals and their guinea pig was named Edward.
- Staff supported people to do things they enjoyed and that interested them. One person had a voluntary job at a local hair dresser and went out two to three times a day with staff.
- The service had worked with another person to support them to access the community as they had previously had issues around their behaviour in the community. The registered manager was proud to tell us about their work with this person which had resulted in them now using the community safely and without incident. The person said, "They help me and take me to the pub."
- A relative we spoke with told us they would like to see their family member do more in the community such as a college course. They told us the service did try to find things for them to do day to day. We fed this information back to the service, so it could be discussed in more detail.
- The provider identified people's information and communication needs by assessing each person. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in support plans. These needs were shared appropriately with others.

Improving care quality in response to complaints or concerns

- The registered manager and house manager made people aware of their right to complain through speaking with them regularly and checking they were happy with their care. A complaints process was in place that ensured complaints were investigated and responded to.
- No complaints had been raised at the time of the inspection.

End of life care and support

- The service had where appropriate, held discussions with people and their families to plan people's end of life wishes where these had been expressed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and house manager understood each person living at the service had very specific care needs and took steps to ensure guidance was available to staff to support people.
- On the inspection day, we saw the registered manager and house manager interacted with people who used the service and staff in a positive manner. We observed an open and positive culture in the service.
- People, relatives and staff spoke positively about the service. One relative said, "I think it is managed well and runs smoothly." A staff member said, "The managers are supportive." Another staff member told us they loved their job at St Albans House.
- The management team and provider carried out regular monitoring and auditing checks to ensure people received person-centred care. Records showed audits and checks were carried out for support plans, risk assessments, medicines administration records, staff training, health and safety, complaints, accidents and finance.
- Staff told us the new provider had kept them informed of any changes. A staff member said, "We have been kept informed. They update us about any changes to paperwork."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear structure and staff and managers understood their responsibilities. Whilst the registered manager worked across two services, there was a house manager and an on-call rota so staff and people had access to a manager at all times.
- The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents or events that took place at the service.
- There was additional support in the organisation from regional staff and professionals. The organisation had its own positive behaviour support team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- Quality assurance surveys were sent out regularly. These were analysed and an action plan with timescales was put in place to address any shortfalls or make improvements.
- Staff meetings were held regularly and daily hand over meetings between staff. Staff were encouraged to make suggestions and explore new ideas to support people. Staff told us they felt listened to and valued.
- The service held team building days to promote team work and discuss new ideas for improvement.
- The registered managers attended meetings with other managers which kept them up to date with

changes in legislation and enabled them to share good practice.

Working in partnership with others

- The registered manager worked in partnership with several community organisations, local authorities and other healthcare professionals to improve the care delivery and people's lives.