Creative Support and Consultancy Limited

# 21a Victoria Road

## Inspection report

21a Victoria Road
Clacton on Sea
Essex
CO15 6BH

Tel: 07920005309
Website: www.csacltd.com

Date of inspection visit:
18 December 2017
22 December 2017

Date of publication:
26 January 2018

## 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 18 December 2017 and was unannounced. 21a Victoria Road 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 provides accommodation and personal care for up to five people. It is a service for people with a learning disability and/or autistic spectrum disorder. At the time of our inspection five people were receiving care from the service.

At our last inspection of the service on 10 May 2016, we rated the service as "Requires Improvement". This was because we found deficiencies in the way medicines and risk were managed. This meant the provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us an action plan setting out the actions they would take to meet the regulation. During this inspection we found the provider had appropriate systems in place to manage people's medicines and risk in a safe way.

There was a registered manager. 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 protected from risks to their health and wellbeing. The service had updated their fire policy following the last inspection which was reviewed monthly. Up to date plans were in place to manage risks, without unduly restricting people's independence. There were sufficient numbers of staff to support people and safe recruitment practices were followed. The provider managed medicines safely.

Procedures were in place which safeguarded people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA 2005). Capacity to make specific decisions was recorded in people's care plans. People had 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. The provider submitted relevant deprivation of liberty applications to the local authority.

Appropriate training, supervision and appraisals were in place to enable staff to provide appropriate care to people. There was an induction, training and development programme, which supported staff to gain relevant knowledge and skills.

People received regular and on-going health checks and support to attend appointments. People were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

We saw staff interacting well with people and treated people with dignity and respect. People's individual communication needs were recorded in their care files. Care plans contained information about people's wishes and preferences and documented people's skills in relation to tasks and what support they required from staff, in order that their independence was maintained. People were involved in regular reviews of their care and support.

People were encouraged to pursue their interests and to maintain links within the community.

There was a clear management structure in the service which provided clear lines of responsibility and accountability. The provider checked the 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

This domain was previously rated 'requires improvement'. It is now rated 'good'.

Staff knew how to recognise and respond to abuse and understood their responsibility to keep people safe and protect them from harm.

Risks to people were identified and measures were in place to minimise and manage the risks to people's safety.

Medicines were managed and administered appropriately and safely.

Sufficient numbers of skilled staff were deployed.

Recruitment and selection arrangements made sure only suitable staff with appropriate skills and experience were employed to provide care and support for people.

### 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

This domain was previously rated 'requires improvement'. It is now rated 'good'.

The registered manager and the provider of the service promoted strong values and a person centred culture.

Robust quality assurance systems now in place enabled the service to ensure the service delivered support in line current best practice.

Staff felt valued and received support and guidance to provide a good standard of care and support.

# 21a Victoria Road

**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.

This inspection took place on the 18 and 22 December 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law.

We used this information to plan the inspection. During our inspection, we observed care and spoke with two people living at the service. We also spoke with the registered manager, an independent auditor, the provider and three care staff on duty. Following the inspection, we spoke to a relative.

We looked around the premises and observed care practices on the day of our visit.
We reviewed three people's care records including their medicines administration records. We looked at two staff files including recruitment, training and supervision and duty rotas. We looked at other records relating to the management of the service that included incident reports, safeguarding concerns, complaints and audits to monitor quality of the service.

Good

# Is the service safe?

## Our findings

At our last inspection we identified some concerns in relation to the management of medicines and risk. As a result we asked the provider to send us an action plan to demonstrate the improvements they planned to make. During this inspection we found improvements had been made and therefore the requirements of the regulation were being met. The provider had secured the services of two external auditors following the last inspection to carry out additional checks to ensure required standards were met and maintained in all areas.

The provider had updated their fire risk assessment and reviewed this monthly. Regular and relevant checks had been completed in relation to fire systems. Essential checks such as gas safety, electrical safety and portable appliance testing had been completed. All the people who used the service had Personal Emergency Evacuation Plans (PEEPs) which set out how they should be supported to exit the service in the event of an emergency. Hot water temperatures were regularly checked and work was undertaken to adjust the temperature if they were above the recommended safe temperature. This ensured the service was monitored, checked and safe for people to live in.

Risks to people's safety and health were assessed, managed and reviewed. People's records provided staff with information about any identified risks and the action they needed to take to keep people safe. Care records included appropriate risk assessments, which included mobility, medication, nutrition, and behaviour that challenges. Risk assessments for specific behaviours included what might trigger the behaviour and guidance for staff in how they should respond. The service reviewed risk assessments updated them when there was a change in a person's condition.

There was a medicine administration procedure in place. Staff had received training in medicine administration and following this, the manager checked their competency to make sure they were working in a safe way. All medicine stocks tallied with those on the medication administration record (MAR). Medicine records viewed were of good standard and regular audits ensured any discrepancies were dealt with appropriately. Some people were prescribed PRN medicines [medicines prescribed to be administered when needed] and written protocols about when to administer them were in place

Staff continued to safeguard people from avoidable harm. Staff had received training in safeguarding adults. They were knowledgeable in identifying different types of abuse and were able to describe signs and symptoms that a person may be being abused. Staff followed best practice in regards to safeguarding adults. The registered manager was aware of how to report to the local authority safeguarding team and whistleblowing procedures were in place if required. We saw records of a recent referral to the safeguarding team and information related to the investigation of this referral. This safeguarding concern remains under investigation.

Records confirmed staff had undertaken the relevant infection control training. This would ensure staff understood their responsibilities in relation to infection prevention and control. The premises were well maintained and clean. A relative told us, "They have decorated [family members] room and put a new

carpet down as [family member] did not like the old, we cannot fault them."

There continued to be sufficient staff to meet people's needs. Most people using the service needed support from staff in the community and received funding for allocated one to one support, and this was scheduled in the rota. One staff member was on duty at night to ensure support was provided 24 hours a day. Additional support was available on call if staff needed advice or in the event of an emergency. People and staff told us there were enough staff available, one person said, "There is enough staff, if they are busy I wait but they come quickly." A staff member told us, "Yes there is enough, we plan the shift so it all flows."

Safe recruitment procedures were in place. This would ensure only people suitable to work with vulnerable adults were employed by the service. Evidence of completed application forms were seen along with interviews notes and references from previous roles. Records confirmed people's identity as well as Disclosure and Barring Service (DBS) checks. The DBS helped employers make safer recruitment decisions and helped prevent unsuitable people from working with those who used care and support services.

Good

# Is the service effective?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

People received effective support from staff who were skilled and trained in their job role. Staff received a full induction prior to beginning work and then spent time shadowing and working alongside experienced staff. A new member of staff told us they had received support with completion of the Care Certificate. The Care Certificate in a national recognised tool to support staff new to care. They told us, "I received very good support from [named external auditor]. The external auditor told us as well as auditing the service they also supported new staff with the completion of the care certificate which included observation of their practice. The new staff member had chosen to undertake the care certificate even though they had national vocational qualifications in health and social care.

From training records we saw the majority of staff were up to date with the provider's mandatory training and had completed additional courses in relation to people's specific needs. This included learning disabilities and mental health, epilepsy, and supporting people who displayed challenging behaviour. One member of the staff team had just completed their masters in applied behaviour analysis and had just delivered positive behaviour support training to all senior staff. One staff member told us, "It's been brilliant and was two sessions for five weeks, I learnt a lot."

Staff received regular supervision and an annual appraisal. These systems gave them the opportunity to reflect on their performance and to obtain advice and guidance about how to further improve their practice and support people using the service.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the staff in the service were guided by the principles of the MCA. Mental capacity assessments had been completed appropriately and best interest decisions made with the involvement of relevant others.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The provider had applied for appropriate authorisation where required.

A choice of meals was available. People were supported to be involved in decisions relating to the meals on offer. One person told us, "I eat pasta, no meat or fish and I choose what I want to eat." Another person told us, "I help staff with the cooking and I like the food here."

Staff supported people to maintain good health. People told us staff assisted them to attend their medical appointments as necessary. Care records included information about their health needs such as allergies and the attended health appointments. This ensured staff monitored and adhered to people's medical needs as required.

21a Victoria Road has a homely feel. The service was well maintained and decorated. There was a range of spaces for people to use as and when they wished. We observed people moving around the service independently and easily locating their bedroom and the communal areas. Each person's bedroom was personalised.

Good

# Is the service caring?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

We were able to ask some people who used the service about the care they received although others had limited ability to communicate with us. However, it was clear from our observations people were happy with the support staff provided them. One person told us, "The staff here are very friendly and helpful." Another person told us, "Staff are very understanding and so kind, they understand my problems." A Relative we spoke with said, "The place has a nice homely atmosphere."

It was clear staff understood people's individual needs well and people were comfortable in their company. We saw one staff member respond to physical affection from one person using the service and it was clear they had a positive relationship. The staff member said, "The service does think about who gets on with whom, and I key work [named person] because we get on well."

People had contact with family and friends. People's loved ones were able to visit when they wanted and there were no restrictions on this. One person told us, "We can have friends here."

People were supported to make as many choices as they were able to about the care and support they received. Staff were aware of people's preferences and their daily routine and support was provided in line with this. There was detailed information in people's care records about how they liked to be supported, and what was important to them. Staff explained how they supported people to make choices. Records demonstrated how the service ensured people's equality, diversity and human rights were supported. Care files contained detailed information in them about how to communicate with people effectively. Where people were unable to use verbal communication alternative forms of communication were used. For example, one person was able to use pictorial communication and would give a 'thumbs up' or 'thumbs down' in response. One person told us, "Staff do listen to me when I have a worry, I write in my mood diary."

Records we looked at confirmed the involvement of people and their relatives in the development of their care files. Topics included; people I wish to see and people I do not wish to see, what I am able to do for myself and what I might need help with. This meant staff had the guidance to ensure people received individualised care. Care plans incorporated information for staff on protecting people's dignity, and people's preferences were respected when care was provided.

Good

# Is the service responsive?

## Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

We looked at detailed care files, which contained information to guide staff about people's individual needs and confirmed people had been involved in the development of care plans. People made decisions about the care they received and the person had signed the care plans we looked at. Care plans contained discussions with key workers and gave people the opportunity to discuss their care and say 'what is working and 'what is not working', any actions were recorded and included who was responsible to follow these up. For people that were known to display behaviour that challenged staff. The behaviour specialist was working with people and staff to develop positive behaviour support plans to give staff further information about how to minimise the frequency of this type of behaviour and what to do if a person did become frustrated or distressed.

We looked at the arrangements in place to support people at the end of their life. While no one was receiving end of life support, care files reflected what people's wishes were in relation to end of life. For example, in one care plan we read, '[named person] has not made any decisions related to the end of their life'.

People had a programme of activities in place, which they had chosen or were based on their known likes and dislikes. These included attending college, shopping in town, swimming, cinema, bowling and in house activities. The service had an activity co-ordinator who came in three to four times a week. People told us about the Christmas party they had just attended at a location in town. One person said, "The Christmas party was good, we danced. I like swimming and going out with people." This person went on to tell us about their annual holiday, they said. "I went to Spain in the summer and want to go again for my birthday." Throughout our visit we saw staff take people out and about and access the local community. Computers were available at the service for people to access when they wished.

People, relatives and representatives expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. People's feedback was valued, respected and acted on. This included changes to the decoration in a person's bedroom and changes to a person's flooring. People could raise any concerns they had at regular house meetings.

No complaints had been received but systems to deal with complaints were seen. Policies and procedures were in place that guided people who used the service, relatives and staff about complaints. A relative told us, "Once you say or ask for something, they take it on board and I am happy to speak up, I don't think they see it as a complaint."

Good

# Is the service well-led?

## Our findings

At the last inspection in May 2016, this key question was rated as 'requires improvement' as we found the management team did not always have effective oversight to ensure they were aware of issues within the service. At this inspection we found improvements had been made and the rating is 'good'.

Following the last inspection the provider had secured the services of two independent auditors, one of the auditors looked at systems and processes related to care services and another independent auditor looked at health and safety. This demonstrated the provider's commitment to ensuring a robust quality assurance system was in place, and was mindful of the need to learn from incidents, to provide innovation and motivation to staff which ensured that the service remained sustainable and forward looking. The registered manager told us all actions from both internal and external audits are included on a weekly planner taken to supervisions and meetings with senior staff. The registered manager meets with both auditors monthly to discuss outcomes and actions of these audits.

Audits included medicines, infection control, care plans, staff records, training, accidents and incidents. Regular safety checks were carried out including those for the fire alarms, fire extinguishers, water temperatures and portable electric appliances. Any faults in equipment were recorded in the maintenance book and were rectified promptly.

Staff told us and records confirmed team meetings were held to discuss operational issues and people's needs. Records we looked at confirmed the dates of the meetings as well as the minutes. The provider also carried out annual team building days for all staff working at the service. Commitment to the learning and development of staff was also evident and the provider planned to cascade the positive behaviour support sessions to all relevant staff following the seniors training. A monthly newsletter was in place that celebrated and thanked staff for their commitment and hard work.

The registered manager visited the service often but was also registered for other services with the group. The service had a house manager who assisted the registered manager to oversee the service. There were also four shift leaders which meant a senior member of staff was available to support staff. One shift leader told us, "We all work really well and support each other." Staff and people spoke positively about the registered provider and the management at the service and said they found them to be approachable and felt comfortable raising queries with them. One staff member said, "Everybody is very flexible and we also have an on call system." Another staff member said, "We all get on like a family."

People and their relatives had opportunities to feedback their views about the service and quality of the care they received. Six monthly feedback surveys were given out to people and their relatives. The provider collated all responses and compiled a report summarising people's comments and identifying any areas for action. The registered manager told us, "We work very closely with parents and communicate often." A relative told us, "They communicate really well with us."