Amity Residential Care Limited

St Peter's Home

Inspection report

13 Louvain way
Watford
Hertfordshire
WD25 7EH
Tel: 01923 673305
Website: www.clearwatercare.co.uk

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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

Overall summary

This inspection took place on 22 December 2015 and was unannounced. The service provides accommodation and personal care for up to eight people with a learning disability or autistic spectrum disorder.

The service did not have a registered manager as they had recently left the organisation. A new manager had been appointed but was not yet registered. 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 felt safe and they were protected against the possible risk of harm. Risks to individuals had been assessed and managed appropriately. There were sufficient numbers of experienced and skilled staff to care for people safely. Medicines were managed safely and people received their medicines regularly and as prescribed.

Summary of findings

People received care and support from staff who were competent in their roles. Staff had received relevant training and support for the work they performed. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing and had access to and received support from other health care professionals.

The experiences of people who lived at the home were positive. They were treated with kindness and compassion and they had been involved in decisions about their care where possible. People were treated with respect and their privacy and dignity was promoted.

People's care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. They were supported to pursue their leisure activities both outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There was a caring culture within the service and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care and support people.

Good

Is the service effective?
The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training.

People's dietary needs were met.

Good

Is the service caring?
The service was caring.

People's privacy and dignity was respected.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Good

Is the service responsive?
The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Good

Is the service well-led?
The service was well-led.

There was a caring culture at the home and people's views were listened to and acted on.

The manager was visible, approachable and accessible to people.

Good

St Peter's Home

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 22 December 2015 and was unannounced. The inspection team was made up of one inspector.

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 information we held about the service.

We looked at the reports of previous inspections and the notifications that the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

We used the Short Observational Framework for Inspection (SOFI). Sofi is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two people who used the service. We observed how the staff supported and interacted with them. We also spoke with two care staff and the manager.

We looked at the care records including the risk assessments for four people, the medicines administration records (MAR) for the majority of people and four staff files which included their supervision and training records. We also looked at other records which related to the day to day running of the service, such as quality audits.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe and did not have any concerns. One person said, “The staff are nice here. I feel safe.” Another person said, “They are all very nice to me. If I need help, I will call the staff. I am happy here.” Staff confirmed that they had completed their training in keeping people safe. One member of staff said, “The training was very helpful. I know now what signs to look out for. But people would let us know if they were not happy with something or someone.” Another member of staff described to us the various types of abuse and told us that they were aware of how to report any concerns they had in order to protect people from the possible risk of harm. They also told us they would be confident to report under the whistle-blowing policy if they identified a colleague using unsafe practices. We noted that safeguarding referrals had been made to the local authority and the Care Quality Commission had been notified as required.

Each person had their individual risks assessed which included a plan on how to support them to manage the risk. For example, the risk assessment for one person gave clear guidance for staff the action they should take to support the person when they were having an epileptic seizure. The risk assessment also included how to administer the specific medicines to help them to recover from the seizure. We noted that people also had other risk assessments carried out to ensure that they were supported appropriately to manage the risks and keep them safe. These included environmental risk assessment, smoking risks to health and fire safety and risk relating to side effects of their medicines. Staff confirmed that they were aware of their responsibility to keep risk assessments current, and to report any changes and act upon them. The care records showed that individual risk assessments had been regularly updated. Up to date guidance was in place for the management of risks such manual handling and nutrition. For example for one person whose behaviour challenged others, the risk assessment provided guidance to staff on how to support the person and to manage the risk. The service kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence.

The service had an emergency business plan to mitigate risks associated with the environment within the service. The plan included the use of local facilities such as hotels and use of taxis to transport people if the building was not safe for use. The plan also provided contact details of the utility companies and the management team. Each person had a personal evacuation plan in place for use in emergencies such as in the event of a fire. Regular fire drills had been carried out so that staff were up to date with the fire safety and evacuation procedures. Staff demonstrated they were aware of the actions they should take if required.

People felt that there were sufficient numbers of staff on duty to meet their needs. One person said, “There is always staff here. When I call they come to help me.” We observed that staff were engaging with people and they were seen to be attentive and supportive to them. We noted that the majority of people had to be escorted by staff when they accessed the local community facilities such as the shops, cafes and church. We saw that there were sufficient numbers of staff allocated to ensure that people attended their day activities as planned. One member of staff said, “We have established the number of staff we need during the week and at weekends to cover for one to one activities and support.” Staff told us that they used regular agency staff or their own staff to cover for sickness and absence.

There was a robust recruitment process in place to ensure that staff who worked at the home were of good character and were suitable to work with people who used the service. The staff records we looked at showed that appropriate checks such as proof of identity, references, satisfactory Disclosure and Barring Service (DBS) certificates had been obtained before they had started work at the care home. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were systems in place to manage people’s medicines safely. Staff confirmed and we saw evidence that only trained staff who had successfully completed their competency tests administered people’s medicines. Medicine administration records (MAR) had been completed correctly and there were no omissions of the staff signatures that confirmed the staff had administered the prescribed medicines. One member of staff said, “We make sure people get their medicines as prescribed by the doctor. For one person, we give one of their medicines half

Good

Is the service safe?

an hour before breakfast when they wake up." Medicines no longer required had been returned to the pharmacy for safe disposal. Regular checks were carried out to ensure that all medicines received into the home were accounted for.

Good

Is the service effective?

Our findings

People were supported by staff who were skilled, experienced and knowledgeable in their roles. People told us that staff knew them well. One person said, "The staff are very experienced. They do well. They look after us." Staff demonstrated in the way they communicated with people that they knew their preferences. Staff had the necessary skills to support the people whose behaviours could have a negative impact on others. Staff told us that they had received training in conflict management and physical intervention and they used de-escalation techniques to support people when they exhibited any behaviour that challenged others. For example, they said when a person's agitation escalated, they followed their behaviour management plan so that they would be supported appropriately.

Staff received a variety of training to help them in their roles. In addition to the mandatory training we noted that staff also attended other relevant training, such as 'supporting people with epilepsy and autism'. One member of staff said, "We do have opportunities to attend other training." The provider had supported them to gain nationally recognised qualifications in social care. E-learning courses in supporting people with a learning disability had been completed by staff. A member of staff told us about their induction which also included a period of shadowing an experienced care staff and supervision by a senior member of staff. The staff member said, "The support I got helped me to do my job well. I feel confident in caring and supporting the service users."

Staff records showed that they had received regular supervision and they confirmed that they had received supervision and appraisals for the work they did. One member of staff said, "I have regular supervision and we discuss our work and the training I need to help me with my work."

Staff confirmed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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. Care records showed that people who lacked mental capacity had an assessment carried out so that specific decisions made regarding their health and welfare would be made in their best interests. One member of staff said, "We assume that people have mental capacity, if not then they have a mental capacity assessment done." For one person a 'best interests' decision had been made for them to stay at the care home when they had said they did not want to stay there. We noted from a person's care records that a best interest decision had been made for them to receive the 'Flu' vaccination. Applications for the deprivation of liberty for the majority of people had been made in relation to them leaving the home unsupervised as they would not be safe. The service was waiting for authorisations from the local authority supervisory board.

People were asked for their consent before support was given. One person said, "The staff always ask me if I need any help or support. I wash and shower every day." A member of staff told us how they supported a person in managing their cigarettes and smoking habits. We noted that this arrangement had been discussed with the person and that they were aware of how often they could have a cigarette. We observed staff asking people if they wanted a drink or do some indoor activities. Staff told us that they always asked people how they would like to be supported with their personal care. One member of staff said, "Although some people are unable to communicate verbally, they understand everything and will let us know by their reactions or facial expressions. We know what they like or dislike."

One person said, "Food is nice. I make my own lunch. The staff cook the food." Staff told us that the menu was planned weekly by people who chose what they would like from pictures of food available for them. For example one person who has diabetes which was managed through diet and medicines was supported to choose their food using pictures from the special menu.

People told us that they had enough to eat and drink. A member of staff gave an example of how they had supported a person in maintaining their weight and wellbeing when they had lost weight due to deterioration in their mental health. They also said that they were aware

Good

Is the service effective?

of how to support a person who was on a 'gluten free' diet. When people returned from the day centre, we noted that they were offered a variety of drinks to ensure they had enough to drink.

Care records showed that a nutritional assessment had been carried out for each person and their weight was regularly checked and monitored. For example, one person who has hand tremors used a straw for their drinks. This assessment provided advice for staff about how to support the person to eat safely. The manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice.

Each person had a 'purple health folder' which they took with them when they attended their appointments with a health care professional. People had access to other health care services so that they received appropriate support to maintain good health. For example, staff had sought the support of the psychologist when a person's behaviour had become challenging. With the help of the staff, the psychologist had developed a support plan for the individual which staff followed to manage the person's behaviour by talking and engaging with them. People had regular ongoing reviews with their psychiatrist or when there had been a relapse in their mental health.

Good

Is the service caring?

Our findings

People we spoke with said that they were well cared for and well looked after. One person said, “Staff look after us, they are very caring.” Another person said, “I enjoy living here. I have no worries here. The Staff are good.” One member of staff said, “People receive good care and we do look after them.” They also said that they knew people well including their preferences and personal histories. We saw there was good interaction between staff and people. We observed that staff were able to understand what an individual wanted by the expression on their face and their reactions. For example, one person went and sat at the table and staff asked them whether they wanted their colouring book. We observed that staff showed a very warm and friendly approach towards people and they carried out their tasks with constant communication with them.

People and their families had been involved in decisions about their care and support. Regular meetings with their keyworkers showed that people had been kept up to date about their care plans and that they had been involved in the discussions on how their needs should be met. The care records contained information about people’s needs and preferences, so the staff had clear guidance about what was important to people and how to support them appropriately. We noted that staff understood people’s needs well and this indicated that they provided the support people required. The staff we spoke with showed good knowledge about the people they supported, and their care needs. One member of staff said, “We work closely with the families so that we have the information we need to provide very good care to people.”

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. The service had ‘dignity’ champions who supported staff to ensure that peoples’ privacy and dignity was respected. One member of staff explained that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. However, they said for one person who suffered from epilepsy, their bathroom door was kept unlocked and they stayed outside the door to maintain their privacy and covered them up with a towel when they had finished with their bath.

We noted that one person was supported to move out of the home and to live independently in their own home. We spoke with the person who told us that they were looking forward to move to their own place. Staff were also able to tell us how they maintained confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that the copies of people’s care records were held securely within the office.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. We noted from the care plans that they and their families had contributed to the assessment and planning of their care. We saw evidence in the care plans that people or a family member had been involved in the care planning process wherever possible. Information about people's individual preferences, choices, likes and dislikes had been reflected in the care records. We observed that staff demonstrated an awareness of individual's likes, dislikes and their care needs. One person said, "I like to lie in and to have my own space. I choose what I eat and wear."

Care records had been written in detail and had been kept up to date. There was sufficient information for staff to support people in meeting their needs. We noted that one of the care plans had information about how people with little or no verbal communication would respond, and that staff should look at their facial expressions for their response. The care plans had been reviewed and updated regularly to reflect any changes in the persons' care needs so that staff would know how to support them appropriately. For example, one person when feeling anxious or distressed, they would exhibit behaviour that impacted on others and the care plan provided clear guidance for staff on how to support the person in managing their behaviour.

People said that they maintained contacts with their families and friends who were able to visit them at any time. One person said, "My brother and sister come every other Sunday and we go out for a meal."

People were supported to follow their interests and participate in social activities. They said that they were able to access a variety of facilities within the local community and were involved in activities of their choice. One person told us, "I go out to work. I am moving to supported living soon." Another person said, "We have a residents' meeting and we talk about planning our holidays." People had their individual weekly activity programme planned such as going out for lunch, walks, church, and arts and crafts. Some people also received reflexology and head massage. The manager said that people had set goals of what they wanted to achieve and they encouraged them to be as independent as possible.

The provider had a complaints procedure. One person said, "If I have concerns, I would talk to my keyworker or the manager." No complaints had been recorded. The manager said that if there are any concerns, they discussed it in the residents' meeting or individually to address the issues. People we spoke with expressed their satisfaction with the care and support they received.

Good

Is the service well-led?

Our findings

The service did not have a registered manager because they had recently left the organisation. A new manager had been appointed but was not yet registered with the Care Quality Commission.

There was an open and caring culture at the home, where people could see the manager whenever they needed. The two people we spoke with felt that their views were listened to. When we asked whether they knew who the manager was, one person said, “Yes. I see her when she is here. She is very nice.” The staff we spoke with felt that the manager was approachable, supportive and listened to what people had to say. They said that the culture of the service promoted inclusion and supporting people to live independent lives.

The manager told us she had good relationships with staff and other health professionals who visited the home. Staff told us that they attended regular staff meetings and we saw that these had been documented and that the minutes were available to staff who were unable to attend.

The manager and staff demonstrated to us that they understood their roles and responsibilities to people who lived at the home. Staff told us that they felt supported by the manager to carry out their roles and provide good care to people. All of the staff we spoke with told us they enjoyed working in the home. One staff member said, “I enjoy working here. We support people well.”

There was a quality assurance system in place. The manager had regularly completed audits in a wide range of areas to identify, monitor and reduce risks, such as those relating to the environment and infection prevention. We also noted other regular audits relating to the safe administration and management of medicines and health and safety had been carried out so that people lived in a safe and comfortable environment. Regular checks were also undertaken by external companies to ensure that all equipment and heating systems were in good working order.

The feedback from the most recent survey had been positive. It stated that people were happy with the staff and the service they received. The feedback from visiting professionals was also positive and they had commented that staff followed their instructions in supporting people to meet their needs. Response from families stated that they were happy with the quality of service provision. The staff told us that due to people’s learning disabilities and lack of verbal communication, they sought their views about their general wellbeing by observation of their facial expressions.

The manager told us that they had daily handovers during shifts to ensure that continuity of care was maintained. They said that they shared information between staff following incidents, care reviews or comments received from the families and other professionals. This was to ensure that they learnt from any incidents and prevent them from happening again. Also, information from others contributed to the continuous development of the service.