

Complete Care Group Limited

27A St Annes Road

Inspection report

27A St Annes Road
Eastbourne
East Sussex
BN21 2DJ

Tel: 07875222988

Date of inspection visit:
17 April 2019

Date of publication:
26 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

27A St Annes Road is a residential care home that was providing personal care for up to four people with learning disabilities, mental health, autism and other complex needs. At the time of the inspection one person was living at the service. There had been up to two people living at the service since it opened.

People's experience of using this service:

One person told us they were happy living at the home and they felt safe. However, we found improvements could be made with the management of medicines. Most risks had been identified with ways to mitigate them. Although records and processes around the management of behaviours which could challenge required development.

The provider and management had completed a range of audits to identify concerns and issues at the service. They strove to be open and constantly develop and improve the support people were received. The registered manager had understanding about their statutory obligation to notify external bodies about specific incidents. However, their systems had not always identified concerns found during the inspection.

When a person had fluctuating capacity to make specific decisions, there were not always systems in place to demonstrate legislation had been considered and applied, although staff demonstrated an understanding when spoken with. When people were deprived of their liberty systems were in place to ensure it was lawful. Any person living at the home was involved in making choices about their day to day care and these were respected by staff.

One person and staff felt there were enough staff. Staff had received a range of training considered mandatory by the provider. They also were provided with opportunities to complete specialist training to meet people's specific needs.

People had care plans which were personalised and provided a range of information for staff to use to support their needs and wishes. There were good links with other health and social care professionals which was important due to the complex needs of anyone living at the home.

Staff were kind and caring and knew the person currently living at the home incredibly well. Staff respected privacy and dignity throughout the inspection. Good links had been developed with the community.

More information about the detailed findings can be found below.

Rating at last inspection:

This is the services first inspection.

Why we inspected:

This was a planned inspection based on the date the service was first registered.

Enforcement:

We have made one recommendations about making decisions for people who lack capacity.

We identified one breach of the Care Quality Commission (Registration) Regulations 2009 around failing to notify the Care Quality Commission of certain events in line with their statutory obligations.

Details of action we have asked the provider to take can be found at the end of this report.

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?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

27A St Annes Road

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:

This inspection was carried out by one inspector.

Service and service type:

27A St Annes Road is a 'care home' for people with learning disabilities, mental health, autism and other complex related issues. People in care homes receive accommodation and 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 has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

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. At the time of the inspection, due to unforeseen circumstances, the registered manager was unable to be present. The inspector liaised with them over the telephone during the inspection and corresponded with them following the inspection.

Notice of inspection:

This inspection took place on 17 April 2019 and was unannounced.

What we did:

The provider had completed a Provider Information Return (PIR). The PIR 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 looked at other information we held about the service and provider before the inspection visit. We also contacted health and social care professionals who were in regular contact with the service.

We spoke with one person who used the service and one health and social care professional. We also had informal interactions with the person and carried out observations. We spoke with the registered manager on the telephone and four members of staff. Following the inspection, we spoke with another health and social care professional.

We looked at one person's care records. We observed care and support in communal areas. We were unable to look at staff files due to no staff having access to them. We looked at information received in relation to the general running of the home including medication records and environmental files.

During the inspection we asked for further information including quality assurance documents and follow ups to some things we found. The provider and registered manager also sent additional information in relation to their service because they were not present during the inspection. All the information was provided in the time scales given and the information has been included in this report.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were found that patterns of behaviour would not be identified by staff or the management and inappropriate actions could be taken by staff. The home was set up for people who could display behaviours which challenged. Consideration as to how to reduce their anxieties and manage risks when they became distressed had been made. One person told us staff help them feel safe. Staff knew some things which could trigger a person to become anxious and signs to look for. Staff were familiar with this information. Records did not always reflect actions taken by staff so that consistent support could be provided. For example, one person had times they needed close support from staff including physical restrictions to their movement. Incident reports did not accurately describe what staff were telling us and what was currently written in the persons care plan. One member of staff told us they would complete some additional training for staff in relation to this.
- Following the inspection, the registered manager told us they were working closely with other health and social care professionals to improve the records in relation to this. We saw evidence this was happening.
- Incidents and accidents had some analysis from senior staff. It was clear there had been some reduction because of this. However, there were few records of debriefing staff or the person involved in the incident. Health and social care professionals informed us they had been supporting the service to improve how debriefs could support staff and the person living at the home. Following the inspection, the provider told us they had a range of methods to support the staff after an incident.
- Staff knew how to keep any people who lived in the home safe from potential abuse. They were aware who to report to internally and externally. All staff felt action would be taken by the management to keep people safe.
- The service had a proactive approach to managing health and safety. There were regular checks being completed in relation to fire and electrical equipment at the service. These were overseen by a named member of staff.
- Care plans had a range of risks assessed and ways to reduce them recorded. However, there was one occasion when a historic risk to a person had not been considered. The registered manager informed us no signs of this risk had been witnessed since they moved in. Following the inspection, the registered manager informed us they had been liaising with other health and social care professionals about this risk and how to manage it.

Using medicines safely

- Medicines were administered safely and stored securely to prevent unauthorised access to them. However,

systems to manage medicines were not always in line with current best practice.

- One 'as required' medicine had guidance for staff to make sure consistent use. This was not stored with the medicine administration records so could be forgotten. A second 'as required' medicine had no guidance for staff on when to consider administration to ensure it was consistent.
- Staff had not been monitoring the temperature of where medicines were stored. This meant there was a potential risk of medicines being damaged by temperatures outside the safe range.
- When changes had been made on the medicine administration records by hand, there was no record of the prescriber instructions. Neither had it been signed by two staff to make sure the changes were accurate and correct. As a result, there was a potential risk of the incorrect dose being given to the person.
- Following the inspection, the registered manager contacted the local pharmacy to obtain support and guidance on managing medicines in line with best practice.

Staffing and recruitment

- The person felt there were enough staff to support them. Staff agreed there were enough staff.
- Staff told us when additional staff were required they could contact the provider's other home and staff would come immediately.
- We were unable to look at recruitment systems during this inspection due to those with access being unavailable. Although we did see the provider had safe recruitment processes in place when new staff were required.

Preventing and controlling infection

- Staff understood how to reduce the risk of spread of infection. Staff had access to gloves and aprons.
- To reduce the likelihood of certain infections, water was regularly flushed in the unused rooms.
- The home was clean and smelt fresh throughout the day. People were encouraged to help keep their bedrooms clean.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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.

- People were supported by staff who had understanding about gaining consent before supporting them. The staff were able to tell us if a person lacked capacity to make a decision they would consider it in their best interest. One person wanted to enter a kitchen which was locked, and staff supported them to enter.
- However, not all restrictions had been considered in line with statutory guidance when it was likely a person had fluctuating capacity. For example, there were restrictions to access certain places in the home. There was no information to demonstrate who had been consulted as part of these decisions, whether they were the least restrictive options and if they were in the person's best interest. One member of staff told us they were in place to keep the person and others safe.
- DoLS had been authorised when one person wanted to leave the building to ensure their human rights would lawfully be restricted. However, the provider had not demonstrated they had considered all restrictions to the person's human rights in line with statutory guidance.
- Following the inspection, the registered manager updated us on some work they were completing in relation to this.

We recommend that the service seek advice and guidance from a reputable source, about supporting people who lack capacity and making decisions in their best interest.

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

- People's needs were assessed prior to moving into the home. The management liaised with a range of health and social care professionals to inform their assessment process.
- Assessments then informed care plans and the care people received. However, there was occasionally a delay in putting some important paperwork in place.
- Regular key worker meetings were held with the person, so their care could be updated in line with their needs and wishes should they change.

Staff support: induction, training, skills and experience

- Staff had received a range of training to meet the needs of people who may live at the home. This included input from external professionals about specific training to meet one person's needs currently living at the home.
- Staff told us they were happy with the training opportunities they got. One member of staff said, "I have learnt a lot since working at the home". Some members of staff had completed 'train the trainer' courses so they could deliver specific training to other staff.
- Senior staff completed observations of other staff to make sure they were competent and completing tasks in line with their training.
- Any staff administering medicines had additional training. Prior to administering medicines on their own they would shadow experienced staff and be observed to make sure they were confident and safe.
- New staff were supported through an induction which included completed the Care Certificate and shadowing experienced staff. Where required, staff new to care completed the Care Certificate to understanding the national minimum standards. One member of staff was positive about all the shadowing the completed and observations of their practice they had.

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

- People who could live at the home were supported to eat a healthy, balanced diet in line with their preferences. One person's care plans contained information about their likes and dislikes should they be unable to communicate them to staff.
- Staff supported people to cook their own meals when it was possible. One member of staff said, "[Name of person] is a really good cook". They explained how they enjoyed supporting the person to cook their own meals.

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

- Staff knew how to support people living at the home to access a range of health and social care professionals. Strong links had been developed to make sure people with complex needs were considered. During the inspection one health professional visited
- One person had recently been supported to attend the doctors.
- When people's health declined access to other health professionals was sought in a timely manner.
- One person had expressed an interest in being more healthy and this had been supported successfully by staff.
- Health and social care professionals explained their suggestions were always welcomed with openness. However, they felt there were occasions some of the information they required to develop programmes for people could be shared in a more timely manner.

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

- When people moved into the home they were encouraged to personalise their bedrooms as much as they wanted. One person had a specific theme clearly running through their bedroom and were proud to show us all their models on display.
- The home had been developed to have multiple communal spaces, so when the home was fully occupied, people could relax away from each other. One of the spaces was currently used by the person as an area they wanted to be left in peace when they were upset. It had a range of activities set up of their choice. Staff were able to monitor them from a distance in this space.
- Visual prompts were placed around the home to help staff communicate with people in a non-verbal way. For example, there was a board the person could point to how they were feeling without having to speak.

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

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

- Staff were very kind and caring. One person told us they really liked the staff and said, "I love this house. This place is great". They were comfortable in staff presence and would positively interact with them throughout the day.
- Staff treated people who lived at the home like an extended family.
- Senior staff led by example. They demonstrated an incredibly caring approach and were knowledgeable about the people being supported.
- Health and social care professionals appreciated the relationships staff developed with people. They told us staff were, "Very nurturing and encouraging". They explained the next step for staff was to adapt this approach to the different complex people they would be working with at the home.

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

- Staff encouraged people who lived at the home to make choices, and these were respected. There were systems in place if people had verbal communication difficulties.
- One person told us they felt listened to and it was clear when they made decisions these were honoured by staff. For example, they asked for a hot cross bun and then were supported by staff to prepare one for themselves.
- Systems were in place to support people who lived at the home to maintain relationships with those important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people who lived at the home to be as independent as possible by the. One person was completing a shopping list and selecting what they needed to buy from the supermarket for future meals they were planning.
- Staff knew how to protect people who lived at the home privacy and dignity during intimate care. One member of staff described how they closed doors and put the blind down before supporting the person.
- When one person came to the communal area staff made sure they were suitably dressed to protect their dignity.
- Staff knew to knock on people's doors before entering their bedrooms.

Is the service responsive?

Our findings

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

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

- People who lived at the home were able to participate in a range of activities in line with their needs and hobbies. One person told us they enjoyed going to the arcade and bowling. They continued to explain about the prizes they had won when attending the arcade. During this discussion they were animated and happy about their achievements.
- All health and social care professionals we spoke with complemented the staff on helping the person to increase activities in the community since living at the home.
- People's care plans were personalised to reflect their needs and wishes. They contained guidance for staff to follow and staff were aware of the contents. One person's care plan demonstrated long and short term plans had been considered. These reflected discussions we had with the person including a holiday aspiration they had.
- Care plans contained information about people's preferences and communication methods. This was important because there were times people found it more difficult to verbally communicate.
- Care plans were reviewed at least annually. Records were made when changes were made to demonstrate when people's input had been included.
- Information was communicated in a way that was personalised to a person's needs. For example, they read out documents, used a basic form of sign language to support speech and used pictures. This meant the service had considered the Accessible Information Standard to communicate information to people with recognised characteristics under the Equality Act 2010.

Improving care quality in response to complaints or concerns

- One person knew who they could speak with if they were upset.
- The provider had a system in place to manage complaints. No complaints had been received at the time of the inspection.

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- Staff were aware about end of life support and there were sections within people's care plans where discussions could be recorded.

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

Service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality 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; Continuous learning and improving care

- The provider and management had a range of systems in place to monitor and audit people who live at the home care and support. These identified some concerns which they had prioritised to develop. Clear action plans had been created.
- However, the management auditing systems had not always recognised concerns found during the inspection. For example, they had not identified shortfalls with the medicine management. Nor had they identified a risk to a person not being recognised.
- The management were open to the concerns we raised and were proactive at rectifying them. Following the inspection, they sent us an update of actions they had already taken including contacting a pharmacist to help improve their medicine management.
- Systems were in place to contact relevant people when there was an accident or incident. However, external bodies were not always informed in a timely manner. Health and social care professionals told us there were occasionally delays in them finding out about an incident.

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

- The registered manager had an understanding about when they should notify the Care Quality Commission in line with their statutory obligations.
- Staff were clear about the structure within the home and knew who their line manager was.
- All staff said they were regularly supervised and could have more informal conversations and support with the management.
- Staff were positive about the registered manager and the support they received from the manager. One member of staff said, "She is really, really nice. The way she manages is carrot not stick. Everyone's best interest at heart".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular house meetings provided opportunities for any people living in the house to contribute.
- The provider had a system to complete annual questionnaires anyone living at the home and those

important to them so they could contribute to the running of the home. One person wanted to go for more walks and this had been actioned.

- Staff told us they felt listened to by the management and could make suggestions about how to improve the service people received.
- Staff had attended equality and diversity training and knew to respect people as individuals. This replicated the management's approach towards their staff.

Working in partnership with others

- Strong links had been developed with external bodies by the management. This was important because people had complex needs.
- The management and staff had developed links in the local community so anyone living at the home could access a variety of facilities.