

African Caribbean Community Initiative (A.C.C.I.)

Atiba House

Inspection report

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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

The provider is registered with us to provide personal care and support for people who live in their own homes. At the time of our inspection eight people received care and support from this service.

People's experience of using this service and what we found

People received safe care by staff that knew them well. There were enough staff available for people who had the necessary training and experience. Risks to people were considered and reviewed and lessons learnt when things went wrong. Medicines were managed in a safe way. There were infection control procedures in place.

People were supported by staff they were happy with. People were encouraged to remain independent, offered choices and their privacy and dignity was maintained. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice.

Feedback was sought from people and relatives who used the service, this was used to make changes. There were systems in place to manage the quality within the service. There was a registered manager in place who understood their responsibility around registration with us. Staff felt supported and listened to.

People received care based on their assessed needs. Peoples preferences were taken in to account. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place.

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

Rating at last inspection

The last rating for this service was Good. (14 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

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 well led.
Details are in our well led findings below.

Good ●

Atiba 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection visit was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 July 2019 and ended on 9 July 2019. We visited the office location on 9 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with one person who used the service, two relatives, three members of care staff, the housing service manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for three people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out within the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were considered, assessed and regularly reviewed.
- We saw that people had crisis plans in place, so staff could respond accordingly when needed, we saw these plans were regularly reviewed and updated.
- People felt safe living at Atiba House. People and relatives confirmed they had no concerns about safety.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately in line with these procedures.
- Staff knew how to recognise and report potential abuse. Staff confirmed they had received safeguarding training.

Staffing and recruitment

- People and relatives confirmed there were enough staff available for people. One person said, "Yes there are enough staff."
- We saw staff were available to offer support to people and deliver people's assessed care hours.
- We saw pre-employment checks were completed before the staff could start working in the home.

Using medicines safely

- There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.
- People were happy with how they received their medicines. A relative told us, "As far as I can see the medication is given on time."

Preventing and controlling infection

- There were infection control procedures in place and these were followed.
- Staff told us they had access to gloves and aprons which they used when they were offering support to people.

Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. For example, when incidents occurred these were reviewed, and actions considered to mitigate the risk of this reoccurring.

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.

At the last inspection this key question was rated as good At this inspection this key question has remained good. This meant 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

- People's physical, mental and social needs were holistically assessed and considered.
- People's gender, culture and religion were considered as part of the assessment process.

Staff support: induction, training, skills and experience

- Staff continued to receive training that helped them support people.
- People and relatives felt staff knew them well and had adequate skills and experience to fulfil their role.

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

- Where possible people cooked independently. Staff were aware of the support people needed. When required staff supported people to go food shopping.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care which met their changing needs. For example, people were regularly reviewed by other professionals including community psychiatric nurses.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and their health and wellbeing was monitored by staff supporting them.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- No one that was currently being supported lacked capacity to make decisions for themselves.
- When there had been a deterioration in people's mental health, capacity assessments had been carried out to consider changes to people.
- The registered manager was able to demonstrate to us action they would take should this occur in the future.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant 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 were treated in a kind and caring way. One person told us, "I am very happy living here, I have been helped a lot. I get along with all the staff." A relative commented, "Staff are very good the care seems to be of a very high standard. Care is appropriate, and I have no concerns."
- Staff knew about people's preferences and backgrounds and were able to give detailed accounts of people.

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

- People were encouraged to make choices about their day. The care plan we looked at considered choices and preferences throughout and staff provided support accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. When asked if their privacy was respected one person said, "I have my own space in my flat." Relatives confirmed staff were respectful towards people.
- People were encouraged to be independent. A relative told us, "My relation is able to go into the community and also to church."
- We observed people were encouraged to be independent and do things for themselves, such as cooking breakfast. Records we reviewed reflected the levels of support people needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well. People and relatives confirmed this to us.
- People had care plans which were personalised, detailed and regularly reviewed.
- Staff had the opportunity to attend handover at each shift where they could share information and changes about people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- The provider met the Accessible Information Standard.
- People had information in their files to ensure staff had information available about how they communicated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in activities they enjoyed. One person said, "I went abroad. I am saving to go again."
- There was a local well being hub where people had the opportunity to attend various activities that were put on there.

Improving care quality in response to complaints or concerns

- People felt able to complain. One person said, "I could complain if I needed to." A relative said, "I have no complaints and my relation is happy with the care."
- The provider had a complaints policy in place.
- There had been no complaints made since the last inspection.

End of life care and support

- There was no one currently being supported with end of life care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- Quality checks were completed within the service. These included audits on care plans. Where concerns with quality had been identified we saw improvements had been made. For example, it was identified one person's crisis plan was not up to date. We saw this had been reviewed and updated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives spoke positively about the management team and the support they received. One relative said, "My relation is the best they have been for past five years with no relapses. I would not change anything."
- The management were available and visible for people using the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of candour requirements were understood by the registered manager.

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

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the registered manager. They had the opportunity to raise concerns by attending team meetings and individual supervisions.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- The provider sought the opinions of people who lived in the home. This was through meetings. People were given the opportunity to attend meetings to discuss and share any concerns.

Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.