

Annette's Care

Annette's Care

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 3 August 2015 and was unannounced. Annette's Care provides care and accommodation for up to three people with learning disabilities. On the day we visited three people were living in the service.

The service had 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. The registered manager is also the joint provider of the service.

During the inspection we observed people and staff relaxed in each other's company and there was a pleasant atmosphere. People told us staff were kind and caring, which our observations confirmed. People's privacy and dignity were respected by staff who provided individual and personalised care. People spoke highly about the care they received with one person saying; "I feel safe here because staff help me and are kind to me."

Summary of findings

People needed one to one staffing at times and staff confirmed there were sufficient staff to meet this requirement. Staff had completed appropriate training and had the right skills and knowledge to meet people's needs. However new staff did not always receive full induction training. People were not kept safe or fully protected due to poor recruitment procedures.

People's medicines were managed safely. Medicines were stored, given to people as prescribed and disposed of appropriately. Staff received training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as GPs and dentists. People were supported by the local behavioural support teams for people with learning disabilities.

People's care records were detailed and personalised to meet each person's individual needs. Staff clearly understood people's needs and responded promptly when required. People were involved as much as possible with their care plans and had a say on how they liked to be supported. People's preferences were sought and respected.

People's risks were documented, monitored and managed well to ensure they remained safe. People lived active lives and were supported to access local areas and a variety of activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed while maintaining a healthy diet. People had input to planning menus, shopping and preparation of meals.

People had access to health and social care professionals to make sure they received appropriate care and treatment to meet their individual care needs, for

example hospital consultants. Staff acted on the information given to them by professionals to ensure people received the care they needed to maintain their health and social care needs.

Staff knew how to make sure people, who did not have the mental capacity to make all decisions for themselves, had their legal rights protected and worked with others in their best interest. People's safety and liberty were promoted.

Staff had completed safeguarding training and had a good knowledge of what constituted abuse and how to report any issues. Staff described the action they would take to ensure people were protected against harm and were confident any incidents or allegations would be fully investigated.

Staff described the registered manager as being very supportive, very approachable and very hands on. Staff talked positively about their roles. Comments included; "She (the registered manager) is involved in the home." And "[...] is brilliant- very supportive with my training."

There was a quality assurance system in place. Significant events and incidences were documented and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home and relatives. Relatives were confident that any concern or complaint raised would be handled appropriately.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

This service was not always safe. People were placed at risk due to poor recruitment practices.

There were sufficient skilled and experienced staff to support people.

Staff had a good understanding of how to recognise and report signs of abuse.

Risk had been identified and managed appropriately. Risk assessments had been completed to protect people.

People received their medicines as prescribed. Medicines were managed safely and staff were aware of good practice.

Requires improvement



Is the service effective?

The service was effective. People received individual one to one support from staff who had the knowledge and training to carry out their role.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access appropriate health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet and the service used a range of communication methods.

Good



Is the service caring?

The service was caring.

Staff were caring and kind and treated people with dignity and respect.

People were involved in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

Good



Is the service responsive?

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

Good



Summary of findings

There was a complaints procedure which family members knew how to use if they needed to.

Is the service well-led?

The service was well led.

There was an experienced registered manager and provider in post who were both approachable.

Staff were supported by the registered manager and provider. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns with them.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

Good



Annette's Care

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.

The inspection was undertaken by one inspector on 3 August 2015 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with all three people who used the service, the registered manager and three members of staff. We also contacted one relative.

We looked around the premises and observed how staff interacted with people. We looked at three records which related to people's individual care needs, three records which related to administration of medicines, six staff recruitment files and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

People who lived at Annette's Care had complex needs and some could display behaviour that could challenge others. We spent time with people and spoke with staff to ascertain if people were safe. A relative commented; "Absolutely - I have no doubts and know my son is safe." One person said; "I feel safe here because staff are here all the time." A survey returned recorded; "They give [...] every opportunity to have a full and safe life."

People were not protected by safe recruitment practices. We checked six recruitments files in detail and looked at other staff recruitment details. The required checks had not been completed which may place people at risk of the service employing staff who were not suitable or cleared to work with vulnerable adults. For example, files did not always hold application forms with full details of previous employment details. Disclosure and barring service checks had been sought, however information recorded on these checks had not been discussed or recorded to show the service had considered any risk to people in the service. Other files did not hold suitable references, for example some references were for "to whom it may concern" and did not match the named referee on the application form.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People lived in a safe and secure environment. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe. Visitors were required to sign in and staff checked the identity of visitors before letting them in.

People were protected from abuse because staff had an understanding on what abuse was and how to report it. The service had safeguarding policies and procedures in place. Posters were displayed to provide information and contained contact details for reporting any issues of concern. However easy read posters designed for people living in the home were displayed in the staff office. Therefore people were not aware of the process open to them. The senior staff took action to address this issue and moved them to a communal area.

Staff received safeguarding training. Staff were aware of what steps they would take if they suspected abuse and

spoke confidently about how they would recognise signs of possible abuse. They felt assured that reported signs of suspected abuse would be taken seriously and investigated. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately. One staff said; "I can always speak to the registered manager."

People received individual support and the service liaised with learning disability specialists to support people who displayed behaviour that could be perceived as challenging to others. Staff managed each person's behaviour differently and this was recorded into individual care plans. There were sufficient skilled and competent staff to ensure the safety of people. Records detailed the staffing levels required by a person to keep them safe inside and outside the service. Rotas showed this was achieved. For example, staffing arrangements were in place to ensure each person had one to one support available to enable the person to carry out an activity in the community safely. There were plans in place to cover staff sickness and any unforeseen circumstances.

People could be at risk when going out without staff support. Therefore people had risk assessments in place. For example, where one person may run off without staff support, there were clear protocols in place for managing this risks. Staff spoke confidently on how they supported people when going out. Staff confirmed they were provided with information and training on how to manage risks for individuals to ensure people were protected. The registered manager and staff were all involved in reviewing any incidences that occurred, this helped to avoid any reoccurrence and helped to keep people safe.

Incidents and accidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk. This showed us that learning from such incidents took place and appropriate changes were made. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. For example if people had an episode of behaviour that challenged the staff, this was discussed with the learning disability team.

People were protected against the risks associated with medicines because the registered manager had appropriate arrangements in place to manage medicines. Training records showed medicines training had been delivered to staff. Staff understood the importance of safe

Is the service safe?

administration and management of medicines and only suitably trained staff administered medicines. Records showed medicines were mainly managed safely and were stored, given to people as prescribed and disposed of safely. Medicines administration records (MAR) were in place and had been correctly completed. Staff were

knowledgeable with regards to people's individual needs related to medicines. However we found some medicines where not stored in the prescribed container and held in loose foil strips. The senior staff on duty took immediate action to rectify this.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Staff completed an induction programme and this included shadowing experienced staff. However not all induction programmes for staff were completed in full. Inductions enabled staff to feel confident they could carry out their role competently. The registered manager told us staff received appropriate ongoing training for example the health and social care diploma. This helped ensure staff had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. Ongoing training was planned to support staffs continued learning and was updated regularly.

Staff told us and records showed they received one to one supervision and yearly appraisals. Staff said they had opportunities to discuss any concern they had during these meetings. Team meetings were held to provide staff with the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. We observed a team meeting and this showed us that staff discussed issues including further training needs.

Staff had a good understanding of the main principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The MCA is about making decisions and what to do when people cannot make decisions for themselves. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after that person safely.

The registered manager and staff understood the need to support and encourage people to make decisions and choices whenever possible. The registered manager confirmed one person was subject to a DoLS authorisation as restrictions were in place to keep them safe. The application recorded the people involved in the decision making. Staff understood and were aware of people's legal status. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and included other professionals. Records showed discussions had taken place within best interest meetings to determine any possible risks for people.

Staff asked people for their consent before providing care. Staff said they encouraged everyday choices if possible and we observed staff offering people what they wanted to eat and drink. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. We observed staff giving people time and encouraged people to make simple day to day decisions. For example, where they wanted to go out that day for lunch. However, when it came to more complex decisions such as one person using a social media site, they understood health or social care professionals may need to be consulted. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

Staff received handovers when coming on duty and were given time to read people's individual communication book. This recorded activities and tasks to be completed during each shift and updates on people's general well-being, for example it recorded when one person had become agitated that day and how it had been resolved. This information helped to ensure the staff provided effective support to this person. Staff confirmed discussions on changes in people's health needs were held as well as any important information in relation to medicines or appointments. We observed these discussions at the team meeting we attended.

People spent time with staff and were encouraged to make choices and prepare snacks and drinks. People could choose what they would like to eat and drink. People had their specific dietary needs met. Staff confirmed they assisted people with meal choices. Staff demonstrated they knew how people communicated and encouraged food choice when possible. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy balanced diet. This helped to ensure people remained hydrated and received adequate nutrition. People's weight was monitored when needed.

People had access to local healthcare services and specialist consultants. Psychiatrists had been involved with people in the past, however currently no one was using this service. GPs were contacted when needed to carry out annual health checks. The registered manager consulted with external healthcare professionals, for example, the learning disability team, when completing risk assessments for people. If people had been identified at risk of behaviours that may challenge the service, guidelines had

Is the service effective?

been produced with input from other professionals for staff to follow. Staff understood what to do in an emergency. This helped to ensure people's health was effectively managed.

People lived in a home that was regularly updated and maintained. The registered manager talked through planned upgrades in the home. This included converting a

room to a fourth bedroom. This helped ensure people lived in a suitable environment. The registered manager confirmed the home was suitable for the people who currently lived there and only a suitable fourth person would be offered accommodation after registration with CQC.

Is the service caring?

Our findings

People were supported by caring staff who treated people with patience, kindness and compassion. Staff informed and spoke with people when offering care and asked people if they agreed and were happy with the support provided. We observed staff providing care and support to each person during our visit. Staff informed people what they were doing at every stage and ensured the person concerned understood and felt cared for.

We observed staff interacted with people in a caring way throughout the inspection. For example, if people became agitated or excitable, staff responded to reassure people and provided information to help settle them. One person when asked if the staff were kind said “Yes- they are respectful, kind and patient.”

Relatives told us they were happy with the care and support people received. Comments included; “I can’t fault the care they give.”

Staff showed they were knowledgeable about the people they cared for. Staff understood how to meet people’s needs and knew about people’s lifestyle choices and respected people’s diversity. Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated one key staff member which helped to develop positive relationships. This worker was responsible for ensuring the person had updated care recorded to help ensure all staff had relevant information on people.

People’s well-being in relation to their health care was clearly documented. Care records held hospital passports detailing people’s past and current health needs as well as details of health services currently being provided. Hospital passports helped to ensure people did not miss appointments and recorded outcomes of any health check-ups.

People’s needs in relation to their behaviour was clearly understood by staff and met in a positive way. For example,

one person asked continually about going out to eat. Staff involved them in planning where they would like to go and checked to ensure it was suitable. Another person who became excitable on the day of our visit was provided with additional support and information to prepare for a planned holiday later in the year. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. This helped to ensure people’s wellbeing was being monitored and acted upon.

People were supported to express their views and be actively involved in making as many decisions as possible about their care and support. People were provided with one to one staff support to involve them in planning and completing their own care routines. Care plans were personalised and reflected people’s wishes.

Staff knew people well and what was important to them such as their routines and all areas of their care. People had access to individual support and advocacy services, for example Independent Mental Capacity Assessors (IMCA). This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People were supported to maintain relationships with family members who visited regularly and were very much involved in people’s lives. One relative confirmed they visited when they could and always found the staff to be caring and supportive.

People spent time with their families in their private rooms. Staff understood what privacy and dignity meant in relation to supporting people with personal care. We observed staff knocking on people’s bedroom doors to gain entry and people were always involved and asked if they were happy we visited them and met them. Staff demonstrated their respect for people’s privacy by ringing the main house bell to gain access to the home and supported people in answering the door.

Is the service responsive?

Our findings

People were involved as much as they were able in planning and reviewing their own care needs and making decisions about how they liked their needs met. People had guidelines in place to help ensure any specific behavioural needs were met in a way they wanted and needed. This enabled staff to respond to people's behavioural needs in situations where they may require additional support. Staff were aware when people were upset or becoming agitated and staff responded quickly and followed written guidance to support people. For example if people ran off without staff support it showed the staff how to manage these situations and respond to the person concerned.

People had a 'This is me' file that told a story about the person's life, their interests and how they chose and preferred to be supported. Staff said plans had been put together over a period of time by the staff who worked with the person who knew them best. Regular reviews were carried out on care plans and behavioural guidelines to help ensure staff had the most recent updated information to respond to people. Information was recorded to show that an advocate had been involved to support people. However one 'This is me' plan had not been completed in full and the senior staff started to rectify this before we left.

People's choices were respected. Staff confirmed people's choices and decisions were respected including when they wanted to shower, what to wear and what they wanted to eat and drink. Staff showed people the choices on offer to assist people with choices.

People were supported to develop and maintain relationships with people that mattered to them. For example which family members they wished to stay in contact with. A relative said; "I have been to some meetings and if I can't go they always call me with the details." People's social history was recorded. This provided staff with guidance as to what people liked and what interested

them. People led active social lives and participated in activities that were individual to their needs. We saw people going out for lunch or planning a holiday for later this year. Guidelines were in place to assist staff in responding to people's needs in different situations for example when traveling and people's involvement in different activities.

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. Staff were knowledgeable on how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable. This was evident when we observed staff and people planning trips for a forthcoming holiday.

The service had a company complaints procedure. However this was not displayed and was not available in an easy read format to assist people. The registered manager confirmed they had not received any complaints. However they discussed the process and fully understood how to respond promptly and thoroughly investigate in line with the service's own policy. The registered manager confirmed that appropriate action would be taken and the outcome recorded and fed back to the complainant. People living in the service were able to make every day complaints. When asked, people confirmed they would talk to the registered manager if they had any concerns. The registered manager and staff told us they listened to people and monitored people's behaviour for any changes that may indicate they had concerns. Staff confirmed any concerns they had would be communicated to the registered manager and provider and were confident they would be dealt with.

Family members were encouraged to make suggestions and to express their views and opinions through meetings with the service. Relatives were confident they would be listened to and action taken if needed. One survey returned recorded; "I have no concerns at all."

Is the service well-led?

Our findings

People and relatives all spoke positively about the registered manager. Comments included; “She (the registered manager) is always easy to approach and talk to.” One person said; “[...] (the registered manager) comes to see me to see if I’m ok- I like her.”

The service was managed effectively and had clear values including; “(Annette’s Care) will support the individuals with person-centred approach, help to develop and maintain everyday skills, and promote independence, rights.” These values were incorporated into staff training and staffs qualifications. The registered manager, who is also the registered provider, took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the organisation. For example the registered manager employed a deputy and assistance manager to support staff on a day to day basis.

There was a clear management structure in the service. Staff were aware of the roles of the management team and they told us the management were approachable and had a regular presence in the home. During our inspection we spoke with the manager, the deputy manager and assistant manager. All demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

People were involved in the day to day running of their home. Residents’ meetings were held and one person raised that they would like a bike. This was followed up and the person concerned confirmed they now had a bike and was; “really enjoying it.”

People said the management were; “kind and nice” and made themselves available to them. Staff spoke highly of

the support they received from the registered manager. Staff had a good understanding of their roles and responsibilities and said they were well supported by the registered manager. Staff told us the registered manager was; “brilliant” and “very hands on.” Staff agreed that the registered manager was available and approachable and worked alongside them on the staff rota. They were able to raise any issues and were confident these were dealt with straight away. Staff said there was excellent communication within the team and they worked well together. Staff comments included; “It’s lovely here- a great team.”

Staff meetings were held to enable open and transparent discussions about the service, and allowed staff to make comments on how the service was run. This updated staff on any new issues and gave them the opportunity to discuss current practice. We observed a staff meeting, staff were encouraged and supported to participate. Staff were observed talking through issues they had and general discussions were held to solve these issues. The home had a whistle-blowers policy to support staff.

There was a quality assurance system in place to drive continuous improvement within the service. For example there was a programme of in-house regular audits including audits on care plans and medicines. Audits were carried out in line with policies and procedures. However staff recruitment audits had not been carried out and issues were raised about poor documentation.

The registered manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The registered manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency. The service sought additional support if needed to help reduce the likelihood of recurrence.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 (1)(a)(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service were not protected against the risks associated with unsafe recruitment procedures, as relevant checks had not been carried out.