Trident Reach The People Charity

St Alban's

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
St Alban's is a care home providing accommodation for people who require personal care, for up to six service users, some of whom are living with learning disabilities and autistic spectrum disorder. At the time of our inspection there were six people living in the home. The home has a communal lounge area, a dining room, and an outside garden area on the ground floor. On the first floor, were bedrooms with ensuite facilities.

People's experience of using this service and what we found
People and relatives told us safe care was provided. There were enough staff to meet people's needs and staff were aware of how to recognise and report safeguarding concerns. Medicines were managed safely. Care plans and risk assessments were regularly reviewed and completed in line with peoples assessed needs. Staff were recruited safely, however, clearer evidence was required to show how employment gaps had been fully explored.

Accidents and incidents were documented, and any actions taken to learn from lessons and improve the quality of care. There were some concerns regarding the correct wearing of personal protective equipment (PPE). There was good infection control practices seen in regards to maintaining a clean environment, admissions, testing and an infection prevention control policy was in place.

Governance systems were in place however, they had been ineffective in identifying concerns around PPE compliance, and one staff members' training needs. There was evidence of people and relatives being involved in reviews and person-centred outcomes. Prior to the inspection ending the registered manager had put an action plan in place to address issues raised.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well led the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. People were supported to make choices about their care and care was person centred to meet individuals' needs.

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 (published 13 April 2019).

Why we inspected
We received concerns in relation to medication, staffing issues, the quality of records and fire safety concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed remained the same. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Alban's on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

St Alban's

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
St Alban's is a 'care home'. People in care homes receive accommodation and personal care as a 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 had a manager registered with the Care Quality Commission. This means that they alongside the provider are legally responsible for how the service is run, and the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and observed how they interacted with staff throughout the day. We spoke with two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

We looked at two peoples care records and two staff records. We looked at information relating to the management of medicines, policies and maintenance of the premises. We spoke to one professional who was visiting the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a relative and an advocate.

Good

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We spoke with two people who lived at the service who were able to sign yes, when we asked if they felt safe. Another person said, "I like these wonderful staff, I like living here." Our observations of people were their body language and reactions to staff demonstrated they felt comfortable with them.
- Care staff could explain what abuse was and the actions they would take where people were at risk of harm. Where concerns had been raised, the safeguarding procedure was followed and investigations had taken place.

Assessing risk, safety monitoring and management

- People had detailed care plans and risk assessments which included guidance to support staff to deliver safe care and reduce risks. For example, when people displayed distressed behaviours there were clear instructions for staff about what may cause the person to become distressed and how they could support them to settle and calm.
- Relatives told us people received safe care. One relative said, "I think they are taking time to think about what each individual needs and they introduce things appropriate for that person's needs". Staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe.
- The registered manager and staff carried out regular checks of the premises, including health and safety checks. This included checks on water temperatures and fire equipment. People had personal emergency evacuation plans in place to support staff to evacuate people safely.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. Although the provider had a visiting policy which was in line with government guidance including ensuring visitors were tested for COVID-19 and wore PPE safely. We observed one occasion when this hadn't been adhered to. The registered manager told us they would take action to ensure any visitors adhered to the policy.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff were wearing PPE but there were occasions when some staff were not wearing their face masks in line with current government guidance for preventing the spread of COVID-19 and were not clear on the correct procedure for donning and doffing. After sharing our concerns with the registered manager they took immediate action to make improvements.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment
● Relatives told us there were enough staff. One relative told us "They seem to be quite well staffed." Another said, "Its more or less 1 to 1 as many carers as there are residents".
● The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. However, for one staff member the registered manager had not explored fully the gaps in their employment history.
● Staff told us there were enough staff to meet people's needs and keep people safe. Our observations confirmed this, and we saw staff taking time to sit and interact with people.

Using medicines safely
● The provider had effective systems in place to assist staff to safely manage medicines. There were clear guidelines explaining how people needed to be supported and medicine administration records were kept accurately.
● Staff had been trained in how to administer medicines safely and assessments were carried out to review their competencies.
● Where people required medicines to be administered 'as and when required' protocols were in place. The protocols included clear guidance for staff about when to administer the medicine. For example, for a person who did not verbally communicate and was prescribed pain-relieving medicine the guidance included the signs to look for to indicate the person was in pain.

Learning lessons when things go wrong
● The registered manager was putting in place a new system to improve the recording of prescribed creams, so it was clear where the cream had been administered.
● Incidents or accidents were recorded and reviewed to see if any further action was needed and to minimise the risk of reoccurrence. Referrals were made to professionals when required to ensure people's needs were met.

Requires Improvement

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Organisations registered with CQC have a legal obligation to tell us about certain events at the home, so that we can take any follow up action that is needed. The provider had systems in place to ensure we were usually notified of incidents however there was a delay in informing us when a person had an authorised deprivation of liberty in place. The registered manager took immediate action to notify us and implemented an improved system to ensure this did not happen again.
- Oversight of staff training had been ineffective to ensure a new staff member completed their required training in a timely way. We fed this back to the registered manager who ensured the training was completed and put an action plan in place to improve the system.
- Although we saw some good infection control practices in place, the concerns regarding staff not wearing PPE in line with guidance had not been identified by the provider. This meant not all steps had been taken to reduce risks in relation to COVID-19 transmission.
- Systems were in place to assess and monitor the quality and safety of the service provided to people. Audits were completed on care and medicines records and prompt action taken where inconsistencies were identified

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives told us they were involved in people's care and support received. One relative said, "I've been called in and I've worked on [person's] care plan." Another told us, "Generally I am well informed about [person]."
- People were supported to make decisions about their care. One relative told us, "They have been given a lot of choice with [registered manager] who has introduced a lot of activities." An advocate who worked with a person living there said, "[Person] is supported to make his own decisions in the moment."
- Staff told us they were well supported by the registered manager. One staff member said, "If I have any problems or any issues, I can talk to the manager and he will do something about it." Regular team meetings were held to share information and discuss any concerns. Staff told us they were a useful forum to discuss changes and updates and felt able to contribute.
- People's religious needs were considered; one person was supported to attend a service every week.

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

● The registered manager was open and transparent during the inspection and demonstrated a willingness to listen and improve. This was demonstrated by the action they took in response to our feedback during the inspection.

Continuous learning and improving care

● The registered manager had identified some improvements were needed after looking into a medication error. They improved the system for when medicines were received into the service, to reduce the risk of reoccurrence.

Working in partnership with others

● The service worked in partnership with community psychiatric nurses, social workers and other health care professionals and relatives to ensure people were getting the care they needed.