

Altum Residential Care Ltd

Altum Spring

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 well-led?	Good ●

Summary of findings

Overall summary

This was an announced focussed follow up inspection which took place on 18 November and 4 December 2015. At our last inspection in May 2015 we found that the service was not meeting all the regulatory requirements that we reviewed. The legal breaches related to risk management, recruitment, control and restraint, staff training, notifications and the statement of purpose for the service.

We informed the provider of our intention to carry out an inspection visit; this was to ensure that key staff members were available so that we could discuss what action they had taken to rectify the breaches. We found that the service had taken action to address all the breaches found. However, we found at this inspection visit that a number of the staff team had left. This was in part due to the changes in the way the service was managed. The service had recruited new staff and had arranged training for them, which was in progress.

This service is registered to provide accommodation for young people who require support with personal care between the ages of 16 – 25 years old. At the time of our visit three young people aged 17 years of age were using the service. We did not speak with young people during our inspection visit but did briefly observe good relationships between staff and young people.

We were aware at the time of our visit that the service was in the process of making an application to register with Office for Standards in Education, Children's Services and Skills (Ofsted). Ofsted confirmed that this was the case and we saw evidence that commissioners of the service had been informed that the application was to be made.

A new manager had been appointed since our last visit and had been working at the home for seven weeks. The manager had submitted an application to register with us. 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.

Staff had received training in the use of physical intervention techniques. Staff we spoke with were able to tell us clearly what these techniques were or explain how they were to be used to help ensure the safety of young people who used the service.

Young people's risk assessments were seen to be up to date; however staff we spoke with felt that further improvements could be made to recording systems. Plans were in place to improve the service's administrative systems by introducing a computerised records system.

We saw that improvements had been made to the recruitment system. Staff files showed that the recruitment procedures covered the areas required by law.

The statement of purpose had been reviewed and amended and CQC were now receiving detailed notifications from the service. Systems were in place to regularly assess and monitor the service provided and young people were involved in plans to make improvements at the home.

We saw that the service was in the process of requesting accreditation with the Royal College of Psychiatrists for assessment to become part of the Community of Communities scheme. This will help to establish a therapeutic community approach to the purpose of the service going forward.

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

Staff had received training in the use of physical intervention techniques. Staff we spoke with were able to tell us clearly what these techniques were or explain how they were to be used to help ensure the safety of young people who used the service.

Young people's risk assessments were seen to be up to date; however staff we spoke with felt that further improvements could be made to recording systems. Plans were in place to improve the service's administrative systems by introducing a computerised records system.

We saw that improvements had been made to the recruitment system. Staff files showed that the recruitment procedures covered the areas required by law.

Is the service effective?

Good ●

The service was effective.

The staff we spoke with were able to demonstrate a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs) to ensure young people's rights were protected under the law.

There had been some staff turnover at the service. Plans were in place to ensure that new and inexperienced staff members received the training they needed to support young people safely and effectively.

Is the service well-led?

Good ●

The service was well led

The home had a new manager with many years' experience of working with children and young people. The manager was in the process of applying to register with CQC and an application to register with Ofsted had also been made.

Altum Spring's statement of purpose had been reviewed and

amended and CQC were now receiving detailed notifications from the service.

Systems were in place to regularly assess and monitor the service provided and young people were involved in plans to make improvements at the home.

We saw that the service was in the process of requesting accreditation with the Royal College of Psychiatrists for assessment to become part of the Community of Communities scheme. This will help to establish a therapeutic community approach to the purpose of the service going forward.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 November 2015. The provider was given notice of our inspection because the location is a small care home for younger adults and we needed to be sure that someone would be in. We also returned to the home 4 December 2015 to look at the recruitment files and talk to a member of staff.

The inspection was carried out by one adult social care inspector.

Before our inspection visit we reviewed the information we held about the service, including notifications we had received from the service informing us of events that had happened since our last visit. We also contacted the local children's commissioning team and the local authority designated officer (LADO) who deals with any safeguarding concerns for the area. No concerns were raised with us.

During our visits we talked with the operations manager, the new manager and a staff member and briefly with a second member of the staff team. We also looked at the statement of purpose for the service, two staff recruitment files and the manager's monthly reports

Is the service safe?

Our findings

At our last inspection we were told that staff had received training in the use of physical intervention techniques. However the senior staff members that we asked were unable to tell us clearly what the techniques were or explain how they were used. It is important that all staff members are clear about control and restraint measures to ensure that they act within the law.

At this inspection we were told that all the staff had received refresher training and a supervision session had been held with the registered manager at the time to check that staff had understood what was expected. A member of staff confirmed this and we saw evidence that this had happened on their personnel records.

We spoke to a member of staff in more detail about physical intervention techniques. They were able to tell us about the training they had received in physical intervention and show us the techniques. The staff member told us that the physical intervention techniques were based on guiding and supporting young people and not to restrain them. The staff member was clear that the physical intervention techniques would only be used to prevent people harming themselves or others. They told us that they had never seen physical intervention being used during their time working at the home.

At our last inspection visit we identified a potential risk to young people. Following our visit a risk assessment was completed and sent to us following our visit and we saw at this visit that action had been taken to minimise the risk.

At our last visit we saw that some young people presented high risk behaviours. We saw that there were numerous risk assessments in place for one young person. We noted however changes in risk management could be fast moving and were only changed by the registered manager. This meant there could be times for example when the registered manager was off duty where the paperwork did not keep pace with the changing risk.

We talked with the new manager and a staff member about the risk assessments. They told us that risk were monitored on a daily basis and were discussed in the daily handover and recorded. Although records were in place it was accepted that they could be improved. The provider had been looking at computerised systems that would help staff to input and access information that would make it easier to retrieve and monitor the progress being made by the young people in their care. The provider had looked at a number of packages that might help them to achieve this objective.

At our last visit looked at the recruitment files of two members of the staff team and saw that although most of the required information was available on the files, the full employment history of one staff member was not recorded. On the second recruitment file we could not see any evidence to support that verification had been sought from recent social care employers and confirmation of the reason for leaving. The lack of a robust recruitment procedure leaves children and vulnerable young people at risk of being cared for and supported by staff who are not suitable to work with them.

At this inspection we saw that the provider had made an agreement with a human resources partner to help with the administration processes of the recruitment of staff, for example, screening out unsuitable candidates and creating new application formats that link to Skills for Care bench marking and the new 'Care Certificate'. This new arrangement had freed up time for the manager to be more involved in the day to day running of the home.

Is the service effective?

Our findings

At our last inspection we were told by some of the staff we spoke with that they had received some MCA and Deprivation of Liberty training through previous health and social care employers and had some awareness of their legal responsibilities. Staff need to undertake training in the MCA and DoLS to ensure that young people of 16 years and older and in relation to DoLS eighteen years and older to ensure that they protect young people's rights and act within the law.

We were told that most young people who came to live at the home were admitted under the Children Act and were often Looked After Children (LAC) who were either on a care order or had agreed to a voluntary admission to the home. The Mental Capacity Act (MCA) also applies to young people who are 16 and 17 years old. At the time of our visit the MCA Code of Practice Chapter 12 'How the Act applies to children and young people' states that 'there are no specific rules for deciding when to use the when to use either the Children Act 1989 or the MCA 2005. However health and social care workers should be aware of and their obligations to comply with the MCA.'

We were told at this inspection that staff members were now receiving this training. The staff members we spoke to as part of this inspection were able to demonstrate an understanding of their responsibilities under this legislation.

We were told that the young people who lived at the home had the capacity to make their own decisions about their day to day lives. However if their mental health deteriorated their ability to make decisions could fluctuate.

At this inspection we were told and saw documents that showed that there had been a high turnover of staff since the change in management of the home. Staff members we spoke with viewed this situation positively and thought that this was a consequence of staff being more effectively managed to ensure that young people received a consistent approach in the support that was given.

We were told that where agency staff were being used by the service that regular workers with the right experience were being requested to help ensure continuity of support.

We saw information that showed that new staff members were in the process of receiving training to help them carry out their roles and responsibilities safely and effectively. We also so that the home had started to use the new 'Care Certificate' workbook as part of the induction process.

Is the service well-led?

Our findings

Since our last inspection in May 2015 there had been a change in manager at the home. The new manager had been in post for seven weeks and had made an application to register with the Care Quality Commission. We were also aware that the service had also submitted an application to register with Ofsted and commissioners of the service had been informed of this.

The new manager of the home had over 30 years' experience working with children and young people. The new manager was supported by the operations director. The operations director was a registered mental health nurse with over 30 years continuous experience in mental health services which included being a manager registered with CQC in secure hospital settings for both adults and children. We were informed that it had been decided the operations manager would become the responsible person for the service, in line with the organisation's strategic plan.

The deputy manager had also recently left the service. It had been decided that an experienced member of the staff team would temporarily fill this post with additional support from the operations manager.

At our last inspection we saw that the home was using two names for the service, one of which was not identified on the statement of purpose for the service. The statement of purpose is a legal document that gives information about the service. We saw at this inspection the statement of purpose had been reviewed and updated to accurately reflect how the service was registered with CQC.

Services which are registered with the Care Quality Commission are required to notify us about certain events and incidents that occur. Records we saw at our last inspection visit showed that we had not always been notified of incidents where the police had attended the home. Since this inspection we have received required notifications from the service and noted that since the new manager started they have been more detailed.

We were sent copies of the monthly quality audit reports carried out by the new manager. The reports gave us detailed information about what was happening at the home. We also saw the minutes of a young people's meeting that showed they had been involved in discussing environmental improvements that they thought were needed at the home.

We saw that the service was in the process of requesting accreditation with the Royal College of Psychiatrists for assessment to become part of the Community of Communities scheme. This will help to establish a therapeutic community approach to the purpose of the service going forward.