

Trident Reach The People Charity St Alban's

Inspection report

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05 July 2016

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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

We inspected this home on 30 June and 05 July 2016. This was an unannounced inspection. The home was registered to provide residential care and accommodation for up to six people. At the time of our inspection six people were living at the home.

A registered manager was in post and was present throughout our inspection. 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.

One person using this service told us they felt safe. The other people we met found verbal communication difficult. We observed people looking relaxed and showing happiness with their facial expressions and body language. Relatives we spoke with had confidence that their relative was safe. Staff understood their roles and responsibilities to protect people from the risk of potential harm. Staff were aware of the provider's processes for reporting any concerns.

There were enough staff to support people safely and recruitment checks were in place to help ensure staff that were employed were safe to work with people.

Staff had been trained to support people effectively. This included learning about the specific needs and conditions people lived with. Staff told us that they received regular supervision and felt supported. Senior staff were always available for them to seek advice and guidance.

People had access to a variety of food and drink which they enjoyed. People were supported when necessary to access a range of health care professionals.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be unable to make their own decisions. We observed staff working consistently in line with people's care plans when restrictions or safeguards had been agreed for people. Staff were observed seeking people's consent before providing any care and support.

People were relaxed in the company of staff and we observed many positive, compassionate interactions between people and the staff who were supporting them. Relatives and health professionals we spoke with praised the positive regard and commitment that the staff team showed to people living at St Albans. People had been encouraged to remain as independent as possible. We observed staff ensuring people's privacy and dignity was maintained.

Staff recognised the individuality of each person, and had planned and delivered support that reflected their individual needs and preferences.

People and their relatives knew how to raise complaints. Where complaints had been raised the registered manager had taken prompt and appropriate action.

The registered manager was aware of her responsibilities and had the skills and experiences required to enable her to effectively lead this service.

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.

People were supported by staff who had been trained and supported to protect people from harm, and to identify and report signs of abuse.

There were adequate numbers of staff to support people.

Medicines were well managed and systems were in place to reduce the risk of errors occurring.

Is the service effective?

Good ●

The service was effective.

People could be certain their human and legal rights would be protected.

People were offered food and drinks that met their cultural and dietary needs and food preferences. People had support to eat and drink adequate quantities to stay healthy.

Support and advice was provided by the multi-disciplinary team to ensure people achieved and maintained good health.

Is the service caring?

Good ●

The service was caring.

Care and support was delivered with kindness and compassion.

Staff ensured people's dignity and privacy was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was tailored to meet their individual needs and wishes.

Opportunities were provided each day for people to undertake

activities they enjoyed.

There were systems in place for people to provide feedback, and people could be confident their comments would be heard and acted upon.

Is the service well-led?

The service was well led.

Systems and processes were in place to ensure the on-going safety and quality of the service.

People benefitted from a registered manager and registered provider who were innovative and committed to providing the best possible service.

Good ●

St Alban's

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 unannounced inspection took place on 30 June and 05 July 2016. The inspection was undertaken by one inspector.

We looked at the information we had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. All this information was used to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with five of the six people who lived at the home. We spent time observing day to day life and the support people were offered. We spoke with four relatives of people and three health care professionals to get their views. In addition we spoke at length with the registered manager and three care staff.

We sampled some records including parts of two people's care plans and medication administration records to see if people were receiving their care as planned. We sampled two staff files and reviewed the provider's recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how they monitored the quality of the service.

Is the service safe?

Our findings

The one person we spoke with told us they felt safe receiving care at St Albans. They told us, "It is a wonderful, wonderful care home," and "I really like living in this lovely care home." Other people were unable to verbally tell us their experiences but we observed people making sounds and gestures that indicated they were happy and comfortable with the staff who were supporting them. Relatives we spoke with told us they had no concerns for people's safety and their comments included, "I have complete peace of mind about my son." A member of staff told us, "The manager is very clear about the standards expected. I have worked in a few places and feel people here get the best and safest service I have seen."

People living at the home were kept safe by staff who understood their responsibilities of protecting people from abuse. Staff we spoke with told us that they had received safeguarding training. Staff were able to describe signs of abuse and confidently explained how they would respond to safeguarding concerns. Staff knew who to report any concerns to and were aware of where information to support them was displayed within the home. One member of staff told us, "I have no concerns about people here being abused. We also have lots of checks and systems in place to ensure people's safety in the home and when receiving care." The registered manager was aware of the responsibility to identify and report any potential incidents of abuse. She was able to demonstrate and describe what action they had taken in response to concerns brought to their attention.

We looked at the ways the home managed risks to people. We saw individual risk management plans were in place to keep people safe. Staff told us about how they encouraged people to be as independent as possible and gave examples of measures they had put in place to reduce risk. The plans had been kept under review and updated periodically and when people's needs changed. Staff we spoke with were aware of the risks people presented to each other and to themselves. They were able to describe how they maintained people's safety using the guidance in people's plans.

People benefitted from a staff team that understood what actions to take in the event of an emergency. We saw emergency plans in place for people for example how to support people if there was a fire within the building.

There were enough staff to provide support to people when they needed it. We observed staff supporting people in communal areas, and saw that there were enough staff available to support people when they needed help. The number of staff enabled people to go out and enjoy activities outside the home. Staff told us that current staffing levels were safe. The registered manager told us that there had been some recent use of agency staff to cover vacancies within the service. They had block booked agency staff where ever possible to ensure when possible people continued to be supported by staff that they knew and who could meet their needs. The recruitment and selection process ensured that staff were recruited safely. Prior to staff commencing in their role a full employment history, criminal records checks and appropriate references had been sought.

People needed assistance from staff to take their medicines. Staff supported people with their medicines in

the individual way their care plans stated. We sampled the Medication Administration Records (MARs) and they had been correctly completed which indicated medication had been given as prescribed. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when the medicines should be used.

A number of measures had been employed to ensure medicines were managed safely. Competency assessments had been undertaken with staff to ensure they were able to administer medicines safely, staff witnessed each other when administering medicines. When necessary people's medicines were counted each day to ensure they had been administered as planned. Staff undertook regular audits of the medicines to ensure any problems or discrepancies would be identified quickly. People could be confident their medicines would be well managed and administered as prescribed.

Is the service effective?

Our findings

Staff and the registered manager knew people well. The staff spoke with warmth and enthusiasm about the people they supported and were able to describe people's care needs and preferences. All the staff we spoke with told us that they felt well supported and received opportunities to undertake training to carry out their jobs effectively. One member of staff told us, "I get good quality training and regular refreshers. I feel well equipped to work with these men." Records we viewed confirmed that regular training had taken place. The majority of people living in this home live with autism. Specialist training had been provided or scheduled to help the staff meet the specific needs for individual people. A temporary member of staff had been provided with training to ensure they could meet the dietary needs of people they were supporting safely. They said, "They put me on a course to ensure I could support people safely. I was impressed with that. I'm not even a permanent member of staff."

Staff had been provided with an induction before working alone with people. We spoke with permanent and agency staff who told us their induction to people's care needs and the service had been informative. New staff had to be assessed by senior staff as competent before working alone with people living at the home. This ensured they knew the people and their needs suitably well to provide good care. One member of staff told us, "After my induction I felt ready to take up my role. Staff have all shared their experience and knowledge of the people here as well as the formal stuff." The registered manager told us the Care Certificate was available for new staff if they required it. This certificate has been implemented nationally to ensure that all staff are equipped with the knowledge and skills they need to provide safe and compassionate care.

Staff told us they felt supported. One member of staff told us, "The manager and deputy are approachable. I can ask them anything at any time." Staff told us they received regular formal supervisions as well as informal discussions with the managers and their peers when they needed support. Supervision's are one to one meetings that can be used to focus on staff members work and performance, they give staff the opportunity to raise issues if they need to. There were also regular staff meetings to provide staff with opportunities to reflect on their practice, receive updates and make plans to help the service move forward.

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 people lack mental capacity to take particular decisions, any decision 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. We found that the appropriate referrals had been made. Where necessary the relevant people had been brought together to consider if the care was in the person's 'best interests'. Different options had been considered and people's approval to the agreed plan of care had been recorded. We observed staff following the guidelines and ensuring the support provided was as least restrictive and

intrusive as possible.

We saw people enjoying the meals provided. Staff told us that most meals were cooked from 'scratch', and a wide range of fresh ingredients was evident in the home. Some people required the texture of their food altering to ensure they could eat it safely. Staff prepared the food in line with the professional guidelines, and presented the meals in the best way possible for people. We saw suitable foods being offered to people to help meet their cultural or medical needs. Staff supported people to eat and drink when this was required and adapted cutlery and crockery was available which enabled people to be as independent as possible during meal times. A set, four week menu had been planned, but we observed staff support people to make food and snacks of their choice when they wished. People were able to access the kitchen and look in the cupboards and fridge for food and drinks that they liked. People were given a choice of healthy and well-presented meal options staff knew they liked.

People were supported to maintain and look after their health. People had access to a range of health and social care professionals both within the community and those that visited the home. This included general practitioners and community nurses. People were encouraged to attend health appointments and staff were available to accompany people. Written records of the outcomes of these had been kept to enable staff to meet people's health care needs. Relatives we spoke with were pleased with the way their loved ones had been supported to maintain good health. They gave a variety of examples of people being supported to achieve and maintain good physical, mental and emotional well-being.

Is the service caring?

Our findings

People we met appeared happy and relaxed at the home. We observed staff treating people with kindness and compassion. Sometimes people became anxious and we observed staff responded to these needs quickly. They were able to comfort or distract the person using good practice. The staff also gave reassurance and comfort to other people that might have witnessed the other person's anxiety. Relatives we spoke with told us, "My relative moved into this home in a real state. The work of the staff and the support he has received have literally turned his life around. I can't thank them enough."

Staff that we spoke with told us they enjoyed supporting people. They were able to describe people's preferences and things that mattered most to them. The registered manager and members of the staff team had developed close relationships with people's family and friends and had found out over time things that were important to each person. Staff had gone on to include this in people's care plans and ensured people continued to undertake activities and visit places that were important to them. This promoted people's sense of belonging and well-being.

People's privacy and dignity was respected. We observed all staff knocking before entering people's rooms and waiting for permission before entering. During our visit we observed staff supporting people to do as much for themselves as possible. People had the opportunity to do tasks such as setting the dining tables and helping with laundry. We saw staff speak with people discreetly about confidential and personal matters so they were not overheard by other people close to them. We heard staff encouraging and praising people when they had responded positively to situations. Staff did this using words that were appropriate to the age of the person and the relationship they had with them. Staff discreetly but effectively encouraged and supported people to maintain their own appearance and protect their dignity when this was required.

Relatives we spoke with told us they were welcome to visit the home anytime. One relative told us, "I don't visit that often but when I do it is usually unannounced. They are always pleased to see me, make me a drink, and I get a feeling they are as I see them. There is nothing to hide." One person told us they were supported to use the phone to stay in contact with their family. People were supported to celebrate the birthdays of family members and to make visits to their family home whenever possible. This helped people maintain relationships with people who were important to them.

Is the service responsive?

Our findings

People received care that had been planned to meet their individual needs and preferences. Care plans included information about people's personal history, individual preferences and interests. Staff we spoke with were responsive to the needs of people because they knew people well. We observed staff had an understanding and ability to recognise the early signs that people may need help to manage their anxiety and they intervened appropriately. Staff had worked closely with people over a long period of time in order to recognise these signs. Staff knew the most effective action to take which ensured a positive outcome for people and enabled them to have as much control as possible over the support they received. This knowledge and prompt action meant people were supported to stay calm, and that more severe interventions such as the use of medicines had been avoided.

New staff told us they were grateful for information more experienced staff had shared with them, to enable them to support people well. Both new and experienced staff were able to demonstrate they knew people preferences and how these might influence the decisions they would make and the support required to fulfil these choices and improve people's wellbeing.

People had opportunities to participate in activities staff knew they enjoyed. One person we spoke with told us, "I like all the things we can do here, cooking things, making things, gardening, tidying things and going out." The staff team were flexible and responsive to people's individual needs and we observed staff bringing forward or delaying activities to best fit in with people's care needs and wishes. There were photographs in the home of people taking part in activities in which they looked very happy. One person we spoke with was looking forward to a holiday they were taking the following week. We asked staff and the registered manager about people who were consulted and involved in identifying activities they would enjoy. The registered manager explained how staff had spent time with people's family, talking about places and activities people had enjoyed earlier in their life. Staff had then arranged for visits to these places.

During our inspection we saw people being supported to access the local community both in groups and to pursue activities that were of specific interest to them. Staff we spoke with were able to describe how they knew if people had enjoyed activities by looking at their facial expressions and body posture. Staff were able to describe activities they had tried and then not repeated, as well as those that they were confident people had enjoyed, and which they planned again.

In recent months the people living in this home had lost their day centre placements. This significant change in people's lifestyle could have been a trigger for unsettled behaviour and a drop in people's well-being. The registered manager described the way they had worked with members of the multi-disciplinary team to best support people through this period of change. The professionals we spoke with praised the innovative and dedicated support of the staff team in supporting people through this time. Professionals described how the home had advocated on behalf of people who were personally unable to express to the people making these decisions how the sudden loss of their day centre placement had made them feel. The registered manager and staff team had a flexible approach and responded appropriately to help people feel secure during this period of change and to find new ways to spend their time.

The registered manager and staff team had explored ways in which they could help people feel more connected with their local community. The home had hosted a number of events and invited local people. People had been supported to make links with other homes in the provider's local group, to enable people to make and maintain friendships. These links were sustained and we saw evidence of regular contact with several community organisations.

Events had also been arranged that celebrated the different cultures and nationalities of people living at the home and within the staff team. Staff and families told us how much they had enjoyed these. The service promoted and supported people's diversity and an understanding amongst the people who used the service and staff of each other's values and beliefs. Empathy of each person's specific identity had enabled several people to develop friendships and maintain relationships with people who were important to them.

One person we met had a strong faith, and we saw that maintaining this was part of their care plan. Staff were made available for the person to be able to attend their place of worship on a regular basis. The registered manager stated she intended to invite religious leaders to meet with staff to explore ways in which they could further support the person with their faith and to provide staff with a greater understanding of the person's religion.

We looked at the systems in place to make sure people felt confident to raise any issues, concerns or complaints. The complaints procedure was accessible and available in formats to meet people's needs. The registered manager had arranged a monthly meeting for people living at Saint Albans, and in this had discussed a number of different policies including people's rights to make complaints. People had been supported to understand this by using symbols such as happy and sad faces to ensure they were able as far as possible to express themselves. Flexible and innovative ways of capturing peoples' views of the service helped people to feel involved and listened to.

The manager was able to demonstrate how feedback including complaints and 'grumbles' had been handled, investigated and acted upon to resolve the concern and where possible improve the service. Relatives we spoke with told us they felt able to approach the registered manager or staff team with any concerns. Their comments included, "I would feel happy to ask about anything or to request further information about anything to do with [name of relative.] They are very open. I don't feel they have anything to hide. We have an open invitation to call in, or to attend meetings."

A member of staff we spoke with explained how in their opinion the registered manager and staff team were open to feedback and shared examples of how they had developed and improved practice following feedback. They told us, "I would say we are a responsive team, a learning team. We don't always get things 100% right but we are always happy to learn from our mistakes and try something new." The culture of the home was to welcome feedback, to take concerns seriously and to use feedback to drive improvements.

Is the service well-led?

Our findings

We received consistently positive feedback about the registered manager and Trident Reach-the provider of this service. One member of staff told us, "I remember when the registered manager started. There was a noticeable transition when things started to improve. The quality of the service for the customers and staff morale. I would have no criticism of her at all." Another member of staff told us the registered manager was, "Interactive." They told us there were no jobs within the home she wouldn't do, and went on to say, "With her there is no hierarchy. She will roll up her sleeves and get stuck in. That makes us feel like a team." All of the health care professionals we spoke with reported favourably about the manager. They told us she was strongly focused on the needs of people, and gave examples of some of the positive outcomes this had achieved for people. One professional described some of the challenges that had to be overcome to enable their recommendations for a person to be implemented. They told us of the enthusiasm the registered manager and key staff had demonstrated to ensure this was achieved, and described this as a 'solution focussed service'.

Staff we spoke with were positive about the organisation. They told us the organisation was well managed and described never having to chase repairs or resources. The member of staff went on to say, "As an organisation they are 'for' the customers. They do a lot to support people and make sure they have all they possibly can." Another member of staff described feeling accepted and well supported by the organisation in the time they had worked for them. A relative we spoke with told us their son had lived at the home for many years. They said, "It is a good company. I am happy with them now and always have been."

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our inspection visit and discussions with the registered manager identified that they understood their responsibilities and felt well supported by the provider. The registered manager described ways in which they were keeping themselves up to date with changes to regulations introduced in April 2015. The registered provider held monthly meetings for managers of their local homes. This provided an opportunity to share ideas and good practice.

Staff we spoke with were clear about the leadership structure within the service. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly. Staff we spoke with and the meeting minutes demonstrated that these were an open forum for people to raise ideas and suggestions and to receive training and support. One member of staff told us, "We can bring ideas to the meetings, but are free to make suggestions at any time. The registered manager encourages people to make ideas and suggestions that will improve things for the customers."

There were processes in place for monitoring and improving the service and obtaining people's views of the quality of the care they received. When adverse events occurred the registered manager had identified and implemented actions to prevent a similar incident from reoccurring. A member of staff told us, "If things go wrong staff are encouraged to come forward." The member of staff told us they felt "safe" to do this.

The registered provider had undertaken audits of the service and action plans had been developed when it was identified improvements were needed. These had been effectively used to improve the service, to achieve compliance with required legislation and to ensure they were consistently meeting people's needs. There were systems in place to review people's care records and check they contained information necessary for staff to meet people's current needs. We identified some infrequent occasions in these records where people had not always received the care wished for, or which was planned. We brought this to the attention of the registered manager. When we returned for the second day of our inspection plans had been made and actioned to improve upon this situation. Individual care records had been regularly reviewed. Therefore staff had access to information which enabled them to provide a quality of care which met people's needs and wishes.