

Auckland Care Limited

Auckland House

Inspection report


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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Auckland House is a residential care home for people living with a learning disability, autistic spectrum disorder or mental health need. The service was a large home, bigger than most domestic style properties. It was registered to support up to eight people. Eight people were using the service at the time of the inspection. This service is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were no identifying signs, to indicate it was a care home. Staff did not wear anything that suggested they were care staff when coming and going with people.

People's experience of using this service:

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; people's abilities, needs and mental capacity were not always assessed to ensure they had as much choice and control as possible. We have made a recommendation about the management of some medicines, reviewing current guidance and the application of the Mental Capacity Act (2005).

People told us they were safe at the service. Risk management required improvement to ensure risks to people had been identified and assessed. The Mental Capacity Act (2005) had not always been applied to decision making where appropriate.

Person centred care was promoted in the service and people experienced positive outcomes, however people's support plans did not always reflect all their needs and goals to support the delivery of person centred care.

Quality assurance processes were in place but had not identified some of the concerns we found. The registered manager took prompt action to address these shortfalls and ensure actions for improvement were added to their action plan for the service.

There was a positive culture in the service and staff were supported through training, supervision and team meeting to provide effective care for people. People told us staff were kind and caring and were treated with dignity and respect.

Rating at last inspection: This service was rated Good at the last inspection and the report was published on 21 October 2016.

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will follow up on our recommendations at the next scheduled inspection. We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Auckland House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

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

Service and service type:

Auckland House is a 'care home'. People in care homes receive accommodation and nursing or 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 and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law. We reviewed the last provider information return. This is information we request to provide some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people. We spoke with the registered manager, deputy manager, another of the provider's managers, and two members of care staff.

We reviewed records related to the care of three people. We reviewed recruitment files for two staff. We looked at records relating to the management of the service, policies and procedures, quality assurance documentation, staff training and supervision records and records of accident and incidents.

Following the inspection, the registered manager submitted evidence to show they had acted on the concerns raised at the inspection regarding individual needs. They had also formulated an action plan to ensure improvements were embedded into practice. We spoke with one person's relative.

Is the service safe?

Our findings

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

Some aspects of the service required improvement to promote people's safety.

Assessing risk, safety monitoring and management

- People told us they felt safe living at Auckland House. Whilst we saw some good example of risk assessment and management, we also found example's such as the management of people's finances and medication where risk assessment could be improved upon to show people had given their informed consent to the management of any risks to them. In addition, we found examples where risks such as social isolation and relationships had not been assessed and plans implemented to reduce these risks. This is important to ensure peoples safety and wellbeing was maintained. Following the inspection, the registered manager sent us evidence to show risks had been assessed in relation to the individual examples we found.
- Risks to people from the environment were managed safely. This included checks on gas safety and electrical installations, legionella and fire safety. People had Personal Emergency Evacuation Plans (PEEP's) which described people's individual support needs in the event of a fire or other emergency.

Staffing and recruitment

- Registered services are required to undertake several checks to promote safe recruitment and protect people from the employment of unsuitable staff. We found most of these checks had been completed for new staff. However, the provider had not asked applicants or referees to confirm the reason why the person had left their previous employment. This is a required check when the person had previously worked with children or vulnerable adults. The registered manager confirmed following the inspection this had now been added to the application and reference request forms.
- There were sufficient staff with the competencies and skills to meet people's needs. Staff told us there were sufficient staff and the registered manager said, "We are able as managers to build in (staff) support given the needs of our service users". For example, additional staff were employed to provide one to one support when needed.

Using medicines safely

- Two people were supported with the self-administration of medicines. However, the service had not consistently carried out risks assessments with all people for whom they managed medicines. This is in line with current best practice guidance and is important to enable people to have as much independence, choice and control as possible.
- A person was at risk due to their refusal at times to take their medicine as prescribed. This was known to staff and guidance was available to guide staff about the signs the person may be unwell and what to do. However, there was no supporting information from the GP and specialist nurses to evidence the risks associated with their refusal had been fully covered with the person. Or that health professionals had contributed to an agreed risk management plan about the refusal of this medicine. The providers policy outlined the need for comprehensive records to be kept in these circumstances. Monitoring records did not always clearly show the circumstances and reason why the person had refused in line with current best

practice guidance.

We recommend that the service consider current guidance on supporting people to make informed decisions about the self-administration of medicines and take action to update their practice accordingly.

- Procedures were in place and followed for the safe storage, administration and disposal of medicines. When people were prescribed medicines to be taken as and when required such as those prescribed for pain relief, protocols were in place to guide staff as to their safe and appropriate use.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policy and procedures were in place to guide staff how to act should they suspect or know about an incident or allegation of abuse. Staff we spoke to understood their responsibilities to safeguard people and told us they were confident any concerns would be acted on by the registered manager.
- People were supported to know about risks to them from abuse. The deputy manager told us how topics such as risks to people from allowing strangers into the home were discussed at weekly meetings and how these risks could be minimised. People we spoke with told us they felt safe in the home, a person said, "Yes I feel safe and the staff are nice". People also had pictures in their room which identified the people who supported them to stay safe.
- The registered manager discussed and reported safeguarding concerns with the local authority.

Preventing and controlling infection

- Procedures were in place to protect people from the risks associated with the spread of infection. Staff used Protective Personal Equipment (PPE) such as gloves and aprons when supporting people with their personal care. Schedules of cleaning, and infection control audits were completed to monitor controls were effective.

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any learning in order to prevent a reoccurrence. The registered manager and deputy manager told us incidents were discussed in handover and during staff supervision. Records kept of incidents of behaviours that may challenge others were reviewed to identify triggers and improvements that could be made. The registered manager acknowledged the analysis was not always recorded to evidence this but said "This is a work in progress". We were given examples of how people's outcomes had improved based on an analysis of their behaviours leading to more effective staff interventions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Whilst it was evident the service supported people to promote their best interests, some decisions had been made without evidence that the MCA had been applied. For example, some people's money and medication was managed by the service and there were no mental capacity assessments to show whether individual people lacked the capacity to make the decision to manage their own money or medicines. Information in some people's care plans indicated they may not have the mental capacity to make decisions about their finances, for example a person's care plans said, 'does not understand the concept of money' and another person's said, 'does not understand the true value of money'. The service could not evidence that individual people's capacity had been assessed in relation to the management of their medicines and finances. When the service had made the decision to manage these on people's behalf, they could not evidence the best interests process had been applied and others had been consulted.
- For one person a condition of their DoLS authorisation dated 19 February 2019, stated that mental capacity assessments should be undertaken for specific decisions such as financial management and taking medication. This had not yet been completed at the time of the inspection.
- The service used a listening device in communal areas to alert them to the needs of a person living with a health condition who may require urgent support. When staff used this device to listen out for the person, they could also hear other people who may be in the area. In these circumstances other people affected by the recording device should be asked for their informed consent.
- We brought these findings to the attention of the registered manager at the inspection and following the inspection they submitted evidence to show they had taken prompt action to address these concerns. More time was required for these improvements to be embedded and sustained in practice.

We recommend the provider seeks advice and guidance from a reputable source on the application of the Mental Capacity Act (2005) and takes action to update their practice accordingly.

- DoLS applications had been made for people appropriately two applications were awaiting assessment by the local authority, these were being followed up by the registered manager.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support did not always reflect current evidence-based guidance, standards and best practice. We found the MCA was not always applied when there were concerns about a person being able to give informed consent. The National Institute for Health and Care Excellence (NICE) for Managing Medicines in Care Homes (March 2014) was not always followed in relation to decision making, consent and self-administration. The service didn't consistently apply the principles and values of Registering the Right Support (RRS). Whilst the ethos of the service was in line with the principles to promote people's control, choice and independence, some processes such as those described above were not consistently implemented to support this.

We recommend the service consider the above guidance and take action to update their practice accordingly.

Staff support: induction, training, skills and experience

- Staff completed an induction into their role which met the Care Certificate standards. These are nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. Staff competency was assessed throughout this process.
- Staff told us they were supported through training and supervision to meet people's needs effectively, the records we reviewed confirmed this. The registered manager told us how training was organised to ensure it addressed the needs of the people currently supported. For example, staff completed training in supporting people with; diabetes, epilepsy and coping with aggression.

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

- People were supported with their nutrition and hydration needs. People's weights were monitored if they chose to do this. The registered manager told us that no one had nutritional risks at the time of the inspection and described the process they would follow should this need arise. Such as a Speech and Language Therapist (SALT) assessment if a person was at risk of choking or had swallowing difficulty.
- People were involved in making decisions about what they ate. Menus were agreed by people and those who preferred an alternative were catered for. Staff told us they encouraged healthy eating choices, whilst respecting people's decisions about what they ate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs. Health Action Plans (HAP) were in place to monitor and record all people's healthcare check-ups and needs. Visits to healthcare professionals were recorded so that any follow up actions could be implemented and checked by staff.
- The service had links with the learning disability matron at the hospital which had been effective in supporting people when they required a hospital admission. Hospital passports were also in place to use with healthcare professionals so they could understand people's needs when they may not be able to explain them. A person said, "When I need to see a doctor I can".

Adapting service, design, decoration to meet people's needs

- The environment needed some improvements. The provider had identified this and a refurbishment plan was being developed. This included redecorating throughout and replacing worn fixtures. The provider also intended to install en-suite bathrooms in people's rooms that could accommodate them. The plans were due to commence in July 2019.
- A person told us how they had been involved in painting a communal area and people's artwork was on display. One person said, "It feels like a home". People were able to choose the decoration for their rooms and the rooms we saw were personalised. We noted that engaging a person in personalising their room had contributed to positive behavioural changes and they showed us their room with pride.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were supported by kind and caring staff. It was evident from our observations that people felt comfortable and had positive relationships with the registered manager and staff. People were pleased to see staff and showed affection and humour in their relationships with them. A person's relative described the staff as positive and caring. They said, "Now they (people) are getting involved in day to day things it's very good – it's just lovely".
- Staff had a good knowledge of people, their likes, dislikes and needs. A person told us that staff listened and acted on what they said and another person said, "I get all the help I need here".
- Staff respected people's decisions such as the name they preferred to use and were skilled at understanding people's needs when they may not express them verbally.
- Staff spoke about people respectfully and with care; a staff member told us how her motivation at work was to "See people with a smile on their face, I enjoy coming here every day and if I can make people laugh and smile it makes me happy. I like them (people) to feel good".
- People's religious and cultural needs were assessed; however, people's needs in relation to all the protected characteristics were not part of the needs assessment such as sexual orientation. The registered manager told us they were currently looking at resources to enable them to explore sexuality with people in a meaningful way. Following our inspection, the registered manager added the protected characteristics to the assessment tool so people's needs could be asked about.

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

- The service had introduced a 'talking mat' this is using a range of picture communication symbols to support people's communication needs. At the time of our inspection people were using the talking mat to give their views on the service. The talking mat was also used to support people to make decisions and enable people to express their feelings about decisions. The registered manager said, "I have started to revisit my satisfaction survey using the talking mat, the information I am getting has been amazing, it's really useful".
- Weekly 'chill and chat' meetings were held, these were used to involve people in decisions such as menu planning, as well as to discuss topics such as staying safe.
- Staff respected people's decisions such as when they refused to take medicines, or how they spent their time. Whilst staff were clear they would encourage people to make decisions in their best interests and identify risks, people's decisions were respected.

Respecting and promoting people's privacy, dignity and independence

- The registered manager had introduced a 'dignity audit tool' this was for use by staff and managers to support them to reflect on their personal attitudes and practice. The findings were to be used to evaluate

and identify trends which could be acted on to make improvements.

- Staff we spoke with understood how to promote dignity and privacy in care and respected people's privacy.

Is the service responsive?

Our findings

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

People's needs were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People experienced positive outcomes because of the care they received. For example, people had made improvements in managing behaviours that challenged others. A person said, "My behaviour got bad, now my behaviour is better and calmer, I can tell staff things a bit easier now." Records showed there were clear plans in place to guide staff how to support people when they became angry, upset or agitated. Staff we spoke with were knowledgeable about the triggers to people becoming anxious or agitated and we observed staff noticing these and acting to support people to reduce their agitation.
- A person's relative told us about the positive impact staff interventions had on a person's behaviour. They attributed this to positive staff attitude and strategies put in place by the registered manager to support people with behaviours that may challenge others.
- Support plans were mostly developed from an assessment of risk. These plans were comprehensive and as above, included effective strategies to support people to manage risks. The registered manager explained how supporting people in a consistent way as a team had resulted in people developing improved relationships with staff and others and achieving a better quality of life.
- However, support planning was not focused on all the person's needs. For example; people's needs in relation to social inclusion, their interests and hobbies and their relationships and the support they may require meeting their needs and aspirations in these areas. This is important so that people are supported to live as full a life as possible, identify goals and needs that can be reviewed to ensure the planned support remains relevant or is adjusted to support people appropriately. Following the inspection, the registered manager, sent us a social inclusion support plan which had been developed for a person and confirmed they would be developing these for others.
- At the time of our inspection the service was in the process of developing 'strengths' assessments with people. This would ensure that support planning included people's skills and abilities and encourage people's choice, control and independence.
- Some people could access the community independently and a person said they were "Encouraged to do things for themselves". People were supported to go on holidays and on outings of their choice. Activities with people in the home included; games and using the interactive table, artwork and cooking. A person told us how they cooked for the whole house once a week and did cleaning with the support of staff. There was not a programme of structured activities for people, the registered manager explained, "The culture is very much about grabbing the moment". They added it can be problematic for people if a planned activity did not happen so they are more, "spontaneous and individual".
- The service identified people's information and communication needs by assessing them. People's communication needs were identified and recorded in care plans. These needs were shared with others for example in hospital passports. Information in care plans included pictures and easy read to meet people's communication needs.

Improving care quality in response to complaints or concerns

- The service had not received any complaints. A complaints procedure and policy was in place which provided details of who to complain to and how the complaint should be managed. An easy read version with pictures was available to people in their care plans.
- A person's relative said "If I've got any concerns I can just go up there and talk to (registered manager) and she will be up front with me If I see anything or I will ask about other things if there is a problem."

End of life care and support

- No one living at the service was receiving end of life care at the time of our inspection. Staff completed training in death, dying and bereavement. The service was also developing their approach to supporting people to understand and consider end of life decisions. This included a pictorial and easy read care plan. The registered manager said, "We have struggled for our client group as they have never been introduced to the idea of death and dying. We have used a simple questionnaire to start to open this up." We saw a completed example of a care plan which showed the person had been asked about their choices and preferences for the end of their life.

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.

The service was well-led by leaders who promoted a positive culture; however, improvements were required to support the delivery in of high quality person centred care.

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

- The provider had systems and processes in place to ensure they had oversight of the service, including a quarterly provider audit. However, the quality assurance processes in place had not identified the issues we found during our inspection. These included concerns with the application of the MCA, risk management and person-centred support planning. Following our feedback discussion with the registered manager, the areas we identified for improvement were added to their quality improvement action plan and evidence was submitted to show some actions had already been taken.
- Services that provide health and social care to people are required to inform CQC of important events that happen at their location in the form of a notification. Important events include accidents, incidents or allegations of abuse. We use this information to monitor the service and to check how events have been handled. We found one incident that had not been notified to CQC. Records confirmed the registered manager reported this concern to the relevant local authority and the incident had been managed appropriately. Other notifications had been submitted as required.
- A system of audits were completed to monitor and check health and safety, medicines, and finances and a daily shift check by a senior care worker to ensure staff responsibilities had been completed. Action was taken when shortfalls were identified.
- The registered manager told us they were supported in their role by other managers and the provider. Following the departure of the service manager in September 2018, registered and other managers were providing a system of buddy support to each other and the registered manager had found this supportive and helpful.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and deputy manager promoted a positive culture in the service. There was a focus on providing person centred care and supporting people to experience good outcomes. The registered manager said, "We come together (team) at lots of different times and we talk about what works well for people and we embrace each other's skills." Staff told us the registered manager was "Accessible", "Supportive" and a "Good leader."
- A person's relative said "(registered manager) is absolutely committed, a good leader of the home, probably the best they have had her heart is 100% in it. (person) has been in a few places. Care staff pick up on it."
- Staff reported a positive culture within the team and told us they worked well together a staff member said "Staff morale is very good, everyone cracks on and does the job to the best of their ability. The

registered and deputy managers carried out observations of staff interactions with people to ensure care was delivered in a dignified and appropriate way and fed back to staff on their observations. We observed there was a positive and cheerful atmosphere in the home.

- The registered manager understood their responsibilities under the duty of candour but had not had to act on this.

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

- An annual survey was in place to gather feedback from people using the service, their relatives and other professionals. We looked at the responses from 2018 and saw that feedback from relatives and other professionals had been positive. Where a concern was raised by a relative the registered manager had responded to this. The registered manager had identified that the survey carried out with people was not "meaningful." They had acted to address this and at the time of our inspection staff were supporting people using the talking mat to gather their feedback. The manager told us this was producing far more meaningful responses.
- The provider did not carry out a staff survey however, staff told us their views were sought and listened to by the registered manager in team meetings and supervisions. A staff member said, "I do feel changes happen."

Continuous learning and improving care

- The service was working with the Quality Improvement Team from the local authority. The registered manager told us this was helpful and enabled them to reflect on their practice. The registered manager had put in place an action plan for improvements. We saw actions had been allocated with times for completion and this was being progressed at the time of our inspection. Improvements made as a result of this work included; introducing a dignity tool, to evaluate and improve practice in this area. Incorporating values based interview questions for new staff to support good recruitment practice and improved communication aids for people, such as the talking mat.
- We found the registered manager was responsive to the feedback given at the inspection and took prompt action to address the issues we found. They told us they would share the findings of the inspection to learn from others practice as well as to identify improvements across the providers services.

Working in partnership with others

- The service worked in partnership with other agencies to support positive outcomes for people. This included; local authority care managers and safeguarding teams and healthcare professionals such as epilepsy and diabetes specialists. As described above the service was working with the local authority Quality Improvement Team.