Alan Atchison

Alan Atchison - 5 and 6 Augusta Close

Inspection report

5-6 Augusta Close
Parnwell
Peterborough
Cambridgeshire
PE1 5NJ

Tel: 01733890889

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13 November 2018

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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

Alan Atchison 5 and 6 Augusta Close 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 care home has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism living in the home can live as ordinary a life as any citizen.

Alan Atchison 5 and 6 Augusta Close is registered to accommodate up to nine people with learning disabilities. The service is located on the edge of the city of Peterborough in the area of Parnwell. The service is divided into two houses next door to each other. One house has five bedrooms for the people residing there; the other house has four bedrooms and a bedroom for the member of staff who was employed to sleep in the service overnight. Communication between the two houses at night is via an intercom system. Shops and other amenities are a short walk from the service.

At our last inspection in April 2016 we rated the home 'good'. At this inspection we found the evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

This inspection was completed on 13 November 2018 and there were nine people living in the home at the time of the inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The registered manager understood their responsibilities in relation to notifying CQC of certain events that happened at the home.

People continued to be kept as safe as possible because staff understood their roles and responsibilities in relation to keeping people safe from harm and abuse. Potential risks to people had been recognised and information on how to minimise risks had been recorded as guidance for staff to follow. People received their prescribed medicines, which were managed safely. There were enough staff on duty with the right mix of skills to meet people's support needs.

People continued to receive an effective service because their needs were met by staff who were well trained and supported to do their job. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support

this practice. People's nutritional needs were met by staff who knew each person's needs well. People's health and wellbeing was maintained and they had access to a range of health and social care professionals.

People continued to receive good care because staff treated people with kindness, compassion, dignity and respect. People had choices in all aspects of their daily lives and were able to continue with interests, activities and friendships outside the home. Staff ensured people remained as independent as possible.

People continued to receive a service that was responsive. People and their relatives (where agreed) were involved in their personalised support plans and reviews. The information about them in relation to their care and support was up to date. People were encouraged to take part in a range of activities that they enjoyed and were the choice of the person at that time. This helped promote social inclusion. Information was in place to support people with end of life care should this ever be needed.

People continued to receive a service that was well led. Quality assurance systems were used to check that the staff provided quality care and the manager made improvements where necessary. People were encouraged to share their views about the quality of the service provided.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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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 comprehensive inspection took place on 13 November 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a small care home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the contents to help focus on our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the home including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We requested information from the local authority commissioning and quality teams and safeguarding team, to aid us with our planning.We observed interactions between people and staff and observed the support offered to people. We spoke with two people living in the home. We looked at two people's care plans.
During the inspection we spoke with the manager and two support workers. We also reviewed a range of relevant documents relating to how the home was run including training records, audits and quality assurance survey 2017.

Good

Is the service safe?

Our findings

People told us they felt safe in the home. One person said, "I feel safe because I know there are staff [in the home] and the doors are locked [at night]." People were protected because there were processes in place to minimise the risk of harm for people. Staff told us they had completed regular updated training and understood their responsibilities in how to keep people as safe as possible. There were posters in the home, in an easy read format, which explained the different ways people could raise concerns and about how they were feeling.

Staff told us, and information recorded in people's files showed, that potential risks for each person were documented. Staff were provided with the necessary guidance to keep people safe. Potential risks included medication overdose, travelling on the bus and finances. This meant staff were aware of how to minimise risks for people, but people were enabled to take risks whilst remaining as safe as possible.

We could see that people were supported by sufficient numbers of staff who had the right skills mix to support them and keep them safe. This included people being provided with some one to one staff time. We spoke with the extra member of staff who was scheduled to work to provide this additional support. The staff member said, "I am a support activity worker and spend 1-1 time with [three names of people living in the home]." The member of staff went on to say that each person had a different number of hours allocated, but the times depended on what the person wanted to do and where they wanted to go. Staffing levels were assessed in relation to the needs of the people in the home. The registered manager said that extra staff had been provided when one person had to go into hospital for surgery and also when further appointments for treatment had been made.

The registered manager confirmed that the providers recruitment process to ensure staff were only employed after appropriate checks was still in place. The registered manager said that no new staff had been employed since the last inspection.

We checked and found that people were kept as safe as possible because staff stored, managed, administered and recorded medication appropriately. One person told us, "I used to self-medicate but now the staff do it." The person confirmed they had agreed that staff administer their medication because of concerns in overmedication when self-administering. Staff told us they regularly discussed medication with the GP to ensure people had the best outcomes. For example staff recognised that one person found some tablets difficult to swallow. They discussed this with the GP, who then prescribed the medication in a liquid form. The registered manager said that all staff were trained and a medication administration competency check was completed each year. Audits were carried out each day to check that medication had been administered and the numbers of medicines was reconciled.

We saw that the home looked clean and tidy and staff knew how to prevent the spread of infection. Cleaning was completed by people living in the home supported by staff.

Staff told us how they recorded any incidents and accidents. They also told us that information in relation to

lessons learned was written in the communication book, discussed at team meetings and, where necessary, a new risk assessment was completed. This meant risks were reduced for the future as far as possible

Good

Is the service effective?

Our findings

People living in the home had all been there for over seven years. The registered manager said that assessments of the care and support needed by any new person would be carried out before the person came to live in the home. There were details that described how staff could provide people with choices in their health and social care support. Staff were able to tell us, in depth, about individual people's care and support needs and how they ensured people's level of independence was maintained.

People used technology in the home such as bedroom alarm door bells to remind them to shut their door to ensure privacy and dignity.

Staff told us they were supported to complete on-going training so that they were able to provide effective support for people. Staff confirmed they had regular supervision and yearly appraisals. One staff member said, "I get regular supervision and appraisals. We discuss how we are getting on, any concerns and how things have worked. We chat all the time [with the registered manager]." Staff said they had received specific training in relation to areas such as epilepsy and autism to meet people's individual needs.

People told us they were supported and involved in preparing their choices of food and drink. To promote people's independence and choice people told us they went to the local shops with staff to buy food for meals in the home as well as personal snacks. One person told us they each got a day when they chose the main meal of the day. They said they went with staff and shopped for the food and then cooked that meal.

People continued to have access to the necessary health and social care professionals. There were details of GP, optician, dentist and health treatment visits. We noted that people were supported by staff to attend any hospital and other appointments that were made. The registered manager said that whenever a person was admitted to hospital, staff accompanied them and ensured hospital staff had the necessary information to provide appropriate care. They went on to say that if a person remained in hospital staff from the home attended each day to support the person.

People had safe access to all areas of the home and gardens. People told us that they were involved in the decoration of the home and their individual bedrooms.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that people living in the home had their capacity to make decisions and consent to their care assessed appropriately under the MCA. The registered manager confirmed that people in the home had capacity. The registered manager said they were aware of how and when to make DoLS applications to the local authority. Staff understood the MCA and we saw that people were continually offered choices in all areas of their care and wellbeing.

Good

Is the service caring?

Our findings

People were treated with respect and kindness. One person said, "It's lovely here. I'm happy here. Staff are nice." We heard and saw how staff interacted with people and there was a lot of chatter and positive responses from people. An outside contractor who attended the home sent an e mail to the provider, commenting how impressed they were of the 'level of care and kindness' they witnessed towards people living in the home. This showed us that people were looked after and cared for in a kind and considerate way.

Staff told us about individuals that showed they knew each person well, including their likes and dislikes. Staff communicated well with people and made each person feel that they mattered.

People continued to be supported, if necessary, with personal care in the privacy of their rooms. One person said, "[Name of staff member] helps me pick the right clothes out." They explained they (the person) didn't always get the right colour combinations and asked for help.

The registered manager told us about one person who needed a lot of support as they were frightened about a necessary operation and did not want it done. The person told us that the staff talked to them about the operation. The registered manager said that the person had been introduced to other people who had had then same operation, as well as being given time to take the information on board and to ask questions they wanted. As a result the person told us they had gone into hospital for the operation and were supported by staff during their admission. The registered manager said that extra staff were provided when the person came out of hospital as night checks were required. After further treatment the staff and people in the home had a party for the person once it had ended.

Staff were able to tell us about the people they supported and knew how to provide the care they needed. We saw that individual routines in relation to day centre attendance and activities for people were detailed in their care plans.

Staff told us how they ensured people's privacy and dignity in a way that did not take away their independence. We saw that staff supported and treated people with respect. Confidential information was only discussed in private and people's personal records were stored securely.

Good

Is the service responsive?

Our findings

People told us they were involved in planning all areas of their personalised care and support that met their needs.

The registered manager stated in the information they sent prior to the inspection that the care plans "are written with the residents to include their needs/wants. Other supporters [family/friends] will be encouraged to be part of this if wished by the resident." We saw comprehensive and individualised care plans which detailed, for example, people's likes, dislikes and preferences. We observed how staff interacted with people in a positive way and provided appropriate choices in line with the person's care plan. We found that the care plans took into account people's changing needs and had their wishes in relation to their needs and their choices recorded. All care plans were reviewed regularly and discussed with the person.

Staff said there were daily handover meetings for staff so that information about each person in the home was updated for staff coming on duty. There was also a communication book that provided written information relating to areas such as policy or procedural changes,' care plans and risk assessments that had been changed and therefore needed to be read by all staff.

People continued to be supported by staff to access the community and follow their interests. For example people attended day centres, and one person had gone out to visit the local shops. Staff said that people went to the theatre, cinema, swimming, aquafit, concerts and arranged holidays and day trips. One person said they were going out to The Hub, (which was part of the local college which had special courses). They went on to say they did keep fit and go out to meet friends. Another person told us they had enjoyed the holiday they had taken to "Sunny Hunny" (Hunstanton).

Information from the registered provider showed that there had been no complaints. There was an 'easy read format' complaints policy in the hallway and staff knew how to raise any concerns for people.

Staff told us that they had completed training in end of life care. The registered manager said that end of life care training had been provided through the NHS. The registered manager told us that staff were discussing plans with individual people about end of life care plans, but it was being done sensitively and therefore information was gathered slowly and a 'work in progress'. The registered manager said that information sharing and good practice had been shared from the provider's other service in relation to end of life care as the result of a recent death there. The registered manager went on to say that health and social care professionals would be involved with people's end of life care because the home does not provide nursing care. This would ensure that people received a comfortable, pain free and dignified death as possible.

Good

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. The registered manager was aware of their legal responsibilities and the required information they needed to submit to the CQC. This included notifications of events that had taken place in the home, which they were required by law to notify us about.

The home had been developed and designed in line with the values that underpin the CQC guidance, Registering the Right Support, and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism who lived in the home could live as ordinary a life as any citizen.

The manager promoted an open and transparent culture within the home. Staff told us the registered manager was always available and telephone numbers were accessible should the need arise. We saw that people and relatives had completed the November 2017 quality assurance questionnaire. We saw that overall relatives were positive about the service. One had made comments that showed the staff had dealt with a specific incident "efficiently and quickly." Another commented, "…it gives me peace of mind knowing [person's name] is well cared for."

Staff said they attended regular staff meetings and were able to discuss anything about the home or people living there. They commented that the meetings were also used to inform staff about any improvements needed after any incident or accident had occurred. One staff member said, "We have an agenda. We can raise any concerns [about the people living in the home], Christmas rota, ideas we want to put forward."

The registered manager stated that self-assessment audits were completed regularly to look at areas of improvement and actions created where necessary. The registered manager said they worked closely with the local city council improvement team and contract monitoring team. We saw that areas had been improved as a result of this monitoring.

Staff understood their roles and responsibilities and received support and training to do so. This was in line with the provider's values and expected standards of care.

There was an audit process to check the records in relation to areas within the home such as medicines, concerns and complaints, care and welfare and individual care plans. A previous medication audit had found minor errors in recording on the medication administration record (MAR) chart. As a result a method of colour coding administration times on the MAR charts had been incorporated. This meant that the audits were robust and issues that had been actioned to improve the home had been followed through by staff.

Evidence showed that health and social care professionals were involved with people who lived in the home and that they worked in partnership with the manager. Information was shared so that people received the

support they needed.