

## Caretech Community Services (No.2) Limited

# Albert House

### 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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

Albert House is registered to provide accommodation and support for up to eight people with learning disabilities and complex needs. On the day of our visit, there were eight people living in the home.

Our inspection took place on 22 July 2015 and was unannounced. At the last inspection in April 2014, the provider was meeting the regulations we looked at.

The service had a registered manager. 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 were aware of the importance of safeguarding people. They had been trained to recognise signs of potential abuse and keep people safe and were aware of the systems in place to report any concerns.

# Summary of findings

Processes were in place to manage identifiable risks both for people and within the service. Risk assessments had been carried out to guide staff to manage and reduce the level of harm to which people may be exposed.

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs.

Safe and effective recruitment practices were followed.

Systems were in place to ensure people's medicines were well managed. There were suitable arrangements for the safe management of medicines.

Staff received support and training to perform their roles and responsibilities. They were provided with on-going training to update their skills and knowledge.

Consent for care was sought by staff on a daily basis and had been recorded in people's care plans. We found that, where people lacked capacity to make their own decisions, consent had been obtained in line with the Mental Capacity Act (MCA) 2005.

People were provided with a balanced diet and adequate amounts of food and drinks of their choice.

Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People were looked after by staff who were caring, compassionate and promoted their privacy and dignity.

We saw that people and where appropriate, their family, were given regular opportunities to express their views on the service they received.

Staff were knowledgeable about how to meet people's needs and understood how people preferred to be supported.

There were effective systems in place for responding to complaints and people and their relatives were made aware of the complaints processes.

We found that the service had good leadership and as a result, staff were positive in their desire to provide good quality care for people.

Quality assurance systems were in place and were used to obtain feedback, monitor service performance and manage risks.

# Summary of findings

## 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 safe.

People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

There was sufficient staff available to meet people's individual needs and keep them safe.

Effective recruitment practices were followed.

People's medicines were managed safely by staff that had been trained.

Good



### Is the service effective?

The service was effective.

Staff had been provided with appropriate training which equipped them with the skills and knowledge to meet people's needs.

People's consent was sought and the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed when people need help to make decisions.

People were provided with adequate amounts of food and drink to maintain a balanced diet.

People were supported by staff to maintain good health and to access healthcare services when required.

Good



### Is the service caring?

The service was caring.

Staff supported people to develop positive and caring relationships.

Staff were knowledgeable about people's needs, preferences and personal circumstances.

People's privacy and dignity was respected and promoted.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs.

The service had a complaints process and people and staff were encouraged to raise concerns, no matter how small.

Good



### Is the service well-led?

The service was well led.

The registered manager provided staff with support and had created a positive culture at the service.

The registered manager demonstrated visible leadership and had put systems in place to drive improvement and improve the quality of service.

Good



# Summary of findings

The quality assurance and governance systems used were effective and there was a clear set of values which staff understood.

# Albert House

## 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 22 July 2015 and was unannounced. The inspection was undertaken by one inspector.

We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, we observed how staff interacted with the people who used the service and how people were supported during individual tasks and activities. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Everyone living at Albert House had complex needs, which meant they were not all able to talk to us about their experiences using words. We learnt from speaking with staff and looking at records that people were very dependent on staff to support them in all areas of their lives.

We spoke with the registered manager, the deputy manager and two care staff, to ensure that the service had robust quality systems in place and to gauge what they felt about the delivery of care.

We reviewed the care records of five people who used the service to see if their records were up to date and reflected people's needs. We also looked at other records relating to the management of the service, including quality audit records.

# Is the service safe?

## Our findings

People were unable to tell us if they felt safe because of their complex needs but our observations showed that they were relaxed in the company of staff. We saw that people remained calm when staff approached them and exhibited no outward signs of distress.

Staff told us they worked hard to keep people safe and secure and felt that safeguarding people was a vitally important part of their roles. One staff member said, “I would go straight to the manager if I suspected anything at all.” Another member of staff told us, “I know what to look for; there are lots of things that could be considered as abuse. We are all good at looking out for things.” Staff told us they had received training in how to safeguard people from abuse and training records confirmed this. They knew how to recognise signs of abuse and how to report their concerns and were aware of the guidance available and the contact details for the local authority, should these be required.

The registered manager told us that the staff team worked hard to ensure there were effective systems in place to keep people safe, both within the home and when out in the community.

Records showed that safeguarding concerns had been documented and referred to the local authority for investigation when required. There were robust systems for ensuring concerns about people’s safety were reported and managed appropriately.

The deputy manager and registered manager discussed how they monitored accidents and incidents within the home. Staff were aware of the importance of reporting an accident, so that correct action could be taken. We found that all accidents and incidents were logged in written form and then also entered onto a computerised system which analysed them for any specific patterns or triggers. The registered manager confirmed that they had oversight of the accident and incident forms, to ensure that they should not be raised as a safeguarding matter. Records confirmed that correct action had been taken by staff.

Staff confirmed that there were contingency plans in place should these be required in the event of an emergency situation. The registered manager told us that the service had emergency plans in place for flooding, major fire, loss of electricity or a gas leak. On an individual basis, people

had Personal Emergency Evacuation Plan’s (PEEPs) to guide staff as to how to support people to leave the service in the event of an emergency. Staff were made aware of the plans and we saw records which confirmed this. There were contact details of emergency telephone numbers displayed in the service, which were accessible to staff should they be required.

Staff told us about the arrangements for ensuring the premises were managed in a way that ensured people’s safety. The registered manager confirmed the provider was responsive in the event of emergency or general maintenance requests, to ensure the wellbeing and safety of everyone living and working at the service. We saw that routine checks took place to ensure the building and equipment was safe and fit for purpose.

All of the staff we spoke with and observed were aware of people’s risks. Staff and the registered manager told us that assessments had been undertaken to identify risks to people who used the service. Where they had been identified, for example; nutrition, skin integrity and manual handling, action plans had been put in place to reduce any risk. One person had a risk assessment in place regarding mobilising around the service, it explained to staff what the person may do to put themselves at risk, and also how to support the person when out in the community. This guidance enabled people to be as independent as possible whilst keeping them safe.

Staff told us that staffing was adequate to meet people’s needs and to help keep them safe. One staff member said, “Staffing is fine, no problem. We get everything done that we need to.” Another staff member said, “We have a good group of staff now, it is more consistent and we rely much less on agency staff.” The registered manager told us that there were four staff on duty during the day and two waking staff at night, to support the eight people living at the service. We saw that this was the case on the day of our inspection. The number of staff on duty enabled safe care to be given, for example, when people required double handed personal care or support with transferring, then the numbers of staff allowed this to be done whilst ensuring that other people had a visible staff presence in communal areas. It was evident from our observations that there were sufficient numbers of staff who understood people’s needs well and how best to meet them.

The number of staff on duty for each shift was detailed on the rota which was prepared in advance. Staff numbers

## Is the service safe?

were based upon both people's dependency levels and the activities they were scheduled to attend and were reviewed on a regular basis. The registered manager was considered as supernumerary within the numbers of staff on duty; so that they could be 'hands on' if required but also undertake their management role effectively.

Staff told us they underwent a robust recruitment process before they started to work at the home and that they were not allowed to commence work until all relevant checks had been completed. The registered manager also told us that the provider carried out thorough staff recruitment checks, such as obtaining references from previous employers and verifying people's identity and right to work. Necessary vetting checks had been carried out through the Government Home Office and Disclosure and Barring Service (DBS.) We reviewed staff records and found they

included completion of an application form, a formal interview, two valid references, personal identity checks and a DBS check. Staff recruitment was managed safely and effectively.

People were supported by staff to take their medicines safely. Staff told us they were not able to administer medication until they had completed the right training. The deputy manager and registered manager were keen to tell us that improvements had been made to the medication systems and processes since our last inspection. Staff confirmed they had received training to administer medications in a safe way and records we looked at supported this. We saw that medication was being stored appropriately, and medication records had been completed properly, indicating that people had received the right medication at the right time. We found no anomalies within the stock control systems. This showed that arrangements were in place to manage people's medication in a safe way.

# Is the service effective?

## Our findings

People were unable to tell us if staff had the right skills and knowledge because of their complex needs. However, we observed that staff applied the knowledge they had gained in training to their daily work, by providing care which met people's needs. For example, during hoist transfers we found that two members of staff completed them in accordance with best practice and ensured that people were comfortable and relaxed during the transfer.

The registered manager told us that all new staff were required to complete induction training and work alongside an experienced care worker until their practice was assessed as competent. Staff told us when they were first employed they had received induction training. One staff member said, "I had no past care experience and the induction was really good. I was given support and received training. If there was anything I was unsure of then I felt able to say and was not made to do it." We discussed with the registered manager whether induction training was going to be changed to take into account the recent Care Certificate and were told that over time, this would be completed so that staff training could be mapped against regulations. Records confirmed that new staff received induction training, which included training on health and safety, fire safety, moving and handling and safeguarding, along with other relevant training to ensure that they could meet people's assessed needs.

All the staff we spoke with told us that they received training, supervision and on-going support. Staff told us they received a lot of training which they considered enabled them to undertake the role they had been employed to do. One staff member told us, "Yes I think the training gives us the right skills. We get to know about a lot of things, some by e-learning but we also get to do face to face stuff as well." Staff had received on-going training in a variety of subjects that included manual handling, infection control and safeguarding adults and also more specific training in relation to epilepsy and learning disabilities. The training offered by the service was useful in ensuring that staff were equipped with the knowledge necessary to provide care for the people they supported.

Staff felt well supported by the registered manager and team leaders. One said, "I really do feel valued and supported. Supervisions are good because they allow me time to talk about training needs and to discuss people."

Staff received regular supervisions and an appraisal each year and used this time to identify and address developmental needs. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

Throughout our inspection we observed staff asking people's permission before care or support was given. Staff told us, "It is important to ask them, why shouldn't we."

Staff were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005. They had a basic understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people's capacity had been assessed and found that appropriate documentation was in place. Staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS).

The registered manager confirmed that some people in the service were subject to DoLS authorisation and records confirmed this. Our conversations with the registered manager demonstrated that they understood their responsibilities under DoLS arrangements.

We found that people were supported to be able to eat and drink sufficient amounts to meet their needs. We spoke with staff who told us they supported people to maintain a balance between choice and healthy living. They talked to us about people's individual dietary requirements, and we saw that menus were planned around these without restricting choices for other people living in the home. During the morning we heard staff discussing with people what they would like for their lunch. We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. Menus were planned in advance and staff told us that a different meal was available for people every day. People were supported to select their choice of meal with staff and they did not want what was on offer, we observed that a range of alternatives were available.

Staff told us that people's individual dietary requirements had also been assessed, to identify people's individual preferences and requirements such as soft food options, if someone was at risk of choking or had difficulties with swallowing for example. Our observations found that



## Is the service effective?

people received the assistance that was described within their individual care records. This showed that staff were aware of people's specific dietary requirements and were able to meet these in a consistent way.

People's care and support was managed well by staff when they accessed other services, such as the local hospital, optician or dentist. The deputy manager told us that everyone was supported to have an annual health check with their GP and attend regular dental and optician appointments. Staff supported people to attend required appointments when needed and were swift to act when

people's care needs changed. Records highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide required support. This included specialist health care teams, and speech and language therapists. Records showed each person had their own Health Action Plan, which contained clear information about the outcome of appointments with relevant healthcare professionals. This showed that arrangements were in place to meet people's healthcare needs.

# Is the service caring?

## Our findings

Due to people's complex needs they were unable to tell us if staff cared for them well. However during our inspection we observed a happy environment, with people laughing and smiling at staff. It was apparent that there were some positive relationships between staff and people. Staff were observed providing care and support in a caring way and people were treated with kindness and compassion.

Staff told us it was important for people to feel secure and content, with both them and the environment. They aimed to provide a settled atmosphere where people could be relaxed. One staff member said, "I love my work, I really do. We all work hard to make sure that people get what they deserve. They should have the best." Throughout the inspection the staff team demonstrated a good understanding of people's individual needs, and how best to meet these. Staff interactions were meaningful and not task led. For example, we saw one person who was enjoying listening to music on their headphones. We could see that this was something they gained enjoyment from, they moved in time to the music. Staff took time to make sure they were happy and content and spent time trying to obtain a smile and a giggle from the person. We saw they maintained eye contact with them and engaged on a very positive level.

During the inspection, we heard staff speaking to people in a respectful way. Staff greeted people when they got up and that they exchanged pleasantries, passing the time of day. Each time they entered the communal area, they interacted with people to ensure they were alright. Staff had patience with people and took time to observe their body language and non-verbal cues to ensure they were happy. Although people living in the service did not communicate verbally, we saw that staff continually included them in conversations and encouraged them to express their views using non-verbal methods of communication. Our observations throughout the day demonstrated that staff provided people with kind and compassionate care.

People and their family members had been involved in the planning of their care. Staff told us that care records were personalised and included information about people's individual preferences in respect of daily routines and social activities. One staff member said, "It is important that we do include people so we know what they like." Records supported the fact that people's preferences were taken into consideration, and we observed that staff were aware of these preferences and provided support accordingly. These arrangements showed that the staff team had developed positive caring relationships with people.

The registered manager told us that people could access advocacy services if this was required and we found information was available on advocacy so that staff could use this when appropriate.

People were treated with dignity and respect, for example, staff spoke to them in a calm and quiet way and encouraged an activity they knew they enjoyed, and would settle people. Staff told us it was important to ensure people's privacy and dignity was maintained; for example, by ensuring the lower body was covered when washing the upper half or knocking on doors before entering people's bedrooms. We observed staff gaining consent before every activity, for example; they knocked on people's doors and waited before entering. Everyone had their own bedroom enabling personal care to be offered in private, and personal care that was provided during the inspection was done so discreetly. This showed that people's privacy and dignity was respected and promoted.

The registered manager told us that care records detailed how each person communicated and gave staff information so that they could meet their needs. We saw that staff were able to communicate with people in a way that they understood. We observed staff communicating with people in different ways both verbally and non-verbally, using hand signs. People understood what staff were communicating to them and responded appropriately.

# Is the service responsive?

## Our findings

We found from speaking with staff and our own observations that people were treated as individuals and the care provided was planned in a way that took into account their personal history, preferences and interests. The registered manager told us the staff team had developed close working relationships with people's families, and they valued the support and input that relatives provided to the service. We saw that family members were given opportunities to contribute to their relative's care if they wanted to, and that their views were taken into account.

The registered manager told us that new admissions were assessed prior to coming to live in the service. Records confirmed that information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan. We found that people received care and support from staff which took account of their wishes and preferences, and was delivered by staff that understood what people wanted.

People had been asked about their individual preferences and interests and whether any improvements could be made to the delivery of care. Staff ensured they were content with the care they received, through regular key worker sessions with them, resident meetings and general conversations. They took time to talk with people about what they wanted and what their individual needs were. Staff and the registered manager understood people's needs well; they were all able to tell us about people's specific care needs. People's needs had been assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was individualised.

Staff and the registered manager told us that people's needs were reviewed and changes were reflected in their care records. They were supported to be aware of any changes in how people needed to be supported. When staff had concerns about a person's condition, staff told us that they would monitor them. Records confirmed that people's needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

Staff told us that care plans enabled them to understand people's care needs and to deliver them appropriately. We looked at care plans for five people and saw they contained detailed information about people's health and social care needs. The plans were individualised and appropriate to each person and were clearly set out and contained relevant information. There were clear sections on people's health needs, preferences, communication needs, mobility and personal care needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines. People and where appropriate, their family were involved in writing and reviewing the care plans to make sure their views were also represented. Plans were regularly reviewed and updated to reflect any changes in the care and support given.

It was evident that staff knew people really well and understood their needs including their individual methods of communication. We saw from the way that people moved around the service or how they approached staff, that there were established routines which helped them to understand when it was time to eat or time for personal care. It was also clear however that these were not rigid and that staff responded flexibly to suit the individual needs of people.

People had access to a full range of activities which suited their individual interests. People attended day centres during the week and had access to additional activities when they were in the service and at weekends. These included meals out, walks and engaging in activities of interest, listening to music and doing jigsaw puzzles.

Staff supported people to raise concerns if they had any. We found information in people's care records and displayed on notice boards, that explained how they could complain and who they could talk to. There was an effective complaints system in place that enabled improvements to be made and the registered manager responded appropriately to complaints. At the time of our inspection there had been no recent complaints. The complaints log showed that past complaints were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised and to learn lessons so that the level of service could be improved.

The registered manager told us that every year people and their relatives received a questionnaire which was in easy read format. This was completed with the help of staff or

## Is the service responsive?

relatives if appropriate. We were made aware that this was due to be sent out in the near future. People also had

regular monthly key worker meetings to discuss any plans or changes for the service. This demonstrated that people who used the service were encouraged to give their opinion on the service and these were acted on.

# Is the service well-led?

## Our findings

The service was led by a registered manager who was supported by a deputy manager. Further support was given by management staff within the wider organisation. Staff told us the registered manager was very approachable and had the right skills to fulfil the role. We observed staff asking questions of the registered manager during the day, and being given constructive support.

We saw there was a positive and open culture within the home. Staff confirmed that the staff team were close and worked well together, all having a common goal, to provide good quality care for people. We found that all staff made themselves accessible to people and each other, so that any issues could be dealt with promptly.

It was clear the registered manager had a good working knowledge of the needs of the people living and working at the home. Staff confirmed that they had regular opportunities to speak with her informally as she regularly worked alongside them. We observed throughout the inspection that staff treated each other, and everyone living in the home, with respect at all times and interactions were positive and inclusive. There was clear leadership with a positive culture that was person centred, inclusive and empowering.

One member of staff we spoke with told us they had raised concerns in the past. They explained how they were supported through the process. Other staff told us they would not hesitate to raise concerns as they felt they would be supported. Staff told us that other senior staff from the organisation visited the service where they had an opportunity to speak with them, and that contact numbers were in the office if they needed to contact anyone at any time.

Staff told us their opinions were listened to and suggestions taken into account when planning people's care and support. They felt able to challenge ideas when they did not agree with these. Communication was good and they were enabled to influence the running of the service, which they felt had made improvements over the past 12 months.

The registered manager talked to us about how they ensured the service delivered high quality care. They told us they used satisfaction surveys, meetings and internal audits to monitor the quality of service provision, and to give people the opportunity to express their views. We heard that the provider's quality monitoring team visited the home on regular basis to undertake compliance visits, and that a record of visits was maintained, briefly detailing the areas looked at or discussed with the manager.

Information the Care Quality Commission (CQC) held showed we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The service monitored the quality of people's care and health and safety aspects of the home. We saw audits had been completed in areas such as infection prevention and control and medicines administration. Where action was required to be taken, records confirmed it was, to improve the service for people. Maintenance records detailed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, actions had been identified and completed to improve the quality of the care given. The registered manager worked hard to identify areas they could improve upon so that they could drive forward service improvement for the benefit of the people who lived at the service.