

Stockton-on-Tees Borough Council

Stockton-on-Tees Borough Council - 31 Oak Road

Inspection report

29-31 Oak Road
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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 Stockton-on-Tees Borough Council - 31 Oak Road on 27 October 2017. This was an unannounced inspection, which meant that staff and provider did not know we would be visiting.

At the last inspection in October 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The home 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.

The service provides residential care for up to six adults who have a learning disability. At the time of the inspection there were six people who used the service.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medicines, were regularly checked. Appropriate checks of the building and maintenance systems had taken place to ensure health and safety was maintained.

There were sufficient staff on duty to meet the needs of people who used the service. Staff were available to provide one to one support and visits out in the community. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A comprehensive training plan was in place and all staff had completed up to date training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were able to choose meals of their choice and staff supported people to maintain their health and attend routine health care appointments.

Staff were calm, kind and gentle in their interactions with people and supported them to remain independent whilst maintaining their safety and welfare. People's privacy and dignity was maintained and staff were caring and compassionate as they supported people. Staff knew people in the home very well and involved them and their relatives in the planning of their care.

Support plans detailed people's needs and preferences and were person-centred. Support plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People who used the service had access to a wide range of activities and leisure opportunities. The

service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager and registered provider, to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met. Feedback was sought from people who used the service through regular meetings'. This information was analysed and action plans produced when needed.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

This service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Stockton-on-Tees Borough Council - 31 Oak Road

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 checked whether the provider was 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.

We inspected the service on 27 October 2017. We gave short notice of the inspection. We did this because the service is a small care home and people who use the service are often out and we needed to be sure somebody was in. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked around communal areas of the home and observed how staff interacted with people. We spent time with five people who used the service. Communication with some people was limited because of their learning disability. After the inspection we spoke with two relatives.

During the visit we spoke with the registered manager, a key worker and two support workers. We also contacted health and social care professionals who support people who used the service to seek their views. After the inspection we spoke with two relatives.

We reviewed a range of records. This included two people's care records, including care planning documentation and medicine records. We also looked at two staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We asked people who used the service about safety, one person told us, "Yes I do feel safe." During the inspection we observed staff interacting with people who used the service. We saw staff were friendly in their approach and people were happy spending time with them. Staff had spent time with people teaching them how to keep safe. We heard one person ask the manager if they had checked our identification before they let us in. This person also said, "If there was a stranger at the door I wouldn't answer it."

People were protected from the risk of abuse. Staff knew the various forms of abuse, signs to recognise them and what actions they would take to protect people. Staff understood their responsibility to report any concerns should they suspect someone had been abused. Staff also understood how to 'whistleblow' if necessary to protect people. Whistleblowing is when a person tells someone they have concerns about the service they work for.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health related issues, behaviour that challenged, exploitation and accessing the community. This enabled staff to have the guidance they needed to help people to keep safe. We spoke with staff who were able to tell us triggers to people's behaviours that challenged and how they deescalated these. Accidents and incidents were minimal.

Recruitment procedures were safe and included the completion of an application form, checking the person's identity and obtaining two references. Disclosure and Barring Service checks were in place for all staff. These were carried out before potential staff were employed to confirm whether applicants had a criminal record or were barred from working with people. Staff did not start work until all recruitment checks had been completed.

There were sufficient staff deployed to meet the needs of people. Staff had time to interact and support people in an unhurried and calm way. The staff rotas showed there were consistent number of staff deployed each day and on occasions where staff had been absent from work through sickness and holidays these duties had been supported by other members of staff. A professional wrote and told us, 'There have been changes made recently to the care arrangements where they have introduced waking night staff and have enhanced some of the day time staffing levels to provide better support for the residents.'

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records that we look at were completed correctly with no gaps or anomalies.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety was maintained. The fire alarm was tested on a weekly basis to make sure it was in working order. Water temperature of baths, showers and hand wash basins were taken and recorded on a

regular basis to make sure they were within safe limits.

We saw documentation and certificates to show that relevant checks had been carried out on the fire extinguishers, gas safety and the fire alarm. Personal emergency evacuation plans (PEEPs) were in place for each of the people who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency.

Is the service effective?

Our findings

Staff knew how to meet people's needs effectively and took time to allow people to make decisions in line with their wishes and preferences. One person told us, "I like living here everyone is so kind." A relative commented, "This place is top notch. [Name of person] has taken to it like a duck to water. [Name of registered manager] is so reassuring and if it hadn't been down to [name of registered manager and staff member], I think it might have been a bumpy road." A professional wrote and told us, 'I have completed some Deprivation of Liberty Best Interests Assessments in the care facility. I have highlighted on the assessments I have carried out that I have found the care provided in this setting quite person-centred. I have spoken with staff and family regarding the placement and family have not had any concerns regarding the quality of care the facilities offer their family members.'

Records we looked at showed care staff had received the training they needed to meet the needs of the people using the service. This training included health and safety, safeguarding, first aid, infection control, moving and handling, medication and fire training. Staff told us they had enough training to enable them to support people and meet their needs. One staff member said, "Our training is very good."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, "I get supervision about every six weeks and I find it very useful."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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 provider had made applications to the local authority about the people who lived at the service because people needed supervision both inside and outside of the home. We found 6 people's DoLS applications had been authorised by the local authority. In this way the provider was complying with the requirements of the Mental Capacity Act.

We looked at the home's menu plan. The menus provided a varied selection of meals and choice. Staff told us they knew people very well and the food they liked and disliked. Staff told us how all food was home cooked and they supported people to make healthy choices and ensured that there was a plentiful supply of

fruit and vegetables included in this. People told us they liked the food. One person said, "My favourite foods are mince and dumplings and pasta." We observed tea time which was a very sociable occasion with staff and people chatting, laughing and enjoying their food. A relative told us, "Since moving in [name of person] is eating different stuff and enjoying it." People were able to make their own drinks and snacks and had access to the kitchen at all times.

We saw records to confirm that people had access to the dentist, optician, chiropodist, dietician, speech and language therapy, their doctor and other health and social care professionals as needed. Staff told us they had good relationships with the doctors and that they would visit people at home whenever they needed. One person told us, "I have had my health check."

Is the service caring?

Our findings

People spoke very positively about the care and support they received, and described staff as kind and caring. One person told us, "I like the [name of manager] she is a caring woman. I like all the staff." Another person told us, "They [staff] are really nice. [Name of staff member] is going with me to see Mamma Mia." A relative told us, "[Name of person] is really happy there. The staff do an amazing job. I can go home and not worry." Another relative said, "I felt privileged that [person] moved in there [Oak Road]. The staff are fantastic."

We observed that staff and people had developed strong and meaningful relationships, and staff were able to tell us about people's backgrounds, preferences and interests. Care records had information about people's background including education, family, social network, culture and individual preferences. Staff understood people's preferences and respected them. We heard staff address people by their preferred names and we saw staff supporting people the way they wanted. Staff understood people's communication needs. These were detailed in their support plans.

The registered manager was skilled at communicating with one person who was having memory problems. They were extremely patient in their approach and provided prompts, which reminded the person about what they wanted to talk about and then allowed conversation to flow. We saw that this approach provided the person with confidence to socialise.

Throughout the inspection we saw people and staff engaging in friendly banter and laughing. This contributed to a relaxed and homely atmosphere, though staff were always professional when providing support. People who used the service were laughing and joking with staff about who was the best cook. One staff member asked people if they were enjoying their tea. A person who used the service laughed and said, "The chilli is better than [name of registered manager's] as [they] can't cook." People and staff laughed together for quite some time. Staff used friendly facial expressions and smiled at people who used the service. On occasions during the day people approached the registered manager and staff for affection. This affection was reciprocated whilst ensuring professional boundaries were maintained.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, closing doors when providing personal care. They told us about the importance of providing people with choices and allowing people to make their own decisions. They told us the importance of encouraging people to be independent. We saw how staff encouraged people to be independent at meal time. For example, some people set the table and made their own cups of tea. People also had input into the decoration of the home. One person told us, "I decide what I like to do. I'm getting my bedroom decorated and I picked the colour of the walls to be white." Another person showed us their bedroom and told us they had chosen the wallpaper, matching bedding and red curtains. The relative of this person told us they had chosen this décor for their bedroom as this was what they had when they lived at home.

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff

demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication and respectfully helped us to communicate with people and understand their views.

At the time of the inspection people did not require the support of an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Is the service responsive?

Our findings

People, relatives and professionals told us they felt the service provided personalised care. One relative said, "It's a really good place. The staff provide a high level of care and [name of person] enjoys being there." Another relative said, "[Name of person] is so happy. [Name of person] has matured and just loves it."

A professional wrote and told us. 'I have spoken with staff on the phone and communicated via email regarding some of the residents that live at the service and can say that they are always professional and respectful of the individual's rights and needs. During the recent transition of a new resident a lot of thought and consideration was put in to ensure that everyone already at the service was prepared for the new person arriving. Staff communicated effectively with other agencies to arrange meet ups away from the home and then to organise tea visits before the new resident moved in. It was probably through this efficient communication and careful planning that the transition went as smoothly as it did.'

We saw people received person centred care. This meant the service putting people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcome. During discussion, staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual. During our visit we reviewed the care records of two people. We saw people's needs had been individually assessed and support plans drawn up. The support plans included people's personal preferences, likes and dislikes. The support plan for one person described in detail the support they needed emotionally and how to avoid anxiety. This plan detailed that staff should not talk about upcoming activities until the day of the event to reduce agitation. In addition to detailed support plans there was a daily and evening routine of how the person liked to spend their time. This meant staff were provided with the written guidance to ensure people's needs were met.

Support plans were reviewed on a regular basis to ensure they accurately reflected people's current support needs. Daily notes and handovers were used to ensure staff coming onto shift had the latest information on people in order to provide responsive care.

The registered manager told us how people who used the service had their own individual routines they liked to follow. They told us when one person returned from day services they liked to get changed into a clean set of comfortable clothes. We saw that this person did this. They told us how another person made two mugs of tea after their evening meal to take up to their room and we saw the person do this. This meant the registered manager and staff knew people very well.

People were supported with social activities and their hobbies. On the day of the inspection we saw how one person enjoyed playing on their iPad with staff. Another person liked numbers and when we arrived at the service was writing down numbers on their paper. On the evening of the inspection two people had chosen to go to the pub with staff. One person told us they liked to watch all of the soaps on television and particularly liked EastEnders. The same person told us they were going to Sunderland Empire to see Mamma Mia. They told us their favourite song from the musical was Money, Money, Money. This person was

clearly looking forward to the show and sang us their favourite song. Other people liked to go to the cinema, seaside, shopping, to Preston Park, bowling and football. People were supported by staff with their hobbies and to have a full active social life.

One person told us they liked ballroom dancing and their favourite dances were the tango, rhumba and waltz. They told us how they liked to get dressed smartly to attend the weekly ballroom dancing classes. The same person told us they had been on a six week cookery course and had made soup, quiche and cheese scones. Another person told us they were in a football team and proudly showed us awards and trophies they had achieved. People were supported by staff to go on holiday. One person told us they had enjoyed a recent holiday in a hotel in Scarborough and another person had been to Primrose Valley.

The provider had a complaints procedure and an easy read pictorial complaint procedure was also available, making it easier for people to follow. We looked at the complaint procedure, which informed how and who to make a complaint to. The procedure gave timescales for action. There had not been any complaints since our last inspection of the service. People told us if they were unhappy they felt comfortable to speak with the registered manager. A relative we spoke with said, "I have spoken to [name of registered manager] about a few little things and always feel listened to."

Is the service well-led?

Our findings

The home had a registered manager who registered with the Care Quality Commission in August 2017. The registered manager had other management experience and had worked for the local authority for many years. People told us they liked the registered manager. One person said, "I like [name of registered manager] they crack me up and makes me laugh." Another person said, "[Name of registered manager] is lovely." A relative told us [Name of registered manager] does a really good job. [Name of registered manager] is a genuine caring person who is very easy to talk to." Another relative said, "[Name of registered manager], is brilliant." They told us it was a big wrench to family life when the person moved into the service as they were a very close family but how the registered manager went over and above to make the move successful.

A professional wrote and told us, 'On my most recent assessment, I was supported by the service manager who was quite passionate about the service and knowledgeable about the residents.'

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Audits were carried out in areas including medicines, record keeping, support plans, health and safety and infection control.

Staff spoke positively about the registered manager, describing them as approachable and supportive. One staff member told us, "[Name of registered manager] is lovely/ [Name of registered manager] is firm but fair. I love working here." Another staff member said, "[Name of registered manager] is very approachable and a big part of the team. [They] just muck in and help." We saw this during the inspection day when the registered manager helped make lunch, put shopping away and work with staff to support people who used the service.

We saw that a survey had been carried out to seek the views of people who used the service and relatives. We looked at responses from surveys which were very positive. One relative wrote, 'It's a home from home environment and immaculate and welcoming.'

Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views. Management used these meetings to keep staff updated with any changes within the service. Meetings for people who used the service had also taken place. These were used to discuss activities and holidays.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The registered manager understood their role and responsibilities, and was able to describe the

notifications they were required to make to the Commission and these had been received where needed.