Speciality Care (Rest Homes) Limited

York Road

Inspection report

73 York Road
Southport
Merseyside
PR8 2DU

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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

York Road is a residential care home that provides accommodation for up to five people with a learning disability. The service is located in a residential area of Southport. The home is a semi-detached, converted property. At the time of our inspection there were four people living at the home.

The inspection took place on 20 September 2016 and was announced. We gave the provider 48 hours' notice as the service is a small care home for young adults who are often out during the day and we wanted to be sure someone would be in.

During the inspection we spoke at length with one person living at the home. We spoke with two care staff, the registered manager and the quality manager. We also spoke with two family members on the telephone during the inspection.

There was a registered manager in post. 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.

People we spoke with told us they felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way. Family members told us they felt safe knowing their relative was at York Road.

People confirmed there were enough staff available to meet their needs.

People received their medicines as prescribed and safe practices had been followed in the administration and recording of medicines.

Staff were recruited and selected following a robust procedure, which included an interview and checks on the persons suitability to work with vulnerable adults.

Staff we observed delivering support were kind and compassionate when working with people. They knew people well and were aware of their history, preferences and dislikes. People's privacy and dignity were upheld. Staff monitored people's health and welfare needs. People had been referred to healthcare professionals when needed.

Staff were available to support people to go on trips or visits within the local and wider community.

Staff understood the need to respect people's choices and decisions if they had the capacity to do so. Assessments had been carried out and reviewed regarding people's individual capacity to make care decisions. Where people did not have capacity, this was documented appropriately and decisions were made in their best interest with the involvement of family members where appropriate and relevant health

care professionals. This showed the provider understood and was adhering to the Mental Capacity Act 2005.This is legislation to protect and empower people who may not be able to make their own decisions.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005).

People's bedrooms were individually decorated to their own tastes. People who could not communicate were encouraged to express their views in a variety of ways; verbally, through physical gestures, body language, Makaton and British Sign Language. The registered manager and staff team had developed personal communication dictionaries with people to ensure they were able to communicate using their preferred method.

People were supported to purchase and prepare the food and drink that they chose. People who lived at the home, their relatives and other professionals had been involved in the assessment and planning of their care. Care records were detailed and gave staff the information they required so that they were aware of how to meet people's needs.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff, the deputy manager or the registered manager. People and their family members told us they knew how to make a complaint.

Staff were trained and skilled in all subjects the provider considered mandatory , and additional training which was taking place within the organisation. Staff we spoke with told us they enjoyed the training they received. Staff told us they could approach the management team anytime and ask for additional support and advice.

Staff said they benefited from regular one to one supervision and appraisal from their manager.
There was a safeguarding and a whistleblowing policy in place, which staff were familiar with.

Quality assurance audits and feedback were collected regularly from staff, relatives and people living at the home, and were analysed and responded to appropriately. Other quality assurance audits we saw were highly detailed and conducted by an external quality assurance manager who worked for the company. The registered manager responded appropriately to shortfalls identified within the service provision.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their family members told us they felt safe living at the home.

Staff understood how to recognise abuse and how to report concerns or allegations.

There were risk assessments in place to help keep people safe which instructed the staff what action to take.

Is the service effective?

Good

The service was effective.

The service was operating in accordance with The Mental Capacity Act 2005 and associated principles.

Staff felt the level of training and supervision they had access to supported them effectively in their everyday role and made them feel valued.

Some people were supported to make their own food and chose what they ate using different options.

Is the service caring?

Good

The service was caring

We observed positive and friendly interactions between staff and people who lived at the home.

People told us staff respected their privacy and treated them with respect.

Staff were able to give us examples of how they supported people in a respectful way, taking their individual needs into account. Staff could demonstrate that they knew the people who lived at the home very well.

Care plans were signed by people or by their relatives if they had

permission to do so.

Is the service responsive?

Good

The service was responsive.

We saw that people's person centred plans and risk assessments were regularly reviewed to reflect people's current needs often involving the people themselves.

Staff understood what people's care needs were.

A process for managing complaints was in place and families we spoke with knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The provider had systems in place to monitor safety and quality.

The registered manager was approachable and had a good understanding of the needs of each person living at the home.

People and staff spoke positively about the registered manager.

York 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 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 20 September 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection was carried out by an adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. We contacted the commissioners of the service to obtain their views.

Prior to the inspection, the provider submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to complete and submit to us which provides key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three care staff, the registered manager and the quality assurance manager.

We spent some time observing care to help us understand the experience of people who could not talk with us. We looked at the care records for three people, three staff recruitment files and other records relevant to the quality monitoring of the service. We undertook general observations, looked around the home, including some people's bedrooms with their consent, bathrooms, the dining room and lounge areas. We spoke with two relatives on the telephone during the inspection.

Good

Is the service safe?

Our findings

We asked one person living at the home if they felt safe. They said, "Yes, it's very safe, there are always staff around when I need them." A relative of one of the people who lived at the home said, "Oh they are definitely safe there, [family member] has been there for a long time."

Staff were able to describe to us the action they would take with regards to safeguarding people and protecting them from harm. One staff member said, "I would speak to [registered manager] or I would call the local authority myself, the number is in the policy." The safeguarding adult's policy was on display in the home and was available in an easy read format to help support peoples understanding of the policy.

We found risk assessments had been completed and these were personalised to meet the specific needs for each person, including a breakdown of any potential triggers, and a detailed descriptive account of how the staff were expected to support that person. We saw that risk assessments were reviewed monthly as part of the registered manager's quality assurance processes and identified actions were recorded when complete., Having these records in place helps staff to support the person in a consistent way and to ensure their safety.

A range of risk assessments had been completed depending on people's individual needs. These included physical and mental health needs, taking medication, finances, accommodation and relationships and accessing the community. Each person also had a 'hospital passport' which contained current information about their health needs, support needs and their communication needs. This ensured people received the required support during a period of hospitalisation to stay safe.

Medicines were stored safely and securely in a locked wall cupboard, in a locked room. We saw that medicines were supplied in a pre-packed monitored dosage system. We checked a sample of medicines in stock against the medication administration records. Our findings indicated that people had been administered their medicines as prescribed and there were no identified errors. We saw confirmation medication practices were audited on a monthly basis.

Medication was managed appropriately and safely. Medication was only administered by trained staff. We saw staff had completed external training and their certificates were displayed in the medication room. Staff confirmed that medication training was provided for the staff who administered medication. We were also informed that staff received a competency assessment/ observation by the manager prior to them administering medication on their own for the first time. We saw evidence that competency assessments had been completed.

We checked how staff were recruited to work in the home. We saw that the organisation followed a robust screening procedure and staff were subject to recruitment checks including a DBS (Disclosure Barring Service) to ensure the manager was aware if they had any previous convictions before they were offered a position within the home. There were two references on file for each person and copies of identification had been taken and were kept securely in the staff members file. This helped to ensure staff were suitable to

work with vulnerable people.

We checked to see if the relevant health and safety checks were regularly completed on the building. We spot checked some of the certificates, such as the gas, electric and firefighting equipment and they were in date. Everyone who lived at the home had a personal evacuation plan (PEEP) in place that was personalised to suit their needs should the need occur for emergency evacuation.

We looked at the staff rota's for the last few weeks. The registered manager told us most staff were long serving and were therefore familiar with people's needs. This also meant staff were able to build up trusting relationships with people they cared for. Staff spoken with confirmed they had time to spend with people living in the home. The registered manager told us cover for sickness or annual leave was managed well with existing staff, or staff from the providers other home would work some shifts when needed. This helped to ensure continuity of care.

We looked through recently submitted accident and incident forms and noted these had been completed in full. All incident forms were reviewed by the registered manager.

Good

Is the service effective?

Our findings

Relatives of the people living at the home told us that they felt staff had the correct knowledge and skills to support their family member. One relative told us "[family member] can be quite complex, and they [staff] understand them." Staff we spoke with told us they liked their training and felt they had the correct skills to do their job.

We looked at the training matrix which showed staff had either completed or were booked on to complete refresher training. The training matrix alerted the registered manager when a staff member was due training in each course to allow the training to be sourced, so there was minimal chance any staff members training would lapse. Certificates we viewed for the staff at the service confirmed all staff had been trained in subjects such as safeguarding, first aid, manual handling, food hygiene, and health and safety. There were other subjects designed to help the staff support the people in York Road such as training in Asperger's, Autism, and Makaton. Staff completed an induction before they started working in York Road and we saw this induction had been updated so it was in line with the care certificate. The care certificate is an identified set of standards which health and social care workers adhere to in relation to their job roles.

People were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet. This was evidenced both in peoples care plans and on the menu. People were weighed weekly to ensure they were maintaining a healthy weight.

Menus were planned and took account of people's likes and dislikes. The people living in the home took it in turns to go shopping for some items. During our inspection we were shown around by one person at the home and they showed us an interactive menu board that had been completed by staff and the people who lived at the home. The menu was displayed on the wall in the dining room, and contained the days of the week and photographs of foods. The person showed us how this worked, which consisted of pushing the button by the photograph of the food, and a recording would be played via an external speaker attached to the menu, which said what that food was. We asked the person if they used this feature often and they said that they did.

We could see from people's care plans they had regular appointments with opticians, dentists and GP's. These were managed for them by the staff, and a detailed log of any appointments was kept within people's care files.

People's rooms were decorated in their favourite colours, for example, we could see from someone's care plan they liked a football team, and there was a lot of this colour used to decorate their room. There were other forms of personalisation such as photos and posters on display in their room.

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 when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The records that we saw showed that the home was operating in accordance with the principles of the MCA. Applications to deprive people of their liberty had been submitted appropriately. At the time of the inspection four people were subject to applications to deprive them of their liberty. The registered manager kept a record of applications and renewal dates to ensure that authorisations did not lapse. Records indicated that people's capacity to make other decisions was assessed with a view to maintaining their independence.

Staff understood the importance of gaining consent from people and the principles of best interest decisions. Useful information about people's preferences and choices was recorded. We saw evidence in care records that people's capacity to make decisions was assessed on admission and was being continually assessed on a monthly basis. This meant staff knew the level of support people required while making decisions for themselves and which decisions they were unable to make.

Good

Is the service caring?

Our findings

We asked one person living at the home if they liked the staff. They said "Yes, the staff are great." We spoke to relatives of people living at the home and asked them the same question, some of the comments we received included "They are very pleasant," and "Very caring."

We were able to observe staff supporting people in the home and witnessed relaxed and familiar interactions. One person who was none verbal was communicating with the staff member and the staff member was able to understand through the person's gestures and facial expressions what they wanted and were able to assist them with their request. This showed that staff knew the people they were supporting well.

We observed one staff member encouraging a person to take the lead while showing us around the home, the staff member said, "It is your home, would you like to show them around?" The person seemed proud of their home and accepted this request with the staff supporting them.

There was clear evidence that people had been involved in the compilation of their care plan. One person sat with us and explained the contents of their care plan to us. When we asked them if they were regularly involved in this type of planning they answered that they were. Care plans were signed by the people themselves or their relatives.

Staff were able to give us examples of how they supported people's dignity and respect. One member of staff said, "I will never just do a task for someone, I will always try and encourage them to do as much for themselves as possible first." Another member of staff said, "We keep things private, we would never discuss someone else's care needs in front of the other service users."

The home displayed information promoting independent advocacy services, but none of the people currently living in the home were making use of their services. People were given other important information in a way that made sense to them. We saw that staff had made use of images to aid communication and used photographs of people and events to help communicate with people.

Good

Is the service responsive?

Our findings

We looked at the care record files for three people who lived at the home. We found the provider completed 'person centred plans' with the people who lived in the home.

All of the care plans we saw demonstrated that person centred care was at the forefront of the individual's care plan. The assessment undertaken for each person was thorough and reflected their individuality and care needs. Care planning was completed in accordance with person centred practices and values. Person centred planning is a way of helping someone to plan their life in accordance with what is important to them and their individual needs.

People's care plans contained sections covering what was important to them, and what successful support looks like for that person. We saw that these sections had been completed by the people themselves, with staff assistance and were personalised in fonts matching people's favourite colours and logos of people's favourite football teams. One person's plan contained a section on communication complete with photographs of the person using Makaton signs to enable the staff to learn how to support them. The registered manager explained that this was something that had not long been implemented.

We saw other examples of well documented personalised information, which showed the staff had clearly taken time to get to know the people they support, what they liked and what was important to them.

The records also contained relevant information such as people's preferred routines, likes and dislikes and their wishes. They also showed the food and activities people enjoyed. Support plans had been completed which showed how people wanted to and needed to be supported. We observed support being provided and people received their preference of food and choice of activities, in line with their individual plans of care. We found the plans were regularly reviewed and updated when necessary to reflect changes in people's support or health needs.

Care records were updated each month by people's key worker. This helped to ensure the information recorded was accurate and up to date, which helped to ensure people received the support they needed.

We looked at the provision and planning of activities in the home. Each person had an activities plan in their care record which showed their activities for each week. We saw daily records which had been completed by the staff which confirmed that people had carried out activities or been to places of their choice. The people who lived in the home were involved in going shopping to buy the food and other household items required for the house. We saw that recently staff had supported two people at the home to attend a hate crime event, which one person confirmed had taken place and they enjoyed the event. The registered manager was also in the process of arranging more events to take place at the home and people from the providers other homes were being invited to attend.

We saw that information on how to make a complaint was displayed on walls throughout the home. The information was presented in pictorial format, including pictures of the registered manager and staff

members, who people could go to if they had a complaint. There was one complaint to review, and we saw the registered manager had dealt with the complaint in line with the providers own complaints policy. The registered manager had made some changes as a result of the complaint, to minimise future complaints from arising. Relatives that we spoke with told us they would know how to complain and would not hesitate to raise any complaints if they needed to.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been there since June 2016.

We received positive feedback about the registered manager from the staff and people's relatives. One relative said, "[Registered manager] is very efficient." Other comments about the registered manager included, "Very supportive, you can go to them anytime." One relative said "[registered manager] is really nice."

All of the relatives we spoke with told us they would recommend York Road to others. Staff told us they enjoyed working at York Road and the company was good to be a part of.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. We were able to speak to the quality manager at the time of our inspection and they explained their role with regards to quality assurance and the organisations corporate governance which included a monthly business review to analyse data and trends. We were told the Head of Quality then reviewed services monthly with the Director of Quality, Operations Director and Chief Executive.

We saw that audits took place monthly with regards to care planning, medication, health and safety and training. We saw examples of when action was required, which included target plans for completion which were drawn up and assigned to whoever was responsible for that action. For example, a health and safety audit identified that a piece of garden equipment was not safe, so the registered manager arranged for a further risk assessment to be completed, then the maintenance person was assigned the task of dismantling this equipment.

Feedback surveys were completed appropriately for the size of the service. The registered manager told us, "We mostly discuss things as and when needed." We did see some completed feedback forms asking about people's experience of the service. These were completed every year and sent to the administration team to analyse. We saw from looking at the most recent feedback forms that they were completed in August 2016. There was not a report as yet for us to view.

Staff confirmed that team meetings and resident meetings took place every month, and we could see minutes from the last team meeting which had taken place in September 2016. We observed dates for future resident meetings were displayed on the dining room wall.

The home had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety policies were in place. Staff were aware of these policies and their roles within them

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to CQC for any incidents or changes that affected the service.