

D & L Price

# Smithy Forge

## Inspection report

3a Norton Village  
Runcorn  
Cheshire  
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Date of inspection visit: 20 November 2015  
Date of publication: 24/12/2015

### 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

This inspection took place on the 20 November 2015 and was unannounced.

Smithy Forge is a detached modern house in a residential neighbourhood, providing care for six adults with a learning disability. It is close to local community facilities including shops, churches and leisure facilities. It has good access to public transport including bus routes and train station.

The home has a registered manager who has been in post since the home opened. 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.

Prior to this inspection we received feedback from the local authority who commissioned the care for five of the people who lived in the home. They told us that they thought the care was good.

# Summary of findings

We found that the experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and they liked living there.

People were safeguarded from abuse and the risk of abuse because staff knew what constituted abuse and who to report it to.

People were supported to be as independent as they were able to be through the effective use of risk assessments and the staff knowledge of them.

There were enough suitably qualified staff who had been recruited using safe recruitment procedures to maintain people's safety and to support people in hobbies and activities of their choice. Staff felt supported to fulfil their role effectively through regular support, supervision and training applicable to their role.

People's medicines were stored and administered safely by trained staff.

People's mental capacity had been assessed and staff knew how to support people in a way that was in

their best interest and was the least restrictive. People and their representatives were involved in decisions relating to their care, treatment and support. Care was planned and delivered based on people's preferences and regularly reviewed.

People were supported to have a healthy diet and could choose what they would like to eat and drink.

People had access to a range of health professionals and staff supported them to attend health appointments when necessary.

People were treated with kindness and respect and were consulted about how the service was run. They had opportunities to be involved in the community and to participate in hobbies and interests of their choice.

The registered providers demonstrated a commitment to continuous improvement and had systems in place to monitor the quality of the service.

# 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 the risk of abuse. Identified risks to people were minimised through the effective use of risk assessments.

There were sufficient suitable staff available to meet people needs.

People's medicines were stored and administered safely.

Good



### Is the service effective?

The service was effective.

Staff received regular support and training to fulfil their role.

The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care, treatment and support.

People were supported to have a healthy diet and had access to a range of health professionals.

Good



### Is the service caring?

The service was caring.

Relationships between staff and people who used the service were positive.

People's dignity and privacy was respected and their independence promoted.

Good



### Is the service responsive?

The service was responsive.

People received care that reflected their individual needs and preferences.

People had the opportunity to be involved in hobbies and interests of their choice.

There was a complaints procedure and people knew how to use it.

Good



### Is the service well-led?

The service was well led.

There was a registered manager who was also one of the home owners.

Staff told us they felt supported to fulfil their role and the manager was approachable.

Systems were in place to continually monitor the quality of the service.

Good



# Smithy Forge

## 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 November 2015 and was unannounced. An adult social care inspector arrived at the home at 10am and left at 3pm.

Before the inspection we reviewed all the information we already held on the service and contacted the local

authority commissioning team to seek their views. The provider had also 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.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed three care records, staff training records, and records relating to the management of the service such as audits and policies and procedures. We spoke with two people who used the service. We also spoke with the registered manager and a support worker.

# Is the service safe?

## Our findings

People who used the service were protected from the risk of abuse. One person who used the service told us: "I am safe here".

The registered manager and staff member we spoke with knew what constituted abuse and what to do if they suspected a person had been abused. All staff had received recent safeguarding training. The local authority safeguarding policy and contact numbers were available for staff to refer to and safeguarding was covered in staff meetings and supervision. There had been no safeguarding incidents since the last inspection.

Risk assessments were in place for each person dependent on their needs and they were kept under constant review. This meant people's safety was being considered. When risks were identified there was clear guidance for staff to follow which meant people could be supported consistently by staff. The registered manager and staff member we spoke with knew the individual risks associated with each person and what they needed to do to keep people safe. There had been no accidents since the last inspection.

Plans were in place in the event of emergencies such as a fire. Clear information was available to staff as to what support people would need to safely evacuate the building. Two fire drills had been held with staff and service users in the last year. Staff had received up to date first aid training, including resuscitation.

The staff member said the registered manager was always on call and they always received help and support if they needed it. Arrangements were in place to cover for times when the registered manager was on holiday.

There were sufficient staff to keep people safe. There was always at least one member of staff on duty or sleeping in

overnight and extra staff support was provided to support service users to attend appointments or take part in activities outside the home. People who used the service said they would go and knock on the staff room door if they needed support in the night. There was a stable staff team and the staff member we spoke with said they covered for each other's leave so the home never had to use agency staff. All the staff had worked at the home for at least five years and knew the people they were supporting well. The staff files provided evidence that appropriate pre-employment checks had been made to make sure the staff were suitable for their role and further checks had been made with the Disclosure and Barring Service (DBS) in 2014. (The DBS is a national agency that keeps records of criminal convictions and people who are unsuitable to work with vulnerable adults.)

People's medicines were stored and administered safely. Medication was kept in a locked cabinet within a locked room. The staff member we spoke with confirmed they had received up to date comprehensive training in the administration of medication and records showed staff had recently been reassessed as being competent. People had clear and comprehensive medication care plans which informed staff how people liked to have their medication dependent on their personal preferences. When people were prescribed as required medication (PRN) there were protocols which detailed the signs and symptoms people may exhibit at the times they may require it. This supported the staff to recognise people's needs for their medication when they were unable to verbally communicate.

The home was clean, safe and well maintained. Since the last inspection the provider had replaced the conservatory with a brick built dining room and refurbished the bathrooms. The garden and driveway were also well maintained. Environmental risk assessments were in place and had been reviewed in August 2015.

# Is the service effective?

## Our findings

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 in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

People who used the service had lived in the home for at least five years, and some as long as 20 years. All required some support to make decisions but all had been assessed as having the capacity to consent to their care and support. None had DoLS in place. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff member we spoke with was clear about the rights afforded to people by this legislation but did not know what procedure would need to be followed if there was a service user who lacked the mental capacity to maintain their own safety. The registered manager said she would access further training for staff.

When people needed support to make specific decisions, we saw that 'best interest' meetings were held which involved all the relevant people and representatives in the person's life.

We saw that staff received regular training and support to be effective in their role. We saw there was an on going

programme of training applicable to the needs of people who used the service. This included training in mental health awareness. Staff were supported to undertake vocational qualifications. Regular supervision and competency checks were undertaken by the manager to ensure that staff maintained a high standard of care delivery.

People told us they chose what they wanted to eat and discussed it in their regular meetings. Food and people's preferences was on the agenda at every meeting. Staff told us that they encouraged people to eat as healthily as possible but ultimately it was the person's choice. A record was kept of what people had eaten and people's weights were monitored to make sure they were maintaining a healthy body weight. One person's weight was a concern. The staff member we spoke with explained what action had been taken and what staff were doing to assist the person to maintain a healthy weight and this was clearly documented in their care plan.

We saw that people had access to a wide range of health care facilities and everyone had a health action plan in place that was reviewed frequently. Records showed that staff recognised when people were unwell and sought professional advice. People were supported to attend health care appointments such as their GP, optician, chiropodist and mental health services. Some people had epilepsy. We saw that there were clear and comprehensive care plans informing staff of how to care for people when they experienced a seizure and staff had received training in epilepsy.

Everyone had a health passport on their file, which could be taken with them if they were admitted to hospital. This included essential information about the person's health and care needs and also information on what was important to the person and their likes and dislikes.

# Is the service caring?

## Our findings

Two people told us they were happy at the service. Both said “I like living here” and one said “The other people who live here and the staff are all my friends and they’re very nice and kind”.

It was clear that the registered manager and the staff member on duty knew people well and there was a relaxed and happy atmosphere within the service. Both demonstrated a passion for the people they supported. We saw one of the people who used the service giving the manager a hug and also heard another person chatting with the staff member about their respective families. The staff member said “It doesn’t feel like a job, I love coming here”.

Interactions we observed were positive and people’s privacy and their dignity were respected. For example, the staff member explained to the people who used the service the purpose of the inspector’s visit and asked if they were happy to talk to the inspector or would let the inspector see their room. One person refused and the staff member responded “That’s ok, it’s up to you”.

People were encouraged to be as independent as they were able to be. People were free to do as they wished within their own home. The staff member explained that in the evening the member of staff stayed up as long as the people wanted to. After lunch one person went for a nap, one went for a shower and another went out to the local shops. These choices were respected. The manager told us: “This is their home and staff respect that”.

People were involved as they were able to be in the running of their home. Regular meetings took place for all people who used the service. We saw minutes of the meetings and what had been discussed which included discussing the menus, feeling safe and planned activities. There were also individual meetings with people, their family and their keyworkers to discuss their care, aspirations and to set goals for their future.

We saw from records that relatives and people’s friends were free to visit at any time. People were also encouraged to visit their families and one person told us he was going to stay with a relative the following month. Two others stayed with family on a regular basis. Each person had a record on their file of their circle of friends.

Everyone had their own private bedroom. One person liked to spend time in their room as they preferred their own company. This choice was respected although the staff member told us and we saw records that confirmed that staff encouraged this person to socialise on occasions in the communal areas. However when the person showed signs of wanting their own company again, staff respected this and they returned to their room.

Everyone had a plan of care which was kept securely. People’s confidential information was respected and only available to people who were required to see it. People had signed their own care plans to show they been involved in their own planning meetings and agreed to their plan of care.

There were contact numbers for an advocacy service on the notice board and this had been used in the past when the provider was considering changes to their registration.

# Is the service responsive?

## Our findings

People were supported to take risks to promote their independence through the effective use of risk assessments. For example, people had risk assessments in place to assess whether they were safe to prepare meals and hot drinks, whether they were safe to visit places outside the home on their own or whether they could manage their own money.

People's care was kept under regular review. Everyone had a person centred plan which they were involved in putting together with staff. Goals were set and monitored six monthly for their progress. The plans focused on maintaining people's independence and meeting their health needs. Each person also had a one page profile at the front of their file which recorded their likes and dislikes.

People were supported by staff to develop and maintain daily living skills. They were encouraged to be involved in domestic tasks such as preparing meals, washing and cleaning. People had chosen the décor in their own rooms. On the morning of the inspection people were being supported to change their beds.

People were supported by staff to engage in hobbies and interests of their choice. People went shopping, out for meals, bowling, discos and a wide range of other activities that met their individual preferences. People's religious needs were also considered.

People were supported to go on holiday. One person told us that they had been to Rhyl earlier in the year with a member of staff.

One person told us: "I have a job, I go on my own and I get paid". This meant that this person was being supported to maintain their independence.

Where possible, people could choose which member of staff accompanied them when they attended appointments or went out.

There was a satisfactory complaints procedure in place, which was in easy read format. This was on the noticeboard. People we spoke with told us they knew how to make a complaint and were confident they could express any concerns and they would be listened to. At each house meeting people were asked if they had any concerns. The registered manager had not received any complaints since the last inspection.



# Is the service well-led?

## Our findings

People who used the service who we spoke with told us they liked the manager. One person said: “She’s great”.

The staff member told us that they felt supported and could approach the manager at any time for help and advice. They said: “The manager and all the staff are marvellous, really supportive”.

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home.

The provider had a whistleblowing policy and records showed this had been drawn to staff’s attention during supervision.

The home’s statement of purpose and service user guide were in an easy read format to make it easier for people to understand them.

Regular meetings took place with people who used the service and staff to foster a culture of inclusion. At the last meeting for people who used the service discussion had included various planned social activities, new menu choices and arrangements for Christmas shopping. At the last staff meeting staff discussed safeguarding,

arrangements for medical appointments for people who used the service, arrangements for holiday cover, planned refurbishment of the conservatory and feedback from the local authority monitoring visit. Records confirmed that people’s views were sought at every opportunity. The manager told us that staff assisted people who used the service to complete questionnaires in easy read format about the quality of service provision and we saw those that had been completed in August 2015. All were positive about the service and comments included: “It’s nice at Smithy”, “I love my home” and “Staff are always friendly and helpful”.

There were other systems in place for monitoring the quality of the service. There were monthly checks carried out by the registered providers who completed an audit and action plan if improvements were required. These included such things as infection control, people’s money, medicines and records. The manager ensured any requirements were actioned.

The local authority had completed a recent quality inspection, which was very positive, and we saw that the manager had completed the few actions required in a timely manner. The manager showed a commitment to working with other agencies to improve the quality of service for people.