

Doncaster Metropolitan Borough Council

Wickett Hern Road

Inspection report

123 Wickett Hern Road
Armthorpe
Doncaster
South Yorkshire
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Tel: 01302831969

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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

About the service

Wickett Hern Road is a short break respite care service which provides a holiday style atmosphere for up to nine people who have a learning disability. Accommodation is in a purpose-built house with five bedrooms, communal areas and separate bathrooms. There were three people receiving support at the time of inspection. However, there was only one person who was available to speak to us at the time.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using the service

People we spoke with said they felt safe, as there were staff available to support them if needed. We found systems were in place to ensure they were protected from possible harm or abuse.

Staff knew people well. Staff treated people with respect and maintained their privacy, dignity and independence. People and their relatives were involved in decisions about their care.

People were involved in every day choices. We saw assessments had been completed with people. The registered manager was working on these at the time of inspection, as a lot of paperwork was in the process of being transferred to an electronic Format.

Risk assessments had been completed and were regularly reviewed where appropriate. There were procedures and systems in place to manage incidents and accidents effectively. However, there had only been one incident since the last inspection. The registered manager told us these would be analysed for lessons learnt if more than one had occurred.

No one at the time of inspection was receiving medication. However, the service had the procedures and policies in place to support medicine management if this was required. Staff had received competency assessments and medicine training to ensure safe medicines management.

Staff had the right skills and experience to meet the needs of people who used the service. Staff had completed thorough training, supervisions and an appraisal.

Health needs were regularly monitored, and staff accessed advice from health care professionals when required. However, family told us any appointments was mostly supported by themselves.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People told us they knew how to complain and would if they needed to. There were policies and procedures in place to manage any complaints effectively. The service had not received any formal complaints since our last inspection.

The provider used internal audit systems to monitor the quality and safety of the care provided. People were asked for their views and how to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was good (published June 2017)

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wickett Hern Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Wickett Hern Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

Before the inspection, the provider sent us a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse.

During the inspection-

We spoke with one person who used the service and one relative about their experience of the care

provided. We spoke with three members of staff, including the registered manager.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood what adult safeguarding meant and what action to take if they became aware of an incident of abuse.
- The service had a safeguarding policy and staff confirmed they had read it. One person said, "I feel safe cause there are staff here [name of person]." A relative told us, "Yes [name of person] is safe I wouldn't let them stay if not."

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and action taken to minimise risks in the least restrictive way.
- Where people required equipment to support their needs these were in place at the service. For example, tracking hoist to support people's mobility was in one room to ensure the person's needs could be met.

Staffing and recruitment

- The provider recruited staff safely. This included obtaining pre-employment checks prior to people commencing employment.
- We saw there were enough staff to support people. One person said, "Yes there is staff here, yes there is." A relative told us, "The staff here are fantastic. They look after [name of person] very well."

Using medicines safely

- No one at the time of the inspection was receiving any medication. However, the service had adequate storage and processes in place to support this aspect of care when required.
- Staff had received training in medication administration and competency assessments had been completed by staff.

Preventing and controlling infection

- Staff had completed training in relation to infection control. The service had an infection control policy in place.
- We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may have helped to prevent a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them coming into respite care. This was completed with the person, family, and deputy and registered manager if needed. These were reviewed the day before the arrived to ensure there had been no changes to the person's needs.
- We saw people's needs and choices were recorded, and staff were aware of these. One staff member said, "We make sure people when they access respite do what they want to do, we encourage them all the time. Some people use this as respite and don't want to do anything, others like to cook and clean while they are here, everyone is different."

Staff support: induction, training, skills and experience

- A full induction was completed prior to staff working at Wickett Hern Road.
- Staff were supported to carry out their role with appropriate training to meet people's needs.
- We saw staff who worked at the service were a well-established and long-standing team.

Supporting people to eat and drink enough to maintain a balanced diet

- We saw people's preferred diets were in their care plan. Staff followed these in respect of the person and their families.
- People could access the kitchen and help themselves to food and drink which increased their independence. Staff told us they tried to support people to make drinks and meals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with different health professionals and services to meet people's needs. For example, community nurses and speech and language therapists had been involved in people's care.
- Records showed people had been seen by a range of healthcare professionals to ensure their needs were met. One relative said, "We support [name of person] to appointments, but I know if we couldn't the staff would."

Adapting service, design, decoration to meet people's needs

- The service had adapted its design to meet people's needs. For example, people were able to walk freely between different areas of the home throughout the day. People had access to indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities.
- Risks in relation to premises and equipment were identified, assessed and well managed.

Supporting people to live healthier lives, access healthcare services and support

- Care plans showed where people had accessed outside professionals.
- A relative told us, "We take [name of person] to all appointments. A staff member said, "If someone was unwell we would not hesitate to get a doctor in."

Ensuring consent to care and treatment in line with law and guidance

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 interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty.
- Where people lacked capacity, we saw evidence best interest processes had been followed to help ensure people's rights were protected. Consent was consistently sought from people before they received a service. The registered manager was in the process of updating these at the time of inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Our observations showed people were treated with respect. Staff were very passionate about their role and supported people in a friendly caring manner.
- Staff demonstrated sensitivity to people's needs and had got to know people as they frequently visited the service for respite care. One relative told us, "The staff are very helpful, I can drop off and pick up when I want really."

Supporting people to express their views and be involved in making decisions about their care

- People were fully involved in their care plan. We saw where people had signed to acknowledge their consent.
- Throughout the inspection, we saw staff supported people in making their own decisions. For example, one person was supported to pack their case ready to go home. Other people had been supported to attend day service.
- Staff told us, "People choose what they would like to do when they come here. Some like to just be waited on hand and foot." At the time the staff stated this, one person said, "Yes that's me." Another staff member said, "We have one person who really enjoys making their own packed lunch and cleaning, so we support this."

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on people's doors before entering and asking if they would like support, without taking away their independence. Even when no one was in the room staff knocked before entering.
- People were supported to do what they wanted to do while staying at the respite service. People told us they participated in different activities of their choosing. One person said, "I like to watch television while I am here, and I like to sit in my room." A relative said, "they all go out for tea as well if people choose to do so."
- The service maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and handling of people's personal information. People's confidential records were stored safely which maintained people's confidentiality and prevented unauthorised access to them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were completed with people to ensure all their needs were met before coming to the respite service.
- A plan was completed called 'My plan' which considered what people's likes and dislikes were and also care needs and support. For example, 'my sleep pattern can be disturbed, and I can become anxious around a lot of people.'
- Staff knew people very well and were aware of their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider worked within the guidance of AIS and information was provided in formats which people could understand.
- Care plans included people's communication preferences. One person preferred not to speak while on respite, so the registered manager and staff team had pictures in place to support the person. For example, pictures of food, shopping, appointments and bathing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans had information which enabled staff to support them. This included how they liked to spend their time at respite.
- Staff told us people had built up relationships with others when on respite. Staff encouraged friendship groups to attend together.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place and an 'easy read' version was available. We asked one person what they would do if they were unhappy. They said, "I would tell [name of staff]." A relative told us, "I have never had to complain. I feel included in everything at the service."
- There had only been two complaints at the service since the last inspection. These had been dealt with appropriately.

End of life care and support

- At the time of our inspection the service was not supporting anyone who was receiving end of life care. However, some staff had been trained in respect of this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, Doncaster Council, had a clear vision and set of values that the service worked towards. The ethos around this was treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained.
- We found the service to be inclusive. People's views were sought and acted upon and people were involved in making decisions. Meetings were held with people at the service to support this. One person had asked for more social events. This was actioned and events such as Easter and valentine's day were among the special events celebrated.
- We observed staff supporting people to access the local community and day centres.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture within the service and the provider understood their legal responsibilities around duty of candour when things went wrong. Policies and associated procedures supported this practice.
- Doncaster Council had policies in place. The registered manager ensured these were still appropriate to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff we spoke with were complimentary about the management. One staff member said, "He [the registered manager] helps us if we need it and he's always there for support."
- The registered manager completed comprehensive audits throughout the service to maintain a good service. These included, care plans, staff files, medication and accident and incident analysis.
- Internal audits were carried out by the management team on a regular basis to enhance learning and development.
- A registered manager was in post and statutory notifications had been sent to the Care Quality Commission (CQC) in line with legal obligation. Ratings from our last inspection had been displayed as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were completed every few months to review the support for people and to discuss any concerns or adaptations needed before people accessed respite.
- Questionnaires had been completed for people and families. These showed positive responses to questions asked.

Working in partnership with others; Continuous learning and improving care

- The respite service had good links with day centres to ensure consistency for people they supported.
- The registered manager was fully involved in the community, networking with local agencies and schools to promote positive improvements and changes to the service.