

Mr Ronald Mark Snijders

The Villas

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 15 January 2016. This was an unannounced inspection. Our last inspection took place in July 2013 and at that time we found the home was meeting the regulations that we checked them against.

The Villas is registered to provide accommodation and personal care for up to eight people. People who use the service have a learning disability and/or a mental health condition. At the time of our inspection seven people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were safe because risks were assessed and planned for and the staff understood how to keep people safe. People's medicines were managed safely, which meant people received their medicines as prescribed.

There were sufficient numbers of suitable staff available to meet people's needs and promote people's safety. Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People's health and wellbeing needs were met and advice from health and social care professionals was sought when required.

People could access suitable amounts of food and drink that met their individual preferences.

Staff showed they understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This ensured that when people had the ability to make decisions for themselves, their decisions were respected. It also ensured staff knew how to support people to make decisions if they were unable to do this for themselves.

People were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and participate in activities that were important to them.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere at the home and people and staff were supported by the registered manager.

The registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager and provider were both committed to provide high quality care. The registered manager understood the requirements of their registration with us.

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. Risks to people were assessed and reviewed and staff understood how to keep people safe.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective. People were supported to maintain a healthy diet that met their individual preferences. People were enabled to make decisions about their care and they had no restrictions placed upon them. Staff knew how to support people to make decisions in their best interests if they were unable to do this for themselves.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

Is the service caring?

Good ●

The service was caring. People were treated with kindness, compassion and respect and their right to make choices about their care was supported and promoted.

People were encouraged to be independent and people's privacy was respected.

Is the service responsive?

Good ●

The service was responsive. People were involved in the assessment and review of their care to ensure that care met their preferences and needs.

Staff supported people to do the things that were important to them. People were enabled to share concerns about their care and systems were in place to respond to any complaints.

Is the service well-led?

Good ●

The service was well-led. Effective systems were in place to regularly assess, monitor and improve the quality of care.

Feedback from people, their relatives and the staff was sought to identify areas for improvement in care.

The Villas

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 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.

This inspection took place on 15 January 2016 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR) prior to the inspection. 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 used this information to formulate our inspection plan.

We spoke with five people who used the service, three members of care staff and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and training records.

Is the service safe?

Our findings

People told us they felt safe. This was because any risks of harm to people's health and wellbeing had been assessed and managed by the staff. People told us they were involved in the assessment and review of their risks. One person told us and their care records confirmed they required assistance from staff to keep them safe in the community. They said, "The staff come out with me because I don't know the place well, but I am going to be going out on my own soon". This person's care records showed the staff had referred them to an Occupational Therapist, who was working with them to improve their road safety skills. This was with the view of enabling the person to start accessing the community independently in the future. This showed the staff recognised the risks associated with the person accessing the community and they had taken action to ensure the person was safe whilst having the opportunity to develop their independence.

People also told us their personal belongings were safe. One person said, "I keep some of my things in my locker, so I know they are kept safe". Another person said, "Nothing gets taken from me here". This showed people had confidence that their personal belongings were protected from the risk of theft.

Care records showed that safety incidents were recorded and investigated in a timely manner, and action was taken to reduce any risk of further incidents from occurring. For example, an incident had occurred where one person had presented with new behaviours that posed a risk of harm to staff. A review of the person's risks had taken place in response to the incident and a management plan was immediately put in place to help staff manage the newly identified risks. Staff told us about the risks associated with this person's behaviours and they also told us how they managed these risks in a consistent manner. This showed staff were aware of the change in this person's care needs.

People told us that staff were always available to provide them with care and support. One person said, "The staff are always here". The registered manager told us staffing levels were flexible and were based on people's individual needs and activities. They said, "We always have a minimum of two staff on in a day, but we often have three on, on busy days". People and staff confirmed this and staffing rotas demonstrated that staffing levels were flexible and dependent upon people's needs.

The provider had recently invested in a 'lone worker safety device' to ensure staff working alone at night could summon assistance and support in the event of an emergency. This showed the provider had assessed and was managing the risks associated with lone working at the home.

People told us they felt safe around the staff. One person said, "I trust the staff". Another person said, "They are all good to me". Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People were protected from the risk of abuse. No incidents had occurred at the home that had required a safeguarding referral. However, the staff and the registered manager told us how they would recognise and report abuse in accordance with the agreed local safeguarding procedures.

People told us and we saw they were encouraged and supported to take their medicines as prescribed. People had been involved in planning their pictorial medicines care plans and these plans were personal to each individual. For example, one person's medicines care plan showed and they confirmed they liked to take their medicines in the kitchen, rather than the dining room. Clear 'as required' medicines protocols were in place to guide staff on when to give 'as required' medicines. This ensured these medicines were given consistently and safely. Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Is the service effective?

Our findings

People told us and we saw they could eat foods that met their individual preferences and choices. One person said, "I had Weetabix this morning, it's my favourite. There are other cereals to choose from too". We saw one person choose what they wanted to eat for their lunch, and staff supported the person to make their lunch time meal. Pictorial menus were used when required to help people choose the foods they wanted to eat.

People also told us and we saw they could access drinks and snacks at any time. One person said, "I like a cup of tea and a biscuit every day". We saw staff offer this person a hot drink and biscuit which the person accepted. The person then said, "This is what I was telling you about, this is what I like". We saw staff encouraged and supported people to eat and drink throughout the day.

People's weight was regularly monitored and we saw the staff worked with people to achieve and maintain a healthy weight. For example, we saw one person had been supported to eat healthy which had resulted in them losing weight and becoming more active. This had a positive impact on their life as they were now able to engage in activities they were previously unable to do because they did not have the fitness or energy to participate.

We saw people were supported to stay healthy and people's health and wellbeing was consistently monitored and managed. For example, we saw staff had recognised and responded to a change in one person's mental health. Staff told us and care records showed they had sought professional advice and support in relation to this person's change in health. Advice from professionals had been followed to ensure the person's change in needs was managed consistently and effectively.

We saw that staff supported people to make decisions about their care and support in accordance with the law. 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. Staff demonstrated they understood the MCA. One staff member said, "It's all about people's right to make their own decisions. People here can make a lot of decisions on their own, but sometimes people need some help". Care records contained mental capacity assessments for specific decisions. These assessments acknowledged people's abilities to be involved as much as possible in decision making. This showed the staff followed the requirements of the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No one who used the service was being restricted under the DoLS as this was not required. People we spoke with confirmed this. For example, one person said, "I can do what I like and go where I want to go". Staff showed they understood the DoLS and the registered manager demonstrated they knew how to make an application under DoLS if this was required.

Staff told us they received training to provide them with the knowledge and skills they needed to meet people's needs safely and effectively. This included an induction when they first started to work at the service. One staff member said, "The induction was really thorough and I shadowed until I was confident to work alone. I've done lots of training and I've enrolled on my level two diploma (in care). The manager is keen to put me on any training that will better me". Another staff member told us how training had helped them to manage people's epilepsy effectively. They said, "I learnt how to administer Buccal Midazolam (a rescue medicine used to manage some seizures) and I learned how to spot signs of seizures in different people". We saw this training had been effective as the information staff told us about how they would manage people's seizures, matched the information contained in people's care records. This information was in line with current best practice in seizure management.

Is the service caring?

Our findings

People told us they liked living at The Villas because the staff were kind and caring. One person said, "I like them, they help me". Another person said, "I get on with all the staff, they are nice". People also told us and we saw they were comfortable and happy. We said to one person, "You look nice and comfy there" and they smiled and replied, "Yes I am". Another person told us, "I'm happy dear".

People told us they were enabled to make choices about their care. One person said, "I get up in the morning when I want to, we all do". Another person said, "I've just been to get a newspaper, I go everyday". Staff helped people to make choices about their care and support when this was needed. For example, one person picked up the TV remotes and handed them to a member of staff. The staff member knew this meant the person wanted the TV channel to change. They went through all the different programmes to help the person choose what they wanted to watch.

People told us and we saw that staff respected the choices they made. For example, we saw one person chose to eat their lunch time meal in the lounge rather than the dining room. The staff respected the person's decision to do this. Staff told us they could refer people to an advocacy service if they needed or wanted help from someone independent to make or communicate choices about their care.

People told us they were enabled to be as independent as they could be. One person said, "I made my own breakfast this morning". We saw staff encouraged people to maintain their daily living skills and independence. For example, we saw staff encouraged and supported one person to empty the dishwasher and another person was encouraged to lay the table and assist with meal preparation.

People told us and we saw they were supported to keep in contact and maintain relationships with their family and friends. One person said, "[Person's relative] comes to visit me, I like seeing them". Another person told us staff took them to a disco every week where they enjoyed seeing a friend. Staff told us they were supporting one person to learn to use Skype and email to keep in touch with their relative.

People told us their right to privacy was promoted and respected. One person said, "I keep my private things in my room and only I can get to them" and, "Staff only come into my room if I say it's okay".

People told us and we saw that staff knew their likes, dislikes and preferences. This enabled them to have meaningful conversations with staff and staff had the information they needed to meet people's individual care preferences. One staff member demonstrated their knowledge of people by telling us about the things a person who used the service enjoyed, as the person was unable to tell us this themselves. The person showed us that the staff were telling us the right information about their likes and dislikes by putting their thumbs up and nodding their head.

Is the service responsive?

Our findings

People told us they were involved in the planning of their care. One person said, "The staff help me plan what to do every day" and, "My care plan is in the drawer in the other room. I look at it with the staff". One person who used the service showed us their care plan, some of which contained pictures to help them understand the content. They showed us the pictures and used them to tell us about their likes and dislikes. This showed the information contained in people's care plans was accurate and personal to them. We saw that the information in people's care records was reviewed on a regular basis to check if there had been any changes in people's preferences. When people's needs changed, their care records were amended to reflect any changes in care.

Staff completed reviews of people's care with them using a pictorial/photographical document that was tailored to each individual. For example, when staff asked people if they were happy with the décor of their room, a photo of each person's room was used. People told us and we saw that staff were responsive to their feedback during their reviews. For example, one person had told staff they wanted to do more baking. This person told us, "I like baking, I'm making apple crumble on Sunday". This showed the staff were responsive to people's feedback.

People told us and we saw their care preferences were met and they were encouraged to participate in leisure and social based activities of their choice. These took place at the home and in the community. One person said, "I go to college to do art and cooking. I like going to the café, basketball and discos" and, "I like doing puzzles and playing draughts". On the day of our inspection, we saw staff supported this person to play draughts and attend college. Another person said, "We go out a lot. I like going out for dinner and going to the disco". They also told us and staff confirmed they were attending the disco later that evening. This showed the staff supported people to participate in activities that met their individual preferences.

People told us they knew how to share any concerns about their care. One person said, "I would tell the staff". Another person told us how staff regularly asked them if they had any concerns about their care. They said, "They ask me if I'm happy every day". The registered manager told us they were developing a pictorial, easy read complaints document to help people to understand the complaints process. There was a complaints policy in place, which the staff demonstrated they knew how to locate and follow. No complaints had been made since our last inspection.

Before people moved to The Villas they participated in an assessment to check the home was suitable for their needs and to meet the people who used the service. This showed the registered manager ensured systems were in place to ensure new people received care that met their needs and preferences as soon as they started to use the service.

Is the service well-led?

Our findings

People told us and we saw there was a positive and homely atmosphere at the service. The home was well presented and people told us they had been involved in choosing the décor. Staff told us they enjoyed working at the home and they understood they were working for the people who used the service. One staff member said, "It's their home and they are able to do as they please". Another staff member said, "It's the best job ever, there's nothing I don't like about it".

People knew who the registered manager was and we saw they were comfortable around her. One person said, "She's a very nice lady". Staff told us the registered manager was supportive. Comments from staff included; "She's absolutely fantastic", "She's brilliant" and "I can't fault her". Staff also told us there was an effective on call system in place that ensured they had access to ongoing management support 24 hours a day.

Frequent quality checks were completed by the registered manager. Quality checks included; checks of medicines management, finances and health and safety. Where concerns were identified, action was taken to improve quality. For example, when gaps had been found on medication administration records, staff were reminded of the importance of accurate record keeping and a system was put in place to prompt staff to complete and check these records on a daily basis.

The registered manager assessed and monitored the staffs' learning and development needs through regular meetings with the staff. One staff member said, "I have supervision every few months. I'm asked if I want any extra training and if I'm happy with everything. She's really good and listens to what I say". This showed the registered manager responded to the staffs' development needs to improve quality.

The registered manager ensured high quality and effective care was delivered by working with external agencies. For example, staff were working closely with medical and nursing staff to manage one person's recent deterioration in their mental health. The home's compliments folder contained positive feedback from visiting health professionals which showed staff had worked effectively with them to meet people's care needs.

The registered manager used their provider information return (PIR) to show how they planned to improve the quality of care. We saw they were making ongoing progress in achieving and sustaining improvements. For example, we saw they had devised and implemented lots of easy read pictorial documents to help people be more involved in their care. This included pictorial shopping lists and reviews. The registered manager told us they planned to continue to expand their use of pictorial documents to further increase people's involvement in their care. This included a plan to use pictorial based risk management plans and care plans.

The registered manager sought feedback about the care from people who used the service and the staff. This was via regular care reviews with people. Feedback from people had been very positive and we saw the registered manager and provider were responsive to people's feedback. For example, one person had

recently expressed an interest in having their bedroom redecorated. The registered manager told us and the person confirmed they had already discussed the colour scheme and were arranging for the decorating to be completed.

The registered manager told us the provider was committed to maintaining and improving the quality of care. They said, "If anything needs replacing, it's done" and, "He likes people to have a good quality of life, he instils that in us all". They also told us the provider regularly visited the service and involved people in making improvements to the quality of care. They said, "He comes and takes people shopping to choose pictures for the walls".

The registered manager understood the responsibilities of their registration with us. No reportable incidents had occurred at the home. However, the registered manager told us about the types of incidents that would require reporting should they occur.