

Friends Care Homes Ltd

19 Lower Dolcliffe Road

## Inspection report

19 Lower Dolcliffe Road  
Mexborough  
S64 9PA

Tel: 01709321526

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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:

19 Lower Dolcliffe Road provides residential care to adults with a range of support needs, including sensory impairments and learning disabilities. It accommodates a maximum of one person. The home is located close to Mexborough town centre and has parking and public transport access as well as local facilities nearby.

People's experience of using this service:

Staff routinely promoted choice and independence, and spoke to the person using the service respectfully upholding their dignity. Care plans were highly personalised which indicated that staff understood the person's needs. Care was reviewed regularly to ensure it met the person's needs, and where changes were required these were implemented.

Staff were trained in relation to how to keep people safe from the risks of harm or abuse, and there was information available in the home for people using the service and staff about what action to take if abuse was suspected. The provider had mostly taken appropriate action when untoward incidents or suspected abuse had occurred.

Staff were recruited safely, with appropriate background checks being made. Staff received training in a wide range of relevant areas.

Medicines were well managed, although we identified one area for improvement in relation to "as required" medicines. We discussed this with the registered manager during the inspection and they confirmed this had been addressed appropriately.

There was a complaints process within the home, although we noted the provider had not followed their own procedures when dealing with complaints. We have made a recommendation that the provider assesses the effectiveness of their complaints arrangements.

The person using the service was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person using the service was encouraged to be involved in meal planning and preparation, and their nutrition and hydration needs had been assessed and were monitored.

There was a system in place for monitoring the quality of service provided, and making ongoing improvements as part of the monitoring system.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. .

The outcomes for the person using the service promoted choice and control, independence and inclusion; staff were dedicated to providing a person centred service which reflected the person's preferences. The person was supported to give their views about their care, and staff acted on this to ensure the person's needs were met. They used the facilities within their local community, with staff support, and in accordance with their preferences.

Rating at last inspection:

This service was registered with us in July 2019 and this is the first inspection.

Why we inspected:

This was a planned inspection in line with CQC's inspection programme.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# 19 Lower Dolcliffe 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

19 Lower Dolcliffe Road is a care home. People in care homes receive accommodation and nursing or personal care. 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:

We gave short notice of the inspection as the service is very small and we needed to be sure a staff member would be available to support the inspection..

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with four members of staff including the registered manager; the person using the service declined to speak with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place which contributed to minimising the risk of abuse
- Staff had received appropriate training regarding safeguarding. Information was available to staff about what action to take should they suspect abuse.
- In most cases the provider had taken appropriate action when responding to incidents of suspected abuse, although we noted one incident they had not notified CQC about; the registered manager rectified this on the day of the inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- The person using the service had comprehensive risk assessments setting out risks they may present, or to which they could be vulnerable. They were completed to a high level of detail and were regularly reviewed to ensure they remained accurate and relevant.
- Appropriate action was taken in response to any incidents, for example, a change to risk management systems, or a referral to an external healthcare provider, if relevant.
- When incidents occurred, a lessons learned record was completed to enable the staff team to develop new strategies and approaches.

Staffing and recruitment

- When staff were recruited, Disclosure and Barring Service (DBS) checks been completed and references sought from previous employers. This helped to make sure staff were fit for the role. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.
- Staff were deployed in sufficient numbers so that people received care when they required it and in a safe way; staffing numbers changed depending upon the person's needs.

Using medicines safely

- There were secure storage systems in place to support people in managing their medicines.
- Medicines, and records of medicines, were audited frequently to ensure any shortfalls were identified.
- We noted where people required medication on an "as required" basis, often referred to as PRN, the provider did not hold information about what the desired outcome should be. The registered manager told us they subsequently rectified this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider regularly assessed the person's needs, to ensure the care provided was suitable.
- Care plans were extremely person-centred. Care was planned and delivered in line with the person's individual assessments.
- There was information in the person's care plans about good practice in relation to their needs, and staff had a good understanding of this.

Staff support: induction, training, skills and experience

- Staff had received a range of training in areas appropriate to the needs of people using the service. Staff received regular supervision and appraisal.
- Staff had relevant experience of working with vulnerable adults and adults with support needs.
- Staff told us the training they received was good quality and enabled them to do their jobs better.

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

- The person's care plans contained information about their food likes and dislikes, and records showed this was adhered to. Staff had a good knowledge of the person's preferences in this area.
- Staff encouraged the person to be involved in decision making about food; they were encouraged to make healthy choices which reflected their preferences.

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

- Staff worked with external professionals to ensure the person was supported to access health services and had their health care needs met. Staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services, such as hospitals. Appropriate records were kept in case the person using the service was admitted to hospital, so that healthcare staff would understand their needs.

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

- The premises had been adapted to meet the needs of people with sensory difficulties and learning disability, with picture signage as appropriate.
- The person using the service had been consulted on décor and design, and staff had taken steps to involve them in decorating the home.

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

- The provider worked in an integrated way with external healthcare providers to ensure the person received optimum care.
- External healthcare providers' information and assessments had been incorporated into people's care plans

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We checked records to see whether the person had consented to their care and treatment. We saw staff had worked hard to ensure the person understood their options, and had also arranged for mental capacity assessments to be undertaken externally to ensure the care provided was in the person's best interest.
- Staff had received training in relation to consent and capacity, and the registered manager had a good understanding of their responsibilities in this area.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. People were supported and treated with dignity and respect, and treated as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The person was treated well in a way which respected their equality and diversity needs.
- The person's cultural needs were assessed when their care plans were initially devised, and this was regularly reviewed. Staff we spoke with had a good understanding in this area.
- Staff we observed were warm and respectful in their interactions with the person using the service, which elicited positive responses.

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

- The person's views and decisions about care were incorporated in the day to day practices of the service.
- The person using the service had expressed some desires about changes in the way their care was provided, and the provider was working with external agencies to try and effect these changes.
- Staff told us they felt the service was designed to ensure the person using the service was central to service delivery.

Respecting and promoting people's privacy, dignity and independence

- The person's privacy, dignity and independence was respected.
- In our observations at the home we saw staff took steps to uphold the person's dignity and privacy, providing support as discreetly as possible.
- Care plans showed the person's independence was promoted. Programmes were devised to support the person in developing independent living skills.
- Systems were in place to maintain confidentiality; confidential records were stored securely within the home.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care was personalised so that the person's needs and interests were taken into account.
- Each care plan we looked at showed the person's needs and preferences had been taken into consideration
- Care records showed that staff checked with the person about how care was being provided to ensure people had control over the care they received.

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 ensured the person's communication needs were met.
- Staff were trained in methods of communication that the person using the service used.
- Alternative formats of written records were used, to enhance the service the person received and better enable their understanding.

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

- The person using the service was supported to maintain relationships and develop and pursue interests.
- Staff supported the person to manage relationships with loved ones, and had a good understanding of the support networks that were important to the person.
- Staff understood the person's cultural needs, and supported them to celebrate relevant events.
- The person was supported to access their local community and participate in social events of interest to them.

Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receipt and management of complaints were clear, so that complaints improved the quality of care people received.
- The person's care plan contained information about how to make a complaint.
- Records of complaints received showed the provider had not followed their own policy, which stated all complainants should receive a written response, whereas the registered manager told us instead they had addressed complaints verbally.

We recommend the provider assesses their complaints arrangements to ensure complaints are

appropriately managed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of audit systems in place, which were carried out regularly and to a thorough standard. Where the audits identified areas for improvement, action plans were developed and followed up. This meant there was a system of ongoing improvement as well as checks that regulatory requirements were being met.
- It was clear from our observations that the registered manager was fully involved and engaged in supporting staff and the person using the service throughout the inspection.

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

- The person using the service was regularly consulted about how the service was provided; the small nature of the service meant this was embedded in day to day practice.
- Meeting records showed staff were engaged in how the service was run, and their views were sought.

Continuous learning and improving care

- Staff described an environment of continuous learning; one staff member told us about how as a team they talked at length about what they were learning about the person using the service, and how better to meet their needs.
- Staff meetings were used for all staff to discuss and contribute to developments arising from learning opportunities.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they could best meet the person's needs. This included healthcare professionals as well as social care professionals and external advocates.