Speciality Care (Rest Homes) Limited

Oxford Road

Inspection report

39 Oxford Road
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14 September 2016

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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

This announced inspection was conducted on 13 & 14 September 2016.

We gave the provider 48 hours' notice that we would be coming as service is a small home for adults with adults with learning disabilities and we wanted to be sure someone would be in.

Oxford Road is part of Arden College that provides specialist further education for young people aged 16-25 years of age with learning disabilities. Oxford Road can provide accommodation for three young adults aged over 18 who attend the college. There are support staff present in the home 24 hours per day. Accommodation can be term time only and outside of term time if required. At the time of our inspection there was one person living at the home, and one person attending a few days a week for respite care.

The inspection was conducted by an adult social care inspector.

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.

We spoke to family members of people living at the home who told us they felt their relative was safe and well cared for.

There was a procedure in place to ensure staff were recruited and checked to ensure they were able to work with vulnerable adults.

Procedures relating to the safe storage and administration of medication were in place in the home and checked regularly to ensure no errors had occurred.

Arrangements were in place to check the safety of the building by external contractors and a log of these were kept on file for us to check.

People we spoke with told us they felt safe and staff knew what actions to take if they thought anyone had been harmed in any way.

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).

The person who lived there permanently had decorated their bedroom to their own tastes. The person could not communicate verbally, but was encouraged to express their views in a variety of other ways. For example, through physical gestures, body language, Makaton and British Sign Language.

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.

Staff were trained and skilled in all subjects required by the provider and additional training which was taking place within the organisation at the college. Staff we spoke with were able to explain their development plans to us in detail and 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. Staff spoke highly about the registered manager.

Managers were able to evidence a series of quality assurance processes and audits carried out.

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 were given their medications safely and in accordance with their needs.

Risk assessments were in place and encompassed both education and social aspects of people's lives and helped minimise harm.

Staff were able to explain what safeguarding was and what steps they would take to ensure people were protected from harm and abuse.

Is the service effective?

Good

The service was effective

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions.

People got plenty to eat and drink and were supported to prepare meals and snacks for themselves.

Staff were trained and told us they enjoyed their training. Staff underwent regular supervision and appraisal. Induction took place for new staff, as well as shadowing opportunities

Is the service caring?

Good

The service was caring.

Relatives of people living at the home told us the staff were caring.

Information was available for people about advocacy services if they required it.

All of the staff we spoke with told us they enjoyed their jobs and liked supporting the people who lived in the home.

Is the service responsive?

Good

The home was responsive.

People's care plans reflected how they needed to be supported and contained information relevant to that person.

Information was available in different formats to support people to understand what it meant.

There was a complaints procedure in place; people at the home told us they knew how to complain.

Is the service well-led?

Good

The home was well-led.

The service manager worked as part of the staff team and was very well known in the home.

People and staff spoke positively about the service manager.

There were quality assurance systems in place, which regularly checked the records and other documentation relating to how the service was run.

There was a procedure in placed for collecting people's feedback which was appropriate for the size of the service.

Oxford 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 13 & 14 September 2016 and was announced.

The provider was given 48 hours' notice because the service 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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 looked at the care records for the one person living at the home and the person having respite at the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including bedrooms, the kitchen, bathrooms and the lounge areas. We spoke to three staff members, the registered manager, the service manager and the relatives of the two people at the home. We asked if we could speak to one of the people living at the home, but they chose not to talk with us. We left our contact number in case they wanted to contact us after the inspection had taken place.

Good

Is the service safe?

Our findings

Relatives told they felt that the service was safe. One relative said, "Oh yes I do feel safe, I know [family member] is there." Another relative said, "Of course, it's very good."

We reviewed three files relating to staff employed at the service. Staff records demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable to work with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The deputy manager also requested a Disclosure and Barring Service (DBS) check for each member of staff prior to them commencing work. This enables the registered manager to assess their suitability for working with vulnerable adults.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. There was only one person in receipt of medications at the time of our inspection. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Arrangements were in place for confirming people's current medicines on admission to the home. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's were checked and were complete and up to date.

Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these. Training records showed staff responsible for medicines had been trained and a regular audit of medicine management was being carried out. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment.

We looked at the adult safeguarding policy for the home and asked the staff about their understanding of their roles in relation to safeguarding. Staff were clearly able to demonstrate an in depth knowledge of the procedures they would be expected to follow to keep people safe from abuse. One staff member said "I would go to the service manager."

Accidents and incidents were accurately recorded and were subject to assessment to identify patterns and triggers. Records were detailed and included reference to actions taken following accidents and incidents. This was then discussed at managers meeting which occurred every week.

We also asked staff about whistleblowing. All of the staff we spoke with told us they would not hesitate to use this policy if they felt they needed too.

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 and electric. The two people who lived/stayed at the home had a personal evacuation plan (PEEP) in place that was personalised to suit their needs.

Accidents and incidents were recorded in appropriate detail and assessed by the manager. The manager was required to submit information electronically to the provider. The information was then analysed by a team at provider level to identify patterns and triggers. This was then discussed during weekly managers meetings with the registered manager.

Risks were appropriately identified and assessed. For example, one person had a severe food allergy, and could only consume a strict diet. The staff had researched pubs and restaurants in the area which served food containing ingredients which the person could eat, therefore enabling them to still partake in social activities such as eating out. The person's risk assessment detailed what action the staff were required to take if the person ate food they were allergic too, this included calling the GP for advice.

Good

Is the service effective?

Our findings

We asked people's relatives if they thought the staff had the right skills and knowledge to support their family member. One relative told us, "Oh yes I would say so, they know [family member] well." One staff member told us, "The training is really good, we get a lot, and it is face to face with being in the college."

We spoke to a staff member who had been recruited recently and they confirmed they had completed most of their training and had undergone an induction in line with The care certificate. The care certificate requires new staff to undertake a programme of learning and be assessed by a senior colleague before being considered competent to work independently.

Staff received all essential training, which was classroom based. This system was managed by the provider and covered range of topics. For example, fire, manual handling, food hygiene, infection control, safeguarding, The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards [DoLS], food and nutrition and medication.

Staff had supervision meetings with their manager and staff records confirmed that staff had received supervisions at least every 6 - 8 weeks.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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 were being met. Consent was clearly documented in people's files. Consent was obtained in accordance with the principles of the MCA from people who were legally able to do so.

All the staff team had received training in the principles associated with the MCA and the DoLS. We found staff understood the relevant requirements of the MCA and put what they had learnt into practice. The service manager had applied for DoLS authorisations appropriately for some people who lacked capacity and was waiting for them to be authorised. We saw an application had been made to the relevant authority for consideration.

We saw examples were best interest's processes had been followed, and decision making was clearly

documented. For example, we saw in some instances, staff would make some decisions for a person who had no verbal communication and limited cognitive ability to understand. These were decisions such as what the person would wear daily or small purchases the person made.

Consent was well documented in people's files as well as learner agreement which was used both at the home and in the college.

We looked at the provision for planning and preparing meals. The communal kitchen was located on the first floor and there was a menu in place which people had chosen themselves. People could have food and drink when they wanted.

We saw people were supported to maintain their physical health and there was documentation which showed that a range of healthcare professionals regularly visited people. People were supported by staff to attend regular appointments and check-ups.

We saw one person's bedroom was decorated according to their own tastes and preferences. Pictures and symbols were used to help support one person who could not communicate verbally to engage with the staff with regards to their support needs, such as 'food' 'toilet' 'bath' and 'shower.'

Good

Is the service caring?

Our findings

Relatives of people who lived at the home told us that the home provided a caring service for their family member. One relative said, "I think it's very nice, I have no issues," and "The staff have gotten to know [family member] really well and they are like family." Another relative told us, "They [staff] always keep calm around [family member]. One member of staff said, "It's brilliant, I just love my job." Another member of staff said, "It's just lovely here, I love it."

Staff gave us good examples of how they support people to maintain their dignity and independence. One staff member said, "I never just assume they can't do something for themselves, I always ask them first." Another staff member said, "I always speak quietly when asking them something personal."

We saw people's records and care plans were stored securely in a lockable room, which was occupied throughout our inspection. We did not see any confidential information displayed in any of the communal areas.

We saw from looking at care plans that the person receiving the care or their family member had signed them. When we asked relatives if they had been involved in their care plans, people confirmed they had.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so.

Relatives told us they felt they were listened to and staff acted on their views and opinions. A relative said, "There is excellent communication they call us every week to update us on how [family member] is doing, this makes us feel we are involved."

Relatives told us they could visit their family member anytime they wished.

Good

Is the service responsive?

Our findings

We saw that throughout the home, displayed on the walls, was information for people regarding how to complain. The information was presented in pictorial format, including pictures of the registered manager and staff members as staff who people could go to if they had a complaint. There were no complaints to review, as the service had not received any formal complaints recently.

Care plans contained background information about each person, including their past histories, any hopes or aspirations they had for the future and what was important to them. For example, we saw that one person enjoyed going out on their bike to visit friends and we saw that this was being managed safely with an agreement drawn up from the person that they would keep their mobile phone on while they were out. We saw that care plans were written in accordance with the person's college needs. For example the person had entered into a learner agreement, which detailed what support they needed at home to make their college course effective. This included things like, not go out to Monday to Wednesday and spend time doing coursework. The person had signed this agreement.

People were supported to access the community for meals and trips out. They also attended the other homes for parties and barbeques.

We saw that the home and the college worked together to help the person find suitable work placements to help integrate them into the wider community. The registered manager of the home, who is also the principle of the college told us, "It is important that people are taught life skills while they are here [college] in case they wish to move on in the future and live independently"

During our conversations with staff they were able to describe the content of people's care plans and how they liked their support to be delivered. One staff member said, "We have to make sure there is nothing on the floor, just in case [person] picks it up and tries to eat it." When we checked this person's care plans, we could see there was a risk assessment and support plan in place to help staff manage this risk.

We saw that reviews were completed at least every six months with people, and we saw that action points from reviews were clearly recorded with what help they would need to achieve these actions.

Good

Is the service well-led?

Our findings

There was a registered manager in post, they had been in post for a number of years.

The service manager was mostly responsible for the day to running of the home and they supported us through our inspection.

Relatives and staff we spoke with were very complimentary about the service manager. One relative said, "[Service managers name] is fantastic, very good indeed." A staff member told us, "Brilliant, just brilliant, I feel very well supported." Someone else said, "I just go to [service managers name] and I know they will sort it out for me."

The service demonstrated good management and leadership. Staff were asked for their views about the service through team meetings and supervisions. We saw evidence of this in the team meeting minutes and the staff member we spoke with explained the supervision process. The staff member told us, "I am regularly supervised and we have team meetings."

The service manager demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including accident reporting, manual handling, premises, food safety, medication and risk assessments. Where action was required to be taken, we saw evidence this was recorded and plans put in place to achieve any improvements required. There was also an external audit which took place in the service by the provider's own quality assurance team.

We saw that surveys had been sent to people and families to ask for feedback, however we also saw that feedback was gathered weekly by the staff who phones families and updated them, and held weekly keyworker meetings with the people who lived at the home. These methods were appropriate for the size of the service. All feedback was well documented.

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

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.