

# Aston Transitional Care Limited

## Sandford Road

### Inspection report

94 Sandford Road  
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Date of inspection visit:  
29 March 2017

Date of publication:  
15 May 2017

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected this home on 29 March 2017. The home was registered with CQC in April 2016 and this was its first inspection. The home is registered to provide personal care and accommodation for up to six people. At the time of our inspection, four people were living at the home. We observed how care was provided to people and whether people were happy living at the home.

There was a registered manager in post who was present throughout the inspection. 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.

People and their relatives told us that they felt safe with the staff who supported them. Staff were aware of the need to keep people safe and understood their responsibilities to report allegations or suspicions of poor practice. Assessments had been undertaken to identify any potential risks to people and guidance was available for staff to follow to minimise those risks. People were supported by staff who had been safely recruited. People's medicines were given as prescribed and stored safely.

People were supported by staff who were provided with induction and training to keep their knowledge and skills current. Staff's knowledge and understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards ensured that people's rights were protected. People were provided with a good choice of food and were supported to access the support of relevant healthcare professionals when needed.

People were cared for by staff who knew them well and who they described as kind and compassionate. People expressed how they wanted their care to be delivered and we saw that this was fulfilled. People's decisions and choices were respected by staff. We saw that people were treated with dignity and had their privacy respected.

People and their relatives had been involved in developing and reviewing their care plans. People were supported to participate in a variety of social activities in line with their interests. We saw that people could raise concerns and complaints and staff were confident that these would be investigated and acted upon.

People and social care professionals described the home as well-led and felt confident in the registered manager. People told us that they were asked for their views about the care and support they received on a day to day basis. There were systems in place to monitor and improve the quality and safety of the service provided. These systems were not consistently effective.

## 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 had their safety maintained through effective risk management.

People were supported by sufficient staff who had been recruited safely.

People received their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were received training and guidance for their roles.

People's rights were protected in line with the principles of the MCA.

People had access to a range of healthcare professionals to promote their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People were supported to express their views.

People's privacy was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised to their needs and wishes.

People had access to a range of activities.

People were supported to have their views and concerns listened to and acted upon.

### **Is the service well-led?**

The service was not always well led.

Quality assurance processes were not consistently robust.

People told us they like the registered manager and staff felt the home was well led.

The home worked well with other health and social care professionals.

**Requires Improvement** 

# Sandford 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 29 March 2017 and was unannounced. The inspection was undertaken by two inspectors.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received within the necessary timescale.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and in addition considered feedback provided to us by commissioners of the service and Health watch. We used all of this information to plan what areas to focus on during our inspection visit.

During our inspection visit, we spoke with the registered manager, four members of the staff team and saw feedback from the relative of one person. We also spoke with one relative during our inspection. Many people living at the home were not able to speak with us due to their specific support needs and conditions. We spoke with one person. We observed how staff interacted with everyone living at the home and we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We sampled two people's care plans and records relating to staffing, complaints, medication and quality monitoring information. After the visit, we spoke with three health and social care professionals on the telephone.

# Is the service safe?

## Our findings

People we spoke with told us that they felt people living in the home were safe. We saw that people looked relaxed with staff and were confident to approach them for support and comfort. One person said, "[The staff] are quite good at making sure everyone is safe."

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any concerns they might have. We saw evidence to support this. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and how to support people to keep them safe. All the staff we spoke with told us they believed any concerns would be taken seriously by the registered manager and provider.

People were encouraged to have as full a life as possible, while remaining safe. We saw that the registered manager had assessed and recorded the risks associated with people's medical needs as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. When necessary, measures were put in place to minimise any danger to people.

The registered manager had reviewed people's care plans and risks when they started to use the service. We noted that risks to people were reassessed as their needs changed. We saw people had well-ordered and up to date care files that included risk assessments around many areas. These had been tailored to suit each person in various support needs and were focussed on meeting each person's individual needs.

Systems were in place to help keep people safe in the event of a fire. We saw that plans were in place to manage emergency situations. Staff we spoke with were consistent in their responses to what action to take in the event of a fire or an emergency situation and emergency evacuation plans were in place for each person detailing the support they would need to remain safe in the event of a fire. During our inspection we noted that all but one of the windows had appropriate opening restrictors in place to keep people safe. The window without such a restrictor was brought to the attention of the registered manager who assured us that the room in question was only accessed by staff and not people who used the service; they advised that the restrictor issue would be addressed.

Records confirmed that there were procedures in place to record when accidents and incidents had occurred. No accidents had been recorded since the home began to deliver a service but there were records of incidents that had been monitored by the registered manager. These included any incidents of physical restraint that a person may have been subject to in order to keep themselves and others safe. We found that people were supported safely and restraint was only used when needed. The registered manager and staff told us this was monitored closely. A member of staff said, "I have had restraint training, we always fill in the forms and check the person is okay." We saw that while these incidents had been monitored they had been not been analysed or reviewed to reflected on or take appropriate steps taken to reduce the likelihood of similar incidents happening again in future.

Recruitment processes were in place to help minimise the risks of employing unsuitable staff. We reviewed

staff recruitment files and saw that the registered provider's recruitment process contained the relevant checks, such as DBS or police checks, which were needed before staff worked with people. We saw that the registered provider had taken up references about newly recruited staff, and staff themselves confirmed that they had been interviewed as part of the recruitment and selection process. People were protected by suitable recruitment processes.

We saw that there was enough staff to meet people's care needs, and that people were supported at a pace which was suitable for them. One health and social care professional told us, "[Staffing is] the way I would expect it to be and in line with what is in people's care plans." We noted that staff were attentive and quick to provide people with reassurance and comfort when necessary. The registered manager told us that agency staff were only used occasionally and that they tried to always use the same staff. We looked at the rota of staff and saw that people were cared for by staff who knew them and their needs well.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitably safe location. The medicines were administered by staff who were trained to do so and had undertaken competency checks before they began to give people their medicines. We noted that these competency checks were not refreshed on a regular basis but were done again if any issues or concerns about how staff administered medicines had arisen. Where people's medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions which would mean that they should be administered. One person had been assessed to administer their medication themselves and we saw a risk assessment that supported the person to do this safely. We sampled the Medication Administration Records (MARs) and found that they had been correctly completed. There were regular audits of the medication which provided assurance that people's medication was given as prescribed. We saw that medication was ordered, disposed of and stored safely.

## Is the service effective?

### Our findings

People we spoke with told us that the staff were good at meeting their needs. One person said "The staff help me out and come when I need them." A relative commented in a survey, "I'm thrilled with [my relative's] progress, he is a more mature person, he has been allowed to blossom." During our inspection, a staff member described how one person preferred to be spoken with so that they did not become alarmed or distressed. We saw that this information was recorded clearly in the person's communication passport. It was clear that they knew the person's support needs well.

People were supported by staff who confirmed that they felt they had the skills and knowledge to support people well. Staff told us they had received induction training when they first started to work in the home which covered the basic skills and knowledge they needed to meet people's specific care needs. This included shadowing more experienced care staff for some shifts. The registered manager confirmed that all new staff were enrolled on the Care Certificate. The Care Certificate is an identified set of induction standards used to equip staff with the knowledge they need to provide safe and compassionate care. We saw evidence and staff told us that they received annual training updates in relation to core areas such as safeguarding, medication, health and safety and first aid. A member of staff said, "There's lots of training, we feel good to work here." Staff demonstrated that they knew and understood the implications of people's mental and physical health needs and how to provide appropriate care and support. People's care records contained details of their specific health needs, and staff could consult these records when necessary. All members of the staff team were encouraged and enabled to obtain nationally recognised qualifications and received regular training updates.

Staff confirmed that they received informal and regular formal supervision from the registered manager on a regular basis. Staff told us they felt well supported by the registered manager and other team members. One member of staff said, "I have my supervisions and [the registered manager] doesn't just support me with work, he helps me with other issues too." Staff told us there were staff meetings to provide staff with opportunities to reflect on their practice and agree on people's care plans and activities.

The 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.

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. The registered manager and staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). We saw that the registered manager had sought and taken appropriate advice in relation to people who lived at the home. When the registered manager had received approval to restrict people's liberty to help keep them safe, these practices were regularly reviewed to identify if they were still required. Staff were able to explain how they supported people in line with these approvals. There was a process used to ensure that applications to renew existing approvals would be made



promptly. We found that the registered manager had an awareness of the principles of the MCA.

During our inspection, we saw that people were asked for their consent in day to day matters such as what time to get up and what to wear. People were given choices about where to go in the home, to do things they enjoyed, and food they wanted to eat. People were supported by staff to partake in activities that met their expressed preferences and abilities. We found that due to the nature of some people's disability it meant that some choices were restricted and we saw that this was done appropriately by knowledgeable staff, and in line with people's plans of care.

We saw that people enjoyed their meals at the home. The mealtime we observed was a sociable occasion, with people taking part in plenty of discussion and being given the support they needed from staff. People who required assistance were appropriately helped by staff. Staff had received training around nutrition and we noted that people accessed their fridge with the support of staff when they wanted a snack throughout the day. Staff told us there was a wide and varied range of food on offer.

We saw that people were regularly offered a choice of meals and could pick the ones they preferred. One person was supported to choose and cook their own meals with support. The records of what people had eaten showed that the food was varied and met people's needs in terms of culture and preference. Staff told us that menus were updated as and when people tried different meals and staff got to know other foods that people liked.

We saw that people were regularly supported to access health care services to promote their health and wellbeing. One health professional told us, "[The person I support] is doing really well." The health professional commented that the home followed through with instructions that they had been given in relation to people's physical health and responded in a timely manner to any concerns. People in the home were supported to make use of the services of a variety of mental and physical health professionals including dentists and GPs. A member of staff we spoke with said that staff regularly supported people when they went into hospital and shared information about people's care needs and how they liked to be supported. The support provided helped people to remain well and ensure their needs were met.

## Is the service caring?

### Our findings

People told us that the registered manager and staff were caring. One person said, "They are all nice here the staff." and another person told us, "The staff are caring. There's so much caring. They are friendly and nice." A member of staff told us, "I think everyone works here for the right reasons, they care...all the staff go the extra mile."

We saw that staff interacted with people in a warm and kind way and demonstrated that they understood people's communication needs. People were responded to people in a timely, supportive and dignified manner. The atmosphere in the home was friendly and relaxed. We saw staff sitting, talking and listening to people and provided comfort and support as people needed. When one person became distressed we saw that staff took prompt action and knew what the person enjoyed to help them to relax.

People were supported in line with their expressed preferences. We observed staff addressing people by their preferred names and supporting people in line with their wishes; which were known and reflected in the records. Staff were keen to encourage people to take part in activities they knew people would enjoy and offered reassurance when people became upset. One person enjoyed being outside and we noted that they were often helped to dress for the cooler weather so that they could access activities outside in the secure garden area. A health and social care professional told us, "The registered manager and staff understand the needs of the people who live there."

People had their right to privacy respected. One person said, "They leave me alone and I get some privacy when I want it." We saw that members of staff respected people's privacy and took care to ask permission before entering their rooms. Staff could confidently describe what they did in practice to protect people's privacy and dignity. One person liked to spend time on their own in their room and we saw staff would check on the person as directed in the person's care records. This made sure that the person was safe and well and could spend time alone as they wished.

People were supported to be involved in the running of the home and their care. Records showed that people and their families had been involved in expressing how they wanted to be cared for and supported when they first started to use the service. People were regularly supported by staff who understood their specific communication style which helped them to express their views of the service. Rooms that we had been invited to see by people had been personalised with their photographs and ornaments which all assisted people to feel relaxed and at home.

Staff told us they supported people to be independent. We heard staff ask people to be involved in daily activities such as asking a person if they wanted to get their own plate for dinner. Other staff gave us example of how people were encouraged to conduct their own personal care, manage their laundry and help to prepare meals when they wanted. One person said, "If I want to do something the staff help me." We found that although people were supported to be independent on occasion, this was not planned for or recorded as part of each person's specific care needs.

We checked staff's understanding of confidentiality. Staff could describe ways in which they kept people's personal information confidential. People could be confident that their personal information would not be shared. Staff we spoke with showed that they understood the importance of confidentiality and they described how they respected this in practice.

## Is the service responsive?

### Our findings

People and their relatives visited the home prior to making a decision to move in. Initial assessments had taken place to identify people's individual support needs and the information had been used to ensure that the home knew they could provide the correct support to people.

People enjoyed a range of activities that had been selected by them where possible. Staff told us how they watched people enjoying various activities and noted those which people appeared to enjoy the most so that these could be repeated. Staff knew the activities that people enjoyed and we saw that staff supported people to choose what they did each day. Records showed that people had engaged in activities they said they liked.

The registered provider operated a key worker system which meant that specific staff were responsible for developing and leading on the quality of the care received for named people. Other staff could approach key workers for guidance and advice on how to meet people's specific needs and refer to people's care plans. People were supported to attend residents meetings where their key workers helped people to express their views. We saw that the minutes of these meetings had been made accessible for people to read and understand. People had discussed issues around food, decoration in the house, and use of the TV within the meetings. This helped ensure that people were involved in the running of their home. The registered manager had taken action when people had made suggestions such as reviewing activities and menus.

People were encouraged and helped to maintain contact with friends and family members, where possible. Relatives were encouraged to visit the home and support people to pursue the things they liked. Support had been secured to ensure that relatives of people who did not speak English were supported by suitable translators where possible to enable them to understand the care and support that was being discussed and reviewed. This helped to ensure that people were supported by their relatives when they wanted to be.

People felt that the registered manager would respond appropriately if they made a complaint. We saw many examples of where people had expressed concerns and the staff had supported them appropriately. One person said, "[The registered manager] is good, I can have a chat about anything. He helps me." We saw that the home had a complaints policy and the registered manager was aware of their responsibilities in relation to it. Although the registered manager had not received any formal complaints, there were clear policies and procedures for dealing with them. The registered manager said that they encouraged and welcomed feedback from all people about the performance of the home, and how they could improve the support they gave people who lived there.

## Is the service well-led?

### Our findings

The registered provider had processes in place for monitoring and improving the service. The registered manager had ensured checks had been conducted, but some of the audits were not available for us to view on the day of our inspection. We saw that in the majority of audits that were made available any required actions that had been identified as necessary had been undertaken to maintain and improve the quality of the service. However the systems in place for monitoring the service had failed to identify that not all the checks undertaken were robust. For example we found that hot water temperatures in people's rooms had been regularly checked, but on a number of occasions the temperatures exceeded nationally recognised safety levels placing people who use the service at risk of scalding. Whilst we were advised that action had been taken at the time to adjust the water temperatures there were no records available to demonstrate this and no action recorded to address if there were any underlying problems with the hot water supply as there were numerous times that the water had been found to be very hot. During the inspection we found that the temperature of the hot water from some taps was very high. Routine audits of the checking systems had not identified this issue. The registered manager advised that whilst the temperature issues had been attended to each time they had been identified action would be taken to resolve this and provide improved oversight and monitoring through effective audits.

There were systems in place to review people's care records and check they contained information necessary to meet people's current needs. Care records sampled had been regularly updated which enabled staff to provide a quality of care which met people's needs. The registered provider had recently begun a system of surveys. The registered manager told us of their plans to make the surveys accessible and begin to gather feedback from the people who lived in the home and their relatives and friends. This would help to make sure people were included in the running of their home.

People told us that they felt that the home was well run. One person said, "[The registered manager] is the best manager I know really. I can talk to him and chat about anything. He helps me really."

Staff described an open culture where people felt they could raise and safely discuss issues which could impact on people's well-being. Staff told us and we saw that they had regular supervisions and meetings to identify how the service could be developed to improve the care people received. Staff said they felt supported and enjoyed the team work. One staff member said, "We work well as a team, communication is good and we have regular handovers." A health and social care professional told us, "I've been very pleased with the home; they have been in constant contact with me." A different health and social care professional said, "The registered manager has dealt with any issues really well, he is prompt to reply and gets things done."

Members of staff told us that the registered manager was supportive and led the staff team well. One member of staff told us, "The registered manager is always there, he is always willing to help and so is the owner." Another staff member said, "The team is perfect, very professional." We saw there was guidance for staff about how to escalate concerns and seek advice from senior staff when necessary. Staff told us they could speak to senior staff promptly when they needed to, and confirmed that they felt any actions would

be taken as needed.

Our inspection visit and discussions with the registered manager identified that they understood their responsibilities and felt well supported by the registered provider. The registered manager had kept up to date with developments within adult social care by effective use of the internet and available training. They had also evidenced they understood the need to inform the Care Quality Commission of specific events the provider is required, by law, to notify us about to keep people safe. The registered manager had the knowledge and experience to provide effective leadership.