

Stockdales Of Sale, Altrincham & District Ltd

Hayling Road

Inspection report

34 Hayling Road
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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

The inspection took place on 26 November 2018 and was unannounced.

Hayling Road is one of the services run by Stockdales of Sale, Altrincham and District Limited, a registered charity providing person centred care and support to people with complex care needs. Hayling Road is registered with the Care Quality Commission (CQC) to provide care and accommodation for up to seven people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff received safeguarding training and knew how to keep people safe and raise concerns if they suspected someone was at risk of harm or abuse.

People had comprehensive risk assessments which were reviewed and updated timely to meet people's changing needs. This ensured staff had access to the relevant information and guidance to mitigate risks.

Staffing levels remained consistent and the service benefited from a stable workforce. Relatives and staff told us there were sufficient numbers of staff to meet people's needs.

The management of medicines was safe. There were appropriate arrangements in place to ensure that medicines had been ordered, stored, administered and disposed of appropriately.

People who used the service at Hayling Road continued to receive effective care and support from staff that were well trained and competent to carry out their roles. This included training and ongoing development of staff to meet the needs of people living with complex needs.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were encouraged to make decisions and choices about their care and had their choices respected.

People's consent to care and treatment was sought prior to care being delivered.

People were encouraged to maintain a healthy nutritionally balanced diet and had access to sufficient amounts to eat and drink, at times that suited them.

People's health care needs were monitored and maintained; people had access to health care services as and when needed.

People continued to receive care and support from staff that were kind, caring and compassionate.

People were treated with dignity and respect and had their independence promoted by staff that openly expressed their fondness for the people they cared for and supported.

Support plans were person centred and tailored to meet people's individual needs. People were encouraged to be involved in the development of their care plans, which were updated regularly to reflect people's changing needs.

A variety of activities were provided and staff demonstrated a good understanding of people's needs and adapted activities to reflect people's individual interests.

The provider had a complaints procedure in place and people felt confident in raising concerns or complaints to staff and the registered manager.

Staff told us the service was well-led and a good place to work. We were told by staff and relatives of people who used the service that the registered manager and deputy manager were visible, had an open-door policy and were approachable. This meant people, their relatives and staff could meet with members of the management team as and when they needed.

There was an effective system for audit and quality assurance to monitor the service provided. Audits or checks were completed by the registered manager and provider.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Hayling 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 was a comprehensive inspection carried out on 26 November 2018. The inspection team consisted of one adult social care inspector and an assistant inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the service and the Provider Information Return (PIR). Statutory notifications provide information on changes, events or incidents that the service is legally obliged to send to us. A PIR is a form that asks key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local authority and Healthwatch. This helped us determine if there might be any specific areas to focus on during the inspection. The local authority did not have any concerns about the service. Healthwatch had not received any feedback about the service. Healthwatch is the national independent champion for consumers and users of health and social care in England.

On the day of the inspection visit we spoke with the registered manager, deputy manager and four support workers. We also spoke with two support workers on the telephone. During the inspection we completed a 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 spoke with five family members by telephone.

We looked in detail at five care plans and associated documentation; four personnel files; supervision and training records; audit and quality assurance documents; policies and procedures; and records relating to the safety of the building, premises and equipment.

Is the service safe?

Our findings

Hayling Road continued to provide safe care and support to people who used the service.

We reviewed staffing levels and found the service continued to benefit from a stable workforce who knew people well. Staff were flexible in their approach and there were sufficient numbers of staff to meet people's needs.

Safe recruitment practices continued to be in place. Employment application forms were fully completed, with gaps in employment accounted for. Checks had been completed with the Disclosure and Barring Service (DBS) and appropriate employment references had been obtained. These checks helped to ensure staff were suitable to work with vulnerable people.

People continued to be protected against the risk of harm because the service had embedded practices that identified risks and assessed and monitored them regularly. Staff were given clear guidance on how to manage risks and the steps to take to mitigate the risks. We looked at risk assessments and management plans and found these were comprehensive and updated timely to reflect people's changing needs.

Where accidents or untoward incidents occurred, these were recorded appropriately and reviewed by the registered manager to identify any trends and ensure appropriate action had been taken to reduce the likelihood of such events occurring again in future.

We reviewed systems and procedures which sought to protect people from abuse and found these continued to be robust. Staff could describe the signs and behaviours they would look out for that would alert them to the possible consequence of abuse. Staff described local safeguarding arrangements and records confirmed that safeguarding concerns continued to be reported timely to the relevant authorities.

Medicines were stored and managed safely. Detailed information was available for staff about how each person preferred to take their medicines and any allergies they had. People's medicines records also contained a photograph of the person to aid identification and prevent misadministration. Protocols for medicines that were given 'when required' were stored separately from people medicines records. We discussed this with the registered manager as good practice indicates such protocols should be easily accessible and stored with the Medicines Administration Record (MAR).

Regular maintenance checks were undertaken to ensure the building and premises were safe. This included gas safety, electrical safety, and checks associated with legionella.

Records relating to fire safety were up-to-date. This included the providers fire risk assessment and records related to fire checks in and round the premises. We saw people had their own Personal Emergency Evacuation Plan (PEEP) in place which provided staff and emergency services with all the appropriate details about how to evacuate people from the service safely in the event of an emergency.

We found the home to be visibly clean and free from offensive odours. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons, to minimise the spread of infection.

Is the service effective?

Our findings

People who used the service at Hayling Road continued to receive effective care and support from staff that were well trained and competent to carry out their roles. This included training and ongoing development of staff to meet the needs of people living with complex needs.

Staff continued to receive frequent supervision sessions and an annual appraisal. Supervision gives staff the opportunity to meet with their manager and discuss areas of improvement, training needs and for staff to put forward ideas for the development of the service. Comments from staff included: 'The training is excellent and really beneficial. [External training provider] is really good and I feel like you can ask questions. I have my main training, epilepsy, manual handling, suction, person centred training, and first aid.'; and, "I think the company is very supportive, through the appraisals we will tell them the goals we need to achieve, we have regular training which is excellent. If somebody needs improving in a certain field, you will get your training."

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, 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. The registered manager had a good working knowledge of the MCA and DOLS framework. Robust and detailed records were maintained and we saw that where a person who used the service lacked capacity to make a particular decision, a best interest meeting(s) had been held.

People were well supported when transitioning between services. This included support provided before a person moved into the service and throughout their placement. Records demonstrated a multi-disciplinary approach was taken and that people's needs were comprehensively assessed before they moved into Hayling Road.

The provider had a comprehensive policy and associated procedures covering new referrals, initial assessment, transfers between services, discharges and readmissions. By reviewing support records and looking at case studies, we saw examples of good practice in respect of the involvement of the person who used the service, including involvement of families; effective communication and liaison with health and social care commissioners; and comprehensive care and supporting planning which meant the service was effective in meeting people's needs.

The premises at Hayling Road is fully accessible which meant people who used the service were able to play a full and active part in day-to-day life within the household. The service is welcoming and homely and benefits from a large conservatory area which had been adapted into a sensory room. The purpose of a sensory room is to promote a sense of calm, relaxation and well-being in the person. We also saw that a new high-tech accessible bath had been installed which meant people who used the service were able to enjoy all the benefits of bathing in safe and comfortable surroundings. Each person's private bedroom at Hayling Road was highly personalised to suit their individual personal preferences. Each room was also furnished and decorated to a high standard.

We looked at how people who used the service were supported to maintain good health and to access health care services. Each support plan contained a Health Action Plan (HAP) which provided comprehensive details of a person's health issue and associated guidance to ensure ongoing health needs were met. This included plans and information for attending routine medical appointments. People also had a hospital passport which provided hospital staff with brief details of the person's needs and how they communicated. In each of the HAP's we looked at, a full range of medical professionals were engaged with people including GP, dentist, optician, chiropodist and mental health services.

The service continued to provide a good level of support to ensure people received a balanced diet. Where people had additional needs associated with eating and drinking, staff had a good working knowledge of these needs and appropriate support was provided. People were also routinely involved in menu planning and choice was offered.

Is the service caring?

Our findings

The service's ethos, vision and values promoted people's rights to make choices and live fulfilled and valued lives. This was well reflected in the good care and support people received from a committed, passionate and caring group of staff. Throughout our inspection visit, we observed staff demonstrating kindness, patience and respect and people were given time to express themselves fully. Staff knew people well and interactions were relaxed. We noted frequent, appropriate physical contact between staff and people, which was natural and symbolised the familiarity and relationships that had developed between people and staff.

Without exception, relatives of people who used the service at Hayling Road were complimentary about how caring the service was. Comments included: "They are excellent. The staff are always very friendly, just another part of our family. If any problems I can always talk to them."; "I can't think of anywhere better for [person] to be. The whole family is involved with the home. We are always invited to things. I don't have any concerns."; and, "They are very good. Very caring. They wrap [person] up in cotton wool."

Comments from staff included: "I think all the staff want to be here. I think they are passionate about the people - about the care that we can provide them, the care, choices about things, whatever they want to do we can make it possible."; "The best service I have ever worked in. Really quite surprised when I came, I was actually surprised that it is a 'care home.'; and, "I just really love the residents. I feel like everybody has the same type of attitude, we all know that we are all here for the residents and it is their home."

People were encouraged to maintain relationships with people that mattered to them and there were no prescriptive visiting times. Comments from relatives included: "We just turn up at Hayling Road and as a family we are always made to feel welcome."; and, "I can go whenever I want. I don't have to make an appointment and they always make me a cup of tea."

We looked at the providers approach to equality, diversity and human rights and how people from different backgrounds were supported. For example, people who identified as lesbian, gay, bisexual or transgender (LGBT) and people of non-white heritage. We saw that through the providers comprehensive and inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important to them was captured to good effect. The open, inclusive and supportive nature of the service meant that promoting equality and diversity and respecting people's human rights, was a key feature of the service.

Information about advocacy and support services continued to be available within the service. We saw examples of how independent advocates had been involved with individuals and their families. An advocate is a person who is independent of the service and who can come in to support a person to share their views and wishes if they wanted support.

Is the service responsive?

Our findings

People continued to receive a high level of person-centred care and support that was responsive to their individual needs and preferences. 'Person-centred' is about ensuring someone with a disability or long-term condition is at the centre of decisions which relate to their life. A person-centred process involves listening, thinking together, sharing ideas, and seeking feedback. This process should be ongoing to make sure each person is supported towards their personal goals, even as they evolve and change.

Each person who used the service at Hayling Road had a comprehensive Person-Centred Plan (PCP). Each PCP was highly detailed, yet easy to read and understand. Each plan contained a quick reference one-page profile and more in-depth topic areas. For example: my history and significant events; things that are essential to me; activities I like; things I don't like; to be successful in supporting me; and how I communicate. In addition to the PCP, we saw how the service used other forms of supporting information to help staff understand a person's needs. We saw a Disability Distress Assessment Tool (DisDAT) was used to good effect. The DisDAT is a tool that allows staff to explore how people with severe communication difficulties express that they are in distress. The management team had also developed a bespoke 'top tips' support document that was tailored to people's individual needs.

Comments from staff included: "People are really well looked after. Every approach is person centred, we try to accommodate the routine to what the service user needs, every day is different. Will take into account current situation and changes, will contact specialists, GP and other specialisms that need GP access."; "We try to achieve the things that will improve people's lives."; and, "It's all about the people who live at the service. Everything we do is centred around them."

Care and support plans were reviewed regularly and updated timely to reflect people's changing needs. People and their relatives confirmed people's care was discussed with them to ensure their needs and preferences were documented and met. Comments from relatives included: "Oh yes, huge improvements. [Person] is communicating. Staff got to know [person] and they are able to read to [person] and develop relationships which is lovely. [Person] has an independence that we never thought possible."; "We have an annual review. We are always involved and things are discussed then; we are part of that. We have a voice as well, we can contribute."; and, "I never plan picking [person] up. I ask the staff if [person] is busy today. Most of the time [person] is busy. [Person] is living their life not just being cared for."

People who used the service continued to be supported to access the wider community and participate in a wide range of activities that were tailored to meet people's individual needs. The service maintained a comprehensive evidence file detailing activities, social events and holidays that people participate in on a regular basis.

The Accessible Information Standard (AIS) was introduced by the Government to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. Due to the person-centred way in which support was already being provided, the service routinely provided information in an accessible format.

The service continued to have a robust and transparent system in place for acting on complaints. Comments from relatives included: "No concerns. It is the one thing I don't need to worry about. They sort any problems out. They are very efficient at that."; and, "No concerns. If you had you can always go and say something and they take it on board. They send out a survey every year so you can make your views known."

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

The registered manager and deputy manager were highly effective as a management team and led by example. The ethos and culture within the service was one of involvement and empowerment and this clearly brought out the best out in people.

Staff were complimentary about the management team at Hayling Road. Comments included: "I find that [registered manager] is easily approachable, and is really fair as well, if you have an issue [registered manager] is more than fair."; "This is genuinely the happiest I have been in a job because I know how well we are all doing. It's a second family."; "[registered manager] and [deputy] are always trying their best to make anything better for residents and staff."; "I feel really supported."; and, "I think the company is very supportive and a good organisation to work for."

Relatives of people who used the service were equally complimentary. Comments included: "They are very good. Always listen to everything and act upon it if necessary. {registered manager} and [deputy], they are excellent. They have made a big difference. Easy to talk to. Keep on top of it all."; "They really are very well cared for. It is the best place really around. They are always raising money to make things nice."; and, "The managers and the organisation is fantastic and I have no concerns." One relative of a person who used the service raised the following point with us: "The home has gone from four service users to seven service users. I'm concerned that its the start of the care becoming a product. By this I mean the care will always work for the organisation, not necessarily for the individual. I still think they are an excellent benchmark for quality of care that people like [person] should receive. The pressure is on charities like Stockdales to keep standards whilst maintaining quality."

There was an effective and robust system for audit and quality assurance to monitor the service provided. Comprehensive audits or checks were completed by the registered manager on a regular basis. We saw the registered manager promptly actioned and addressed areas of concern. At provider level, a good level of oversight was maintained.

Meetings were conducted regularly with people and staff. Records showed the service reviewed feedback from people and their relatives and where required appropriate action was taken to respond to concerns and improve the quality of care provided.

Without exception, the registered manager and every member of staff we spoke with during the inspection visit was open, honest, transparent and thoroughly engaging.

Throughout the inspection, we asked the registered manager for a variety of documents to be made available. We found documentation was well organised and could be accessed promptly. We found all the records we looked at were structured and well organised which assisted us to find the information required efficiently.

Providers of health and social care services are required by law to inform CQC of significant events which affect the service or people who use it. The registered manager had sent us the required notifications promptly. This meant we could check that appropriate action had been taken.