Sefton New Directions Limited

Sefton New Directions Limited - Hudson Road

Inspection report

2 Hudson Road
Maghull
Liverpool
Merseyside
L31 5PA

Tel: 01515319595

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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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Sefton New Directions Ltd - Hudson Road is registered to provided accommodation and personal care for up to six adults. At the time of the inspection five people were living at the service. The people living at the home have both physical and psychological support and care needs. The Home is owned and run by Sefton New Directions Limited.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

Prior to the inspection we received information of concern relating to the management of finances and the conduct of staff when providing care and support. As part of the inspection process we looked in detail at financial procedures and practice. We saw that people were protected from the risk of abuse or harm because staff knew people well and were vigilant in monitoring risk. Financial systems and checks were robust to ensure that people's expenditure was accounted for.

Staff had been trained in adult safeguarding and knew what action to take if they suspected abuse or neglect. Each of the staff that we spoke with was clear about their responsibilities to report concerns inside and outside the service. Staff behaved in a professional and caring manner throughout the inspection.

People's relatives were extremely complimentary about the caring attitude of the staff. It was clear from our observations and discussions that staff knew people well and tailored the provision of care and support to meet individual needs. The language and approach used by staff was exceptionally gentle and caring.

Medicines were safely managed within the service by trained staff and in accordance with best-practice guidance for care homes. We checked the storage, administration and record-keeping for medicines and found that stock levels were correct and records were completed correctly.

Staff were trained in subjects relevant to the needs of people living at Hudson Road. This training was refreshed on a regular basis. Staff were supported through both informal and formal supervision. The registered manager or the assistant service manager was available to offer guidance and support on a daily basis.

People's capacity was assessed and consent sought in accordance with the Mental Capacity Act 2005.

People were supported to maintain a varied and healthy diet in accordance with their preferences and healthcare needs. People's nutritional and fluid intake was monitored where there was an identified risk.

We saw from care records that staff supported people to access a range of community based healthcare services on a regular basis. Some people were also supported to access specialist healthcare services where there was an identified need.

The allocation of hours meant that care was not task-led and could be delivered flexibly to meet people's needs and preferences. Staff involved people in day to day discussions about their care and support and gave them the option to refuse or do something different. People were given information in a way that made sense to them.

The care records that we saw clearly demonstrated that people and their representatives had been involved in the assessment process and planning of their care. Where people had learning disabilities which limited their understanding of the process, the service had made good use of person-centred planning techniques to maximise their involvement.

The procedure for receiving and handling complaints was clear. Compliments and complaints were checked as part of the provider's audit processes.

Relatives and staff spoke positively about the quality of communication and the general management of the service.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles.

The registered manager had sufficient systems and resources available to them to monitor quality and drive improvement. Quality and safety audits were completed on a regular basis. Important information was captured and used to produce reports.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Outstanding.	**Outstanding** ☆
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Sefton New Directions Limited - Hudson 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 20 February 2017 and was unannounced.

The inspection was conducted by an adult social care inspector.

Prior to the inspection we had received information of concern relating to the management of finances and the provision of care.

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.

The people who lived at Hudson Road and were present on the day of the inspection had difficulty with verbal communication and were unable to comment on the care that they received. However, we spoke briefly with three of them as we observed the provision of care. We also spoke with two relatives, the registered manager, an assistant service manager and two care staff. In addition, we spent time looking at records, including three care records, four staff files, staff training records, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

Good

Is the service safe?

Our findings

Prior to the inspection we received information of concern relating to the management of finances and the conduct of staff when providing care and support. As part of the inspection process we looked in detail at financial procedures and practice. We also spoke with staff and relatives about the concerns, observed the provision of care and assessed the quality of interactions between people living at Hudson Road and staff.

Both of the relatives that we spoke with said that the service was delivered safely. One relative said, "[Family member] is always being monitored. I feel safe bringing them back." Regarding a recent purchase, the relative confirmed, "We have a lot of input. We were involved in the decision about the sensory lights." Another relative told us, "I've no concerns about safety. The staff keep me informed."

We saw that people were protected from the risk of abuse or harm because staff knew people well and were vigilant in monitoring risk. Financial systems and checks were robust to ensure that people's expenditure was accounted for. Higher levels of expenditure were subject to consent from family members or a best interests decision involving social care professionals. We saw clear evidence that all expenditure was checked by senior members of staff.

Staff had been trained in adult safeguarding and knew what action to take if they suspected abuse or neglect. Each of the staff that we spoke with was clear about their responsibilities to report concerns inside and outside the service. Staff behaved in a professional and caring manner throughout the inspection.

Staff were safely recruited and deployed in sufficient numbers to meet the needs of people using the service. The majority of the staff team had worked at Hudson Road for an extended period. The service used regular agency staff and paired them with permanent staff when the need arose. This meant that people were supported by staff who knew their care and support needs.

Medicines were safely managed within the service by trained staff and in accordance with best-practice guidance for care homes. We checked the storage, administration and record-keeping for medicines and found that stock levels were correct and records were completed correctly.

All other safety checks had been completed as required.

Good

Is the service effective?

Our findings

Staff were trained in subjects relevant to the needs of people living at Hudson Road. This training was refreshed on a regular basis. Staff were supported through both informal and formal supervision. The registered manager or the assistant service manager was available to offer guidance and support on a daily basis. One member of staff said, "I get supervision every three months. I get told when my training is due and I attend. If I've got any issues I can talk to [registered manager]."

People's capacity was assessed and consent sought in accordance with the Mental Capacity Act 2005 (MCA). This process included the use of best interests decisions for example, to determine the use of bed rails to reduce risk. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a varied and healthy diet in accordance with their preferences and healthcare needs. We were told that there was no set menu and that people could choose what they wanted on an individual basis. Meals and drinks were prepared by staff and served in the dining room or living room depending on people's needs and preferences. People's nutritional and fluid intake was monitored where there was an identified risk or health need.

We saw from care records that staff supported people to access a range of community based healthcare services on a regular basis. Some people were also supported to access specialist healthcare services where there was an identified need. We saw evidence that important healthcare information was well documented. For example, one care record contained important information regarding epilepsy and swallowing difficulties. Other records contained details of blood tests and contact with the person's GP.

Outstanding ☆

Is the service caring?

Our findings

People's relatives were extremely complimentary about the caring attitude of the staff. Comments included; "They [staff] all give 110%. You can't say one is better than the other. They're all marvellous", "I'd like to go there myself", "It's a wonderful place", "I'm absolutely over the moon with the service. [Name] couldn't be in a better place and "[Family member] couldn't be happier." Comments included in a family survey from August 2016 were also very positive. One family member recorded that, 'Staff are very attentive at all times.'

It was clear from our observations and discussions that staff knew people well and tailored the provision of care and support to meet individual needs. We saw that staff took time to discuss matters with people and confirm their understanding. The language and approach used by staff was exceptionally gentle and caring. The people living at Hudson Road were clearly relaxed and responded very positively to the communication and engagement of the staff team. For example, we observed staff communicating with one person who did not use speech. They used a combination of words and gestures to confirm when the person was ready to eat their lunch and monitored facial expressions and other physical signs to ensure that the food was being eaten safely. They spoke with the person and offered re-assurance and encouragement throughout the process. We spoke with staff regarding this and looked at the relevant care records. Staff were able to explain about the swallowing difficulties that the person had and how they supported the person to eat. This was done in accordance with the care plan.

We asked if people were able to decline care and how they communicated this. The staff and managers that we spoke with explained that they knew people well and recognised behaviours, facial expressions and body language as additional forms of communication. This information was captured in care records. Staff were vigilant in monitoring people and made appropriate entries in records as required. The records that we saw used positive, professional, respectful language to describe people's needs. The daily notes that we saw were also respectfully worded and contained a good level of detail. This allowed staff to have a good understanding of people's emotional and physical care needs and promoted high-quality person-centred care.

Because the some of the people living at Hudson Road had difficulty in communicating their views, the provider made use of creative planning techniques to maximise levels of engagement for each individual and their family. These included the use of essential lifestyle planning and regular reviews of care. Photographs and other images were used to review activities and reflect on their success. The service also issued surveys to families and community healthcare professionals to gather their views. All of the recent returns provided very positive feedback on the quality of the service. Overall quality and the 'service user experience' were regularly assessed as part of an audit completed by the provider's Head of Care Quality and Service User Experience. The most recent audit was completed in November 2016 and had identified no actions to improve practice in this area. Other actions had been identified and completed appropriately.

The allocation of hours meant that care was not task-led and could be delivered flexibly to meet people's needs and preferences. Staff involved people in day to day discussions about their care and support and gave them the option to refuse or do something different. One member of staff told us, "If [name] wants to

stay in bed that's fine. I just follow what they want. People change their minds all the time." People were given information in a way that made sense to them. We heard examples where staff repeated or re-worded questions to ensure that people understood. Images and photographs were also used in care records and other documents to support people's understanding.

Where people's communication may have been open to different interpretations records identified the most likely meaning of a word or action. This information was recorded under appropriate headings for example, 'What [name] does', 'we think this means' and 'we should'. This promoted consistency in the staff's response to all forms of communication and demonstrated their commitment to providing care which was flexible and genuinely met people's needs. One member of staff told us, "If [name] wants to move, [name] indicates it and I provide the support. I observe [name] at all times."

People's independence was promoted in practical ways. We heard staff encouraging people to do more for themselves. For example, one person had mobility difficulties which were particularly problematic when descending stairs. On more than one occasion we saw staff supporting the person to use the stairs to access their bedroom and using the lift to come back down. The whole process was time-consuming, but it was clear that the person preferred this method and the staff were supportive of this choice. We spoke with a staff member who was able to explain that the person wanted to be as mobile and independent as possible, but understood the risk of walking down the stairs.

People's right to privacy and dignity were supported by staff in the provision of care and support. People had their own bedrooms to entertain visitors if they chose and personal care was given in locked bathrooms. A member of staff told us, "The basics include; knocking on doors before going in, keeping staff numbers to a minimum [when providing personal care] and not talking about work outside of work."

Friends and relatives were free to visit at any time and said that they were made to feel welcome by the staff and managers. One relative commented, "[Registered manager] is always there for us." Hudson Road had an extremely homely atmosphere despite people's complex support needs and the requirements for specialist equipment. The service was furnished and decorated to a high standard and in a way that was appropriate to the age and needs of the people living there.

Good

Is the service responsive?

Our findings

People's relatives told us that they were invited to review meetings. One relative said, "We attend all the meetings to review care. We go through everything; healthcare, activities." Another relative commented, "I get invited to meetings and I get questionnaires." We saw from records that care was regularly reviewed and changes were made as a result. For example, one person's care plan for a healthcare need had been recently reviewed in conjunction with a specialist.

The care records that we saw clearly demonstrated that people and their representatives had been involved in the assessment process and planning of their care. Where people had learning disabilities which limited their understanding of the process, the service had made good use of person-centred planning techniques to maximise their involvement. For example, records made good use of images and photographs to aid understanding. The records that we saw were highly detailed and used person-centred language. This meant that people were able to receive care and support which met their individual needs.

People's wishes and aspirations were clearly recorded in files and regularly reviewed. Hudson Road used essential lifestyle plans to capture important information about each person. The plans were regularly reviewed and new goals set for the months ahead. For example, individualised activities including holistic therapies, parties and community trips.

Staff recognised that people's disabilities and complex needs meant that progress towards some goals might be slow. However, it was clear from the records that staff supported people to review their goals on a regular basis and recognised the value of each achievement.

The procedure for receiving and handling complaints was clear. A copy of the complaints procedure was included in the service's statement of purpose and made available for people using the service or their representatives. The registered manager could not recall when the last formal complaint was received by the service, but was clear about what action would be required. Compliments and complaints were checked as part of the provider's audit processes.

Good

Is the service well-led?

Our findings

Relatives and staff spoke positively about the quality of communication and the general management of the service. One relative said, "[Registered manager] is a good leader. I get told about everything." While another commented, "I get regular phone calls with updates." A member of staff told us, "There are very clear management systems and communication. [Registered manager] is a good support." Another member of staff said, "Leadership is very even-handed. Communication is excellent. We get constant updates. We have an annual business planning meeting with senior managers."

A registered manager was in post and was clearly aware of the day to day culture and issues within the service. 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.

The registered manager shared day to day management responsibilities with an assistant service manager. They were in turn supported by senior managers and specialist quality auditors.

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. They issued annual surveys and sought feedback at each review. The results of the most recent family survey were very positive and included comments like; 'brilliant', 'excellent' and 'staff are very attentive at all times'. The service also approached healthcare professionals for their views. The feedback from a local medical centre was equally positive.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles. Each of the staff was positive about the support and quality of care offered by the service. A member of staff told us, "I'm very motivated. I came back here after doing nights. It's a nice place to be."

The registered manager had sufficient systems and resources available to them to monitor quality and drive improvement. Quality and safety audits were completed on a regular basis. Important information was captured and used to produce reports. These reports were shared with senior managers throughout the organisation and used at a local level to monitor and drive improvement. The processes were mapped to the Care Quality Commission's inspection methodology and scored services against qualitative and quantitive measures.