

Tees, Esk and Wear Valleys NHS Foundation Trust

367 Thornaby Road

Inspection report

Thornaby
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30 July 2018

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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 inspection took place on 4, 7, 25 and 30 July 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

The service was last inspected in March 2016 and was rated good. At this latest inspection we found the service remained good.

367 Thornaby Road is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It accommodates up to five people in one adapted building. At the time of our inspection five people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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 was registered in July 2018 during the course of our inspection.

Risks to people were assessed and plans developed to minimise the chances of them occurring. Systems were in place to monitor and learn from accidents and incidents. Plans were in place to support people in emergency situations. People were safeguarded from abuse. The premises were clean and tidy. People's medicines were managed safely. The provider ensured enough staff were in place to support people safely. Robust recruitment processes were in place to minimise the risk of unsuitable staff being employed.

People's support needs and preferences were assessed before they started using the service. Staff were supported with regular training, supervisions and appraisals. People are were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported to maintain a healthy diet. The service worked closely with external professionals to monitor and promote people's health. The premises were custom-built and had been designed for the benefit and convenience of people living there.

Throughout the inspection we saw numerous examples of kind and caring support being delivered. People were treated with dignity and respect. People were supported to be as independent and live as full a life as possible. People were supported to access advocacy services where needed.

People received personalised care based on their assessed support needs and preferences. People were supported to access activities they enjoyed. The provider had systems in place to investigate and respond to complaints.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken. Staff spoke positively about the culture and values of the service and said they felt supported in their roles. The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was sought from relatives and staff and acted on.

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.

367 Thornaby 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 4, 7, 25 and 30 July 2018 and was unannounced. This meant the provider and registered manager did not know we would be visiting.

We visited the service on 4 July 2018 to see people, the registered manager and support staff and to review care records and policies and procedures. Due to people who used the service being out throughout the day we returned on the afternoon of 25 July 2018 and stayed until early evening to see people. On 7 July 2018 we made telephone calls to people's relatives and asked for feedback on the service. On 30 July 2018 we reviewed evidence sent to us by the provider. The inspection team consisted of one adult social care inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider completed 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.

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by 367 Thornaby Road.

People using the service were not able to communicate verbally. However, we did not use 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 did not use SOFI as the service was small and people moved between their own rooms and communal areas a lot. We sat with people and staff helped us to

communicate with them non-verbally. We spoke with five relatives of people using the service.

We looked at two support plans, two medicine administration records (MARs) and handover sheets. We spoke with five members of staff, including the registered manager, three support workers and housekeeping and maintenance staff. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Is the service safe?

Our findings

Relatives told us staff kept people safe. One relative said, "[Named person] is safe. I wouldn't leave them with anyone else." Another relative said, "I think they're safe and well looked after."

Risks to people were assessed and plans developed to minimise the chances of them occurring. For example, one person had plans in place to reduce the risk of them injuring themselves when they became anxious. Regular safety checks took place around the building, and maintenance and test certificates were in place. Assessments were regularly reviewed to ensure they reflected people's current level of risk. Systems were in place to monitor and learn from accidents and incidents to see if improvements could be made to keep people safe.

Plans were in place to support people in emergency situations. Fire safety systems were in place, and we saw evidence that staff were knowledgeable about how to support people in emergencies. However, we saw that fire drills and discussions of fire safety were not always recorded. We spoke with the registered manager about this who said records would be improved in future. Plans were in place to provide a continuity of support in situations that disrupted the service.

People were safeguarded from abuse. The provider had safeguarding systems in place and staff said they would not hesitate to raise any concerns they had. One member of staff told us, "Nothing would go unreported here."

The premises were clean and tidy. The provider had effective infection control systems in place, and throughout the inspection we saw staff following good practice in this area, for example through appropriate hand washing.

People's medicines were managed safely. Support plans contained information on people's medicines, and medicine administration records (MARs) were used to ensure they received them when needed. Medicines were safely and appropriately stored. One relative we spoke with said, "They (staff) look after their medicines well."

The provider ensured enough staff were in place to support people safely. Staffing levels were based on the assessed level of support people needed, which was regularly reviewed. People were supported by a stable staffing team, many of whom had worked at the service for a number of years. One relative we spoke with said, "The same staff have been there for years." A member of staff told us, "I think there are enough staff for the people here."

Robust recruitment processes were in place to minimise the risk of unsuitable staff being employed. This included checks on applicants' employment history, identify and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults.

Is the service effective?

Our findings

People's support needs and preferences were assessed before they started using the service. These assessments involved people, their relatives and healthcare professionals involved in their care. Relatives told us staff were knowledgeable about people's support needs and were skilled in meeting them. One relative we spoke with said, "They (staff) know what they need to. I doubt anyone else would be more knowledgeable. They know how to look after people."

Staff received regular training to help them support people effectively. This included training in health and safety, infection control, equality and diversity and fire safety. As people living at the service got older, training was being reviewed to ensure it met their support needs. Training was regularly refreshed to ensure it reflected current knowledge and best practice. Staff spoke positively about the training they received. One member of staff told us, "My training is all up-to-date. We get lots here."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to review training, staff development and any other issues staff wished to raise. We did see that meeting records were not consistently stored, with some kept in a folder at the service and others stored online in a secure system that the registered manager did not have access to. We spoke with the registered manager about this, who said all supervision records would be kept in one place going forward.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. The Act requires that they make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. At the time of our inspection DoLS authorisations were in place for all five people living at the service. Support plans contained information on people's mental capacity and decisions made in their best interests.

People were supported to maintain a healthy diet. Support plans contained information on people's nutritional support needs and preferences. People's nutritional health was monitored by staff, which included regular weighing where needed. People were involved in choosing the food they wanted to eat, and during the inspection we saw them enjoying a meal together.

The service worked closely with external professionals to monitor and promote people's health. Support plans contained evidence of working with dietitians, occupational therapists and consultant psychiatrist. This meant people received the healthcare they needed.

The premises were custom-built and had been designed for the benefit and convenience of people living there. Communal areas were spacious and contained sensory equipment. People had customised their

rooms and communal areas, and had access to a large garden that had their furniture in.

Is the service caring?

Our findings

Relatives spoke positively about the support staff provided, describing them as very caring. One relative told us, "Everything is 100%. We could not go anywhere and get a better service," and, "They look after [named person] so well. They're loved." Another relative we spoke with said, "They care so much there. They (staff) are like parents to them. It's absolutely wonderful," and, "[Named person] is so happy there. It's like one big, happy family. They're all so spoiled so much. It's lovely."

Throughout the inspection we saw numerous examples of kind and caring support being delivered. When people returned from a day service staff sat with them and communicated with them about their day and the activities they had taken part in. They then helped people to get comfortable at home. For example, one person wanted to sit in the garden so staff sat with them and helped them choose a seat that was in the sunshine. Another person wanted to relax in their room, so staff helped them to turn on their music system and choose some music they liked. Staff knew the person's preferences well, and the person enjoyed the music staff helped them choose.

People were treated with dignity and respect. Throughout the inspection we saw that options and choices were explained to people even when staff made decisions for them in their best interests. Staff took people to one side and away from communal areas if they wanted to discuss sensitive or confidential matters with them. Staff addressed people by their first names and knocked and waited for permission before entering their rooms.

People were supported to be as independent and live as full a life as possible. We saw records that people had been involved in discussion about voting and how they might be supported to take part in elections. Staff emphasised to people that the service was their own home and that they should treat it as such as much as possible. For example, one person had been supported to have friends over for a visit and meal. Throughout the inspection we saw people were encouraged to do as much for themselves as possible.

Staff were knowledgeable about people's communication support needs and preferences, which meant they could support people to participate and make themselves heard. This information was also recorded in people's support plans. For example, staff had used this knowledge to help one person plan and go on holiday.

The service had received several written compliments, which were recorded and shared with staff. One external professional had written, 'All staff were very welcoming and friendly. It felt very homely.'

At the time of our inspection two people were supported by advocates. Advocates help to ensure that people's views and preferences are heard. Support plans contained information on how advocates were involved in people's support, including by promoting their rights and taking part in as many opportunities open to them as possible.

Is the service responsive?

Our findings

Relatives we spoke with said people received the type of support they wanted. One relative told us, "They're always involving me in the care and asking what [named person] would like."

People received personalised care based on their assessed support needs and preferences. Support plans contained information on people's health and social needs and guidance on how staff could help support them with these. For example, one person had a detailed plan in place with guidance on how they could be supported to communicate non-verbally. We saw staff following this during our visit which meant the person could communicate what they would like to do and were involved in making decisions and choices for themselves.

Plans had been developed with the involvement of people's relatives and other professionals involved in their care to help ensure they were personalised to people's needs. Support plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

In addition to people's health needs, support plans also contained information on their life history, things they liked and disliked and their general social needs. This helped staff to deliver support based on the person and not just on their particular health needs.

Staff were knowledgeable about people's communication support needs and how they could most effectively be supported to express themselves. This included information regarding how people could best access and remember information, for example in easy read or pictorial formats.

People were supported to access activities they enjoyed. Most days the people at the service chose to attend a local day centre, where they had developed friendships with other people attending. Staff supported them to do this, for example by helping them to prepare packed lunches to take with them. People were supported to access leisure activities such as visits to the theatre, and also to plan and take holidays. At home people spent time doing things they enjoyed, such as listening to music and watching films. Relatives we spoke with said people were supported to take part in hobbies and interests they enjoyed.

The provider had systems in place to investigate and respond to complaints. The complaints policy was made available to people in an easy read format and to relatives. The service had not received any complaints since our last inspection, but relatives we spoke with said they were aware of the policy and would be confident to raise any complaints they had. One relative told us, "I know about the complaint procedure and who to see."

At the time of our inspection nobody at the service was receiving end of life care. As the people living at the service got older policies and procedures were being developed to provide this should it be needed.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 was registered in July 2018 and people spoke relatives and staff spoke positively about the leadership they provided. One relative told us, "It's so well run," and, "The manager does a great job."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification.' The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Staff spoke positively about the culture and values of the service and said they felt supported in their roles. One member of staff told us, "It's a good place to work, here. We all get on." Another member of staff said, "A lot of staff have been here since it opened. We're committed."

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. These included checks of support plans, the environment and infection control. Records showed that where issues were identified remedial action was taken. For example, one audit had identified that one person's mobility equipment needed replacing and this was being done on the first day we visited.

Feedback was sought from relatives and staff and acted on. The provider carried out an annual survey of relatives and passed the results to the registered manager if any action was needed. Regular staff meetings were held, and staff said these were useful for raising issues and receiving information about the service.

People were supported to build and maintain links with the local community. One member of staff told us, "We try to encourage community participation as much as possible. People still go to the local pub, theatre and park." We saw that people were supported to access a local day service and other services and amenities of interest to them.