

Speciality Care (Rest Homes) Limited

Speciality Care (Rest Homes) Limited - 113 Sussex Road

Inspection report

113 Sussex Road
Southport
Merseyside
PR9 0SS

Tel: 01704534433
Website: www.craegmoor.co.uk

Date of inspection visit:
08 November 2016
10 November 2016

Date of publication:
09 December 2016

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

The inspection took place on 8 and 10 November 2016 and was announced.

113 Sussex Road is part of the student accommodation for people with a learning disability who attend Arden College. During the evenings and weekends educational and leisure activities are offered to the students to extend their learning and to promote independence. The home can accommodate three young people aged 16-25 and on the day of our visit there was one person living there.

The service was last inspected in January 2014 and at that time was found to be meeting standards. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training and this was on-going.

We reviewed the way medication was managed. We saw there were systems in place to monitor medication so that people received their medicines safely.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We found recruitment to be well managed and thorough.

We found there were enough staff on duty each day to keep the person safe and to be able to access the community.

Staff received a regular programme of training and support, through regular supervision and appraisals. Staff were very complimentary about their manager (house manager) who they said was very supportive.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

Arrangements were in place for checking the environment to ensure it was safe. We found the environment safe and well maintained.

The service adhered to the principles of the Mental Capacity Act (2005). We saw that an assessment of the person's mental capacity was completed.

Care records showed that the person's health care needs were addressed and contact with external health

care professionals was made when needed. We saw that the house manager and staff liaised well with community services to support the person who lived in the home.

Dietary needs were managed with reference to individual preferences. Staff provided support and supervision to enable the person to choose and cook their own snacks and meals.

The person living in the home took part in a range of activities of their choice.

Care and support plans were formulated and were current to meet the person's needs. We saw that the person living in the home was involved in their care planning and decision making on a day to day basis. The person living in the home had made progress with staff in many areas towards independent living.

Staff felt they had the skills and knowledge needed to support the person in the way they required. The person living in the home was satisfied with the support they received from staff. They were pleased with the progress they had made since their admission.

There was a complaints procedure was in place. A record was made of any complaints and these had been responded to within the timescales given in the policy.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

The home manager was able to evidence a series of quality assurance processes and audits carried out internally and externally by staff and from external agencies. These were effective in managing the home and ensuring it was a safe environment.

The registered manager was aware of their responsibility to notify Care Quality Commission (CQC) of any notifiable incidents in the home. However we found one incident had not been reported to us. We discussed this with the registered manager at the inspection.

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.

Risk assessments and support plans had been completed to help minimise harm.

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

Staff understood how to recognise abuse and how to report concerns or allegations.

There were enough staff on duty at all times to ensure people were supported safely.

There was good monitoring of the environment to ensure it was safe and well maintained.

Is the service effective?

Good ●

The service was effective.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

People received enough to eat and drink and chose their meals each day. They were encouraged to eat foods which met their dietary requirements.

People's physical health needs were monitored and recorded.

The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions. An assessment to determine a person's capacity had been carried out.

Is the service caring?

Good ●

The service was caring.

People had choices with regard to daily living activities and they could choose what to do each day.

Staff we spoke with showed they had a good understanding of the people they supported and how they were able to meet their needs.

Staff demonstrated kind and compassionate support. They described to us how they supported people to be independent both in the home and the community.

Is the service responsive?

Good ●

The service was responsive.

Support plans were person centred and promoted independence. People were involved in the decisions about their care and support.

People had their needs assessed and staff understood what people's care needs were.

Visits to health services such as the GP or Optician were made in order to ensure people received the most appropriate support.

A process for managing complaints was in place to ensure issues were addressed within the timescales given in the policy.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The registered manager had failed to report a notifiable incident to the Care Quality Commission.

There was a registered manager in post. They were not based at the home but were kept informed through a regular weekly meeting by the home manager who had day to day responsibility.

The service operated a person centred culture. This meant people were supported to live a fulfilled life doing what they wanted to do.

The service had a quality assurance system in place with various checks completed to demonstrate good practice within the service.

Speciality Care (Rest Homes) Limited - 113 Sussex 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 8 and 10 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

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

Before the inspection, 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 looked at the care records for the person living in the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including the bedrooms, the kitchen, bathrooms and the lounge and dining areas. We spoke with three support staff, the registered

manager, the home manager and the person living at the home. We contacted a social care professional who had involvement with the service to ask for their views.

Is the service safe?

Our findings

The care records we looked at showed that a range of risk assessments had been completed depending on the person's individual needs. These assessments were detailed and were completed to keep people safe in their home environment and when out and about in the community.

Staff were able to explain in detail the person's care needs. The staff team had worked with the individual both when they attended college and in the home. This helped ensure continuity of support and gave the person being supported a familiarity of staff who they knew.

There were enough staff on duty at all times to ensure people were supported safely both in the home, their college or when socialising in the community. We looked at three weeks staff duty rotas which confirmed this.

The house manager completed the weekly staffing rota which ensured people who lived in the service received support from familiar staff. Staff from the current staff team covered shifts for sickness and annual leave of colleagues. In exceptional circumstances support staff who worked in some of the provider's other homes were used. The staff had worked with the person who lived in Sussex Road before and therefore they knew their needs and how to support them in a safe manner.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We checked three staff personal files to evidence this. We found copies of appropriate applications and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks that had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Staff understood how to recognise abuse and how to report concerns or allegations. They had received safeguarding adults training, which was repeated every three years to ensure staff kept their knowledge and skills up to date. Staff were aware of the providers policy and procedures for whistleblowing. The staff we spoke with told us they would not hesitate to contact the relevant managers if they had concerns.

Staff we spoke with told us they felt confident in recognising the signs of abuse and would have no hesitation in reporting it to the organisation's safeguarding officer. An information leaflet had been printed about safeguarding procedures and was given to all visitors. It detailed how to report any concerns they may have seen when visiting Sussex Road. Contact details for the provider's safeguarding officers and the local authority were printed on the leaflet. Contact details for the local authority's safeguarding team and the telephone number for whistleblowing were displayed on the noticeboard.

We looked at the process of medication administration in the home. Medication was stored securely in the staff office. Medicine administration records [MARs] we saw were completed to show that people had received their medication.

Medicines and related documents were audited on a monthly basis. All the staff who worked at the service had received training to administer medicines. Competency assessments were also completed with staff to help make sure they had the necessary skills and understanding to safely administer medicines. Staff we spoke with confirmed this. We were given staff's individual training summaries which showed their training was up to date.

Arrangements were in place for checking the environment to ensure it was safe and in good working order. We saw that health and safety audits were completed by staff on a regular basis, which included checks of the water temperatures, fire safety including the fire doors, emergency lights and alarm. Annual service agreements were in place for gas, electrical safety, legionella and fire alarm and equipment. This showed good attention with regards to ensuring safety standards in the home. A personal emergency evacuation plan (PEEP) had been completed for the person living in the home to enable safe evacuation in the case of a fire or other emergency.

We found the home to be clean and tidy. The person living in the home supported staff with cleaning and a cleaning rota was in place. We visited the living area, kitchen and bathrooms. Bathrooms and toilets were very clean and had hand washing and drying materials.

The had a process in place to attend to repairs and redecoration quickly, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person employed by the provider. We saw the general environment was safe.

Accidents and incidents were completed. We found the forms were submitted to the registered manager, who was aware of any incidents which had taken place.

Is the service effective?

Our findings

During the inspection we spoke with the person who lived in the home. They told us, "Staff are great. They support me when I need it."

Staff had been recruited and trained to ensure that they had the right skills and experience to meet people's needs. Staff were required to complete an induction programme which was aligned to the Care Certificate. The Care Certificate requires staff to complete appropriate training and be observed by a senior colleague before being signed-off as competent. The Care Certificate is the government's recommended blue print for staff induction. Shadowing provided the opportunity for competence and suitability to be assessed as part of the induction process. One member of staff told us, "I have started the Care Certificate induction, you have to submit assignments. It's thorough." The house manager informed us that all employees were expected to complete the Care Certificate, irrespective of their length of service or experience.

We looked at staff personnel files. We found that staff had received an appraisal in 2016 and had received supervision throughout 2016, in accordance with the provider's policy of six sessions each college year. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs.

Staff we spoke with told us they received induction, an appraisal and regular support through supervision.

The registered manager supplied us with a copy of the staff training matrix which showed the training for staff in 'mandatory' subjects such as health and safety, first aid and basic life support, medication, safeguarding, infection control, mental capacity act and deprivation of liberty safeguards, food and kitchen safety and fire safety. All staff received the provider's training called 'Team Teach', for 'de-escalation and intervention techniques for use with people who have behaviours that may challenge. In addition staff had undertaken training with respect to the needs of the people they supported, such as person centred support, autistic spectrum disorder, Asperger's syndrome and mental health awareness.

We spoke with the home manager, registered manager and two support staff during the inspection. We found that staff demonstrated knowledge of the person's personal care, health and social needs and how they liked to be supported in order to keep them safe and reduce their anxiety.

We saw, from the care records we looked at, local health care professionals, such as the person's GP, and social worker were regularly involved with the person.

As the service only supported one person at the time of our inspection, staff met each week with the person to decide on the week's menu. They were supported to choose, buy and cook healthy food. The person living in the home told us it was their choice to eat healthily. This was evidenced from the menu we saw that had been completed. Care records we reviewed recorded information about the person's likes and dislikes for food and drinks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see if the service was working within the legal framework of the Mental Capacity Act. We found that the provider had not been required to submit a DoLS application to the relevant supervisory body. We saw evidence a 'two stage' mental capacity assessment had been completed to determine if the person needed support with making decisions.

Is the service caring?

Our findings

We had limited opportunities to observe staff providing support during the inspection. Where we did observe support we saw that staff demonstrated care, kindness and warmth in their interactions with the person. The person living in the home told us they enjoyed spending time with the staff.

We spoke with a social care professional who had involvement with the service. They told us, "The staff are very good; they are patient and understanding and know [the person who lives in the home] well."

The Provider Information Return (PIR) told us: "The progress that students make towards their independence and development during the extended curriculum is being constantly monitored." From talking to the person living in the home it was clear that they were supported to use their independent living skills both within the home and in accessing the community. They told us, "Staff have supported me to become independent, with managing my money, cooking, travelling independently and healthy eating." In the short period of time that the person had lived at Sussex Road they had become fully independent. Staff told us they had supported the person with managing money, travelling, shopping, saving money, cleaning and cooking.

We saw that the person who lived at the home was involved in planning their life. They had regular meetings with their key worker. We saw evidence of their key worker meetings in their personal care records. These meetings identified goals and targets the person wanted to achieve and dates when they had been met. This showed evidence that people's independence was supported.

We saw evidence the person was involved in the day to day running of the home, for example doing their laundry, going food shopping, and in the decisions relating to activities they wanted to do.

Staff told us they were clear about their roles and responsibilities to promote people's independence. The care records clearly showed when the person needed staff support and what they were able to do themselves. We saw that this support plan had been completed with the person as they had signed the document to evidence their inclusion.

The provider had involved the local advocacy service when required, to support the person when making decisions. Contact details were readily available in the person's care record. We were informed the advocacy service was not currently involved with the person.

Is the service responsive?

Our findings

The information sent to us before the inspection in the Provider Information Return (PIR) told us, "The home is run in a person centred way and students are supported to be as involved as possible in making their own choices about their lives. In addition to daily discussions about their plans the students are offered weekly student meetings, to discuss menus, activities and healthy lifestyles; and weekly keyworker discussions."

We saw evidence that the person who lived in the home had a fully weekly activity plan. They had a completed activity plan in their care record. They attended college each week day and accessed activities in their local community. Examples of these activities included shopping, going to the gym as well as meeting up with friends.

We looked at the care record files. We found that care plans and records were individualised to people's preferences and reflected their identified needs. They were very detailed and there was evidence that plans had been discussed with the person. The person had been involved in the completion or review of their 'education and support plans and had signed them. We saw that the care records had been completed at the beginning of the college term in September 2016, to ensure they were up to date and care was being provided as needed.

Arrangements were in place for daily communication between support staff through a handover at the beginning of each shift. A communication book was used to record dates for health and other important appointments the person needed to attend.

During our inspection we saw that care plans and risk assessments had been completed in advance of the person's admission. Personal information regarding their likes and dislikes and their daily routines had been recorded, as well as an independent living skills assessment and support plan. This helped the person receive the personalised support they needed on admission to Sussex Road and the college.

The Provider Information Return (PIR) told us: "Residents within the home are encouraged to enjoy new experiences involving positive risk taking. All activities within the home are service user led and with a focus on enjoyment of the participants and humour as well as incorporating incidental learning." Records we reviewed showed that risk assessments had been completed to enable the person to be supported safely both in the home and the community. We saw that the review of care plans and risk assessments was on-going.

We observed a complaints procedure was in place. The house manager showed us a file containing some recorded concerns / complaints that had been raised. We saw responses had made to the issues raised, in accordance with the complaints policy.

Is the service well-led?

Our findings

The service operated a person centred culture. This meant people were supported to live a fulfilled life doing what they wanted to do. Staff showed they were committed in supporting the person to be independent.

The information sent to us before the inspection in the PIR told us, "The home is managed day to day by the home manager. The home manager is part of a team of home managers who work at Arden College. This team meets regularly with the registered manager to promote quality, development and consistency across all the homes. The home manager is available to the staff team at the home to guide and advise them, and to monitor their work with the students, and frequent informal discussions take place. The home manager completes monthly checks, and will report to the registered manager if there is anything of concern highlighted."

The service had a registered manager in post. The registered manager was not based in the home and also had managerial responsibility for other services within the organisation. There was a house manager who had managerial responsibility for Sussex Road as well as for another home in the organisation. The house manager reported directly to the registered manager. A 24 hour on-call system was in place so that if the home manager was not at work another home manager or the registered manager were available to support the staff team. Staff members we spoke with told us that the system was effective and they always managed to speak with a manager for advice, any time of the day or night. The 'on call' rota was easily accessible for the staff.

The house manager met with the registered manager every week to update them on the service. We met with both the house manager and the registered manager as part of our inspection. We found them both to have a good knowledge of the person's needs and situation. The house manager told us they worked one shift a week with the person. This enabled them to have direct experience of the person's needs.

Key worker staff met each week with the person who lived in the home to discuss their activities and any issues they had. A record of this meeting was recorded in people's care records, which was completed and signed by the person concerned. We saw that suggestions were made for new activities the person wanted to do.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. We found evidence that regular internal and external audits and checks were completed in the home. An internal inspection had recently been conducted. We saw from the report shown to us that there were no concerns raised about the home.

It is a legal requirement for providers to notify CQC (Care Quality Commission) of events and incidents that occur in a service. This is carried out by providers completing statutory notifications which they submit to us. We had not been notified of a recent incident that occurred at the service. This we followed up with the registered manager following the inspection to ensure the safety of the person concerned.

People spoke positively about the house manager and the registered manager and the quality of communication they provided. The house manager told us they met with staff for meetings usually each month but was in touch with staff at the house on a daily basis, calling in at least twice a week. Staff were very complimentary about their manager. Their comments included, "Very supportive", "Really helpful", "Has helped me out a lot", "The best manager I've had" and "Always in touch."