D Solanki

D Solanki - 14 Podsmead Road

Inspection report

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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?	Requires Improvement

Overall summary

This was an announced inspection which was carried out on the 19 November 2014. 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 and associated Regulations about how the service is run.

D Solanki - 14 Podsmead Road provides personal care and accommodation for five people with a learning disability who may also have autism. A ground floor bedroom is equipped to support a person with physical disabilities. This was vacant at the time of our inspection. Accommodation is spread over three floors and people share bathrooms, a lounge and lounge/dining room. There are pleasant gardens to the rear of the home. At the time of our inspection three people were living at the home, one of whom had been admitted to hospital. The people living at 14 Podsmead Road have a range of skills.

Summary of findings

Some people have limited verbal communication skills. People have help with personal care and support when they become anxious. They receive the help from staff at all times and most people require the support of staff for activities outside of the home.

The provider had not effectively monitored the care provided. Quality audits produced by the registered manager identified improvements which could be made to the service but these were not monitored or addressed. People and those important to them did not have the opportunity to provide feedback as part of the review of the quality of the service. The provider had not notified the Care Quality Commission about incidents affecting the wellbeing of people living in the home.

People were safeguarded from possible abuse or harm. Accidents and incidents were monitored and action was taken to keep people safe. People's safety was considered when appointing new staff and checks were completed to make sure staff were competent and of good character. Staff had access to training to develop their skills. They had the knowledge and understanding of people's needs to carry out their roles and responsibilities effectively. Staff had individual meetings with the registered manager to reflect on their performance and their training needs. A member of staff told us, "This is the most supported environment I've ever worked in."

Innovative and creative methods were used to encourage people to make choices and decisions about their day to day lives. Where people were unable to make decisions for aspects of their care these were done in their best interests involving relatives and health and social care professionals. People had a varied diet of their choice which was nutritious and healthy. They were supported to attend appointments with health care professionals to keep them well. People were supported with kindness, sensitivity and patience. Staff responded to people's changing needs promptly with care and concern. Where people were unable to give verbal feedback about their views, staff interpreted their behaviour to assess their feelings about their care and support. People's individuality and preferences for their lifestyle were recognised and respected. People enjoyed a range of activities which took into account their personal interests and backgrounds. People were helped to gain independence and try new activities.

The registered manager led by example and promoted a culture of respect and compassion. Staff felt supported. Staff and social and health care professionals had confidence in her knowledge and experience. A relative told the registered manager, "Thank all those involved in taking care of (Name). We could not have wished for better!"

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and of the Health and Social Care Act 2008 (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from harm or possible abuse. Action was taken in response to accidents or incidents to keep people safe from further harm.

People were supported to take risks whilst reducing hazards to help them to be independent and promoting their safety.

Safe recruitment processes were followed to check the competency and character of new staff. Staff levels were monitored to make sure there were sufficient staff to meet people's needs.

Medicines were managed effectively. People received their medicines safely.

Is the service effective?

Good

The service was effective. Staff had the experience and knowledge to meet people's individual needs. They completed induction and training to equip them with the skills they needed and were supported to develop in their roles.

Staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's capacity to consent to their care and treatment was assessed.

People were supported to make day to day choices. Best interests meetings were held when they were unable to make decisions for themselves.

People were supported to eat healthily. Their health care needs were monitored and people had access to health care professionals to help them stay well.

Is the service caring?

Good

The service is caring. People were treated patiently, sensitively and with kindness. Staff understood people's individual needs and respected their cultural and religious beliefs.

Relatives and social and health care professionals were involved in the planning of care where people were unable to give verbal feedback about their care and support.

People's privacy and dignity was promoted. People were supported to be independent in aspects of their daily lives.

Is the service responsive?

Good

The service was responsive. People received care and support which reflected their changing needs. Staff monitored and reviewed people's care to make sure the support they received was appropriate.

Summary of findings

People enjoyed taking part in activities which reflected their individual likes and interests. People were supported to maintain and develop their independence to improve the quality of their life.

People's behaviour and wellbeing were observed to assess their feelings about the care and support being provided. A complaints procedure had been produced in a format using pictures and symbols to help people understand how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led. The provider had not submitted information required by the Care Quality Commission. Quality audits did not lead to improvements in the service or involve feedback from people and their relatives.

The registered manager was knowledgeable and accessible, providing support to staff and promoting a service which recognised people's individuality.

The registered manager delivered a service with an emphasis on compassion and respect. Staff embraced these values.

D Solanki - 14 Podsmead 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 19 November 2014 and was announced. 24 hours notice of the inspection was given because the service is a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

One inspector carried out this inspection. We looked at information we had received about the service such as notifications. Services tell us about important events relating to the service they provide using a notification. We also looked at previous inspection reports.

As part of this inspection we observed the care provided to two people living in the home and spoke with two care staff, the registered manager and the registered provider. Not everyone was able to verbally share their experiences of life at the home. This was because of their complex needs. We therefore spent time observing their care and support. We reviewed three people's care records and their daily care and medicines records. We also looked at recruitment records for two members of staff, training records and quality assurance audits. During the inspection we spoke with two social care professionals. Following our visit we had feedback from two health care professionals.

Good

Is the service safe?

Our findings

One person's care plan stated, "I would like to feel safe and fully supported by everyone around me." People were supported by staff who had a good understanding of how to protect them from abuse and to safeguard them from harm. Staff had completed training in the safeguarding of adults and were knowledgeable about local procedures. They would look in the safeguarding policy and procedure for contact details of local organisations and the Care Quality Commission should they need to raise concerns. Staff described their response to suspected abuse which included making sure people were safe, raising concerns with the registered manager and completing records. They were confident the registered manager would deal immediately with any concerns they had raised. Staff were aware they could use the whistleblowing procedure to raise concerns if needed. This is where a member of staff raises a concern about the organisation. Whistleblowers are protected to encourage people to speak out. The registered manager said she had discussed safeguarding concerns about changes in the behaviour of a person with social care professionals. Support had been provided by health care professionals to devise strategies to help the person become calm and to safeguard others from harm. Social and health care professionals said they worked closely with the registered manager to make sure people remained safe and the necessary action was taken to prevent further harm to people. They said they had no concerns about the safety and wellbeing of people living at 14 Podsmead Road.

People's finances were monitored and audited to protect them from possible financial abuse. People's care plans and risk assessments stated when staff supported them to manage their finances. Records were maintained with receipts evidencing purchases. One person had a court appointed deputy to manage their money. Each person had an inventory for their personal possessions which was kept up to date.

When people had an accident or incident records were kept describing what had happened, the possible cause and the response of staff. The registered manager said she monitored accidents and incidents for any changes in behaviour or for any trends which were developing. She said she involved social and health care professionals when needed including crisis and emergency teams. Social and health care professionals confirmed they had been promptly alerted to concerns about the changes in the mental health of a person living in the home.

People were kept safe by staff who understood the risks they faced and followed risk assessments and strategies to prevent them from harm. People did not always understand the hazards they faced in their home or when outside the home. Staff described how they supported people to manage risks. For example, when crossing the road people were supported to use pedestrian crossings wherever possible and when using the kitchen people were supervised by staff to minimise risks of injury from boiling water. Risk assessments were monitored and reviewed to reflect changes in people's mental or physical health. For instance, when a person's mental health declined staff would reassess how to keep them safe when they went out unsupervised. They advised the person to contact staff using their mobile phone or if the person had not returned home, staff would call the police for help to find the person.

The environment was well kept and promoted people's safety. Worn carpets had been replaced to prevent risks of people tripping or falling. Environmental risk assessments and safety checks were carried out to make sure a safe environment was maintained. Each person had a personal evacuation plan describing the help they needed should they have to leave the building in an emergency. Staff were provided with information about what to do in an emergency for example fire, flood or lack of staff.

People were supported by a staff team with the appropriate skills, experience and knowledge. The staffing levels for each person had been agreed with the local authority. This allowed for two hours a day when two staff would work together to enable people to go out to do social activities. Otherwise staff worked alone with additional support from the registered manager. The registered manager was available to provide care and support to people to make sure they stayed safe. The registered manager said she had discussed with social care professionals increasing the hours allocated for one person due to their changing needs. She was waiting for the outcome of this request. Social care professionals said they were dealing with this and until this was confirmed respite care had been provided to keep the person safe. Staff said there were sufficient staff to meet people's needs and they

Good

Is the service safe?

recognised the registered manager was on hand to help out when needed. They said they also called the registered manager if they needed help or support when she was not working in the home.

Recruitment checks were completed to assess the character and experience of new staff and whether they had the skills and knowledge to work with people and meet their needs. A full employment history was obtained and any gaps investigated so that the registered manager could find out why people left previous employment with adults or children. Disclosure and barring checks (DBS) were completed. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. The identity of new staff had also been checked. Certificates of any previous training were provided. New staff completed an induction programme which followed the common induction standards. These are nationally agreed minimum training standards for new staff.

People received their medicines when they needed them. Where people were given their medicines in their best interests, there was evidence an assessment had been completed by health professionals in line with the Mental Capacity Act (MCA) 2005. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

People had medicines which could be taken when necessary (PRN) if people were upset or in pain. Protocols described when these medicines should be given and the maximum dose allowed in a given time frame. Each time PRN medicines were given staff recorded the reason why they had been given to the person. This meant the administration of this medicine could be monitored to make sure it was not being given inappropriately. Incident records also indicated when PRN medicine had been given. One person had refused this medicine and this was recorded. Their care plan stated, “Offer me PRN medicines to help me to calm down.” Staff had offered this medicine again when the person had not managed to become calm. The person said they would take the medicine.

Medicines were stored securely and records were maintained for their administration and safe management. Staff completed medicines training and had a mentor until they were assessed as competent. The registered manager observed staff administering medicines periodically to make sure they were still competent to carry out this task.

Good

Is the service effective?

Our findings

People were supported by staff who had access to training and support to develop their skills and knowledge. Staff said, "I have training and support, I try to be the best I can" and "This is the most supported environment I've ever worked in. Training and induction included shadowing staff and the registered manager". During induction the knowledge of staff was tested using questionnaires to check their understanding of what they had learned. Staff had individual training profiles which recorded the training and courses they had completed and when refresher training was due. This was monitored through individual meetings with the registered manager. Certificates had just been issued for end of life training, coping with violence and aggression and the diploma in health and social care level 2. Another member of staff had completed the diploma in health and social care level 3.

Training specific to the needs of people living in home had also been completed. For example, autistic spectrum disorder and dementia training. During their one to one meetings staff also discussed their performance and the needs of people they supported. This was to ensure staff had a consistent approach to the care being provided. The registered manager said she met with staff formally every three or four months and she thought this could be improved. She worked alongside staff and was aware of their strengths and areas to develop. Staff said they felt supported and one member of staff said, "It's brilliant being on shift with her (the registered manager) she has so much information about people." A social worker said the "standard of care was excellent" and related this to how staff had delivered high standards of end of life care to a person living with dementia.

Staff had completed training on the Mental Capacity Act (MCA) 2005 and understood the need to assess people's capacity to make decisions. We observed staff helping people to make choices and decisions about their day to day activities. A person's care plan said, "Support me to be able to have input in smaller decisions in my life." We saw they were involved in choosing snacks and meals and making decisions about social activities. People's communication needs were identified in a care plan for example, whether they used sign language or were prompted with objects. We saw people communicating effectively with staff through sign language to express their choices. A member of staff told us how a person indicated they wished to go out by bringing their shoes to staff. For some people decisions were made in their best interests. For example, supporting them with their medicines or helping them to manage their finances. Records clearly stated why they were unable to a make a decision about an aspect of their care and who had been involved in this decision making process on their behalf.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Staff had been trained to understand when and how an application to deprive someone of their liberty should be made. The registered manager was aware of recent changes to the way the DoLS were interpreted. In the past the registered manager had looked for the least restrictive practice to keep people safe rather than depriving them of their liberty. For example, considering the installation of alarms rather than locking the front door.

At times people needed help and support from staff to manage their feelings and emotions. Guidance had been provided from social and health care professionals to explore what upset people, their response when anxious and how staff should support them. Staff spoke with confidence and understanding about how to reduce people's anxieties and to help them to become calm. Health care professionals said the staff team worked with them and followed the strategies they provided. The registered manager said physical intervention or restraint was not used by staff who would effectively use distraction or diversion techniques. These included going for a walk or listening to music.

We saw people choosing what to have to eat and drink. Menus were decided around what activities they had planned for the day. On the day of our inspection they had a light lunch of soup and a yoghurt. A cooked meal was planned for the evening. One person really enjoyed chicken nuggets so staff made sure they also had access to fresh vegetables and fresh fruit. Staff said they cooked meals which reflected people's choices such as lasagne, roasts, pasta and fish cakes. An alternative to the main meal was always available. We saw people asking for drinks and staff also offering drinks or snacks throughout the day. Where people needed their drinks thickened or to have soft or textured food this was provided. Guidance had previously

Good

Is the service effective?

been provided by a speech and language therapist to prevent a person from choking. Staff had followed this closely at the time. The registered manager explained how they supported people to monitor their weight if they wished to lose weight. They would guide people towards healthy options.

People were supported to see health care professionals to help them keep well. One person disliked attending surgeries so arrangements had been made for blood tests to be carried out at home. Each person had a health action plan which described their health needs and any medicines they were taking. A record was kept of any appointments with health care professionals and any treatment given. This was to make sure all staff were fully aware of any changes in people's health and also of any future appointments. People had annual health checks with their GP. When people had mental health problems they were referred to and given help from the appropriate health care professionals.

Good

Is the service caring?

Our findings

People were treated with patience, sensitivity and kindness. People responded to staff with smiles and laughter. They enjoyed the time spent with staff and were animated in their reactions. Staff spoke caringly about people's wellbeing and were compassionate about the care and support they provided. They said, "People are helped to lead the life they wished to live" and "All staff are caring". Staff were attentive when communicating with people, giving them space and time to express themselves. A health care professional told us staff supported people well and provided high standards of care. A person was in hospital at the time of our inspection. Staff spent time with them during the day to offer care and reassurance. The registered manager also spoke with the person on the telephone when she was unable to visit, ensuring the person knew they were still in people's thoughts. A relative sent this compliment to the registered manager, "Thank you for the excellent care they (staff) gave (Name) over the years."

People's religious and spiritual beliefs were valued and people were supported to go to a place of worship if they wished. Staff had explored how to enrich the life of a person with music, food and experiences which reflected their cultural background. For a person whose first language was not English staff had learnt some key phrases of this language to try other ways of communicating with them. Where people asked to have their personal care provided by a particular gender of care staff this was respected. Another person's care plans stated, "Treat me like an adult, not a child" and "Treat me, my home and my property with respect". Staff provided age appropriate activities such as using public facilities for sports and leisure, going to the pub and garden centres.

People's preferences and the way they wished to be supported were identified in their care plans. Staff understood people's backgrounds and personal history.

People were regarded as individuals and their individuality was nurtured and celebrated. Staff were creative about how they achieved this making sure each person had time with staff to develop and grow. For example, helping around their home, gaining confidence doing social activities and finding ways of coping with anxieties. A person's care plan stated, "Promote my independence by supporting me to do tasks rather than doing them for me". People were encouraged to be independent developing skills such as clearing away dishes and managing finances.

Where people were unable to express their views about their care and support the registered manager sought feedback from relatives and social or health care professionals. Records were kept of all contact with people's relatives and people involved in their care, although the content of discussions was not always recorded. People were supported to visit their relatives and relatives visited them at 14 Podsmead Road. People did not have advocates but if their relatives had been unable to represent them, an advocate would be approached. Staff explained how they interpreted people's behaviour to guide them about whether the care and support was appropriate. Where people decided not to accept the support offered to them this was recorded in their daily notes. Staff respected this and offered the care or support later on. Staff observed people's behaviour to determine how they were feeling and what they were trying to express. For example, one person's behaviour had changed significantly due to bereavement.

Staff were discreet when offering people help and support with personal care. This was provided in the privacy of their room or the bathroom. Care plans guided staff to support a person with their underwear and to respect the person's privacy and dignity. Staff were prompted to remind one person to treat others respectfully when they occasionally used offensive language.

Good

Is the service responsive?

Our findings

A person who had recently moved into the home had been fully involved in developing their care plans to reflect the way they wished to be supported. They also highlighted areas where they would like to be more independent. For example, helping to wash their hair. People's care plans stated what they could do for themselves and when they needed help or prompting. One person needed considerable encouragement to be independent with their personal care. Staff were observed prompting the person to get ready to go out. People's backgrounds and interests were considered when developing care plans. For example, providing activities which reflected a person's cultural background.

For some people living in the home, their routines were key to their quality of life and wellbeing. Their care plans clearly identified these and staff had a sound understanding of what people liked and disliked. For people unable to express their views about their care, staff observed their behaviour to assess what they enjoyed and what was not working. For example, the opportunities for social activities for one person in their local community were being increased. This had started with walks in the park. Trips to local shops had been successful but extending this to visits to supermarkets had caused anxiety.

People's needs were being monitored and alterations made to their care and support to make sure their care centred on their changing needs. A health professional told us the staff asked social and health care professionals for help in response to changes to people's wellbeing. Staff explained their response to recent changes in one person's mental health. They had worked closely with social and health care professionals to reassess the person's needs to make sure they received the correct and appropriate support and treatment.

People were supported in a range of activities when at home or in their local community. We saw people were animated and excited to be going out to a weekly gym class. They chose how to spend their time at home either listening to music, watching the television or playing games. The registered manager said people really loved their annual holidays. People also liked going out for a drink or for meals. Each person had an activity schedule so staff could be allocated to them if they needed individual support for an activity.

Two people were unable to voice their concerns but staff knew from their behaviour or their reactions if they were unhappy about aspects of their care. They adjusted or changed the support they provided in response to this. A complaints procedure had been produced using pictures and symbols to illustrate the text so people could understand the process. This was displayed in the lounge. The registered manager said no complaints had been received but shared with us compliments made by relatives. These included, "Thank all those involved in taking care of (Name). We could not have wished for better!" The registered manager said it was really difficult to get formal feedback from relatives but they had contact over the telephone or through visits and would exchange information.

A person had been admitted to hospital and had been supported by staff liaising with learning disabilities liaison nurses at the hospital. An information pack had also been provided to the hospital describing their current health needs and any medicines which had been prescribed. We heard the registered manager discussing plans for discharge with the person.

Requires Improvement

Is the service well-led?

Our findings

People had been involved in incidents which the provider was required to notify the Care Quality Commission (CQC) about. The registered manager confirmed they had raised a safeguarding concern with a social worker about one of the incidents. The social worker said a meeting had been arranged to discuss the issues raised. The registered manager had not submitted notifications to the Care Quality Commission about these incidents. Providers are required by law to notify us of certain events in the service which affect the health, safety and wellbeing of people living in the home. The registered manager said they would submit the notifications after the inspection. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The care provided to people was not being effectively monitored by the provider. There was no evidence of how the provider monitored the quality of care being delivered or how improvements to people's experience of care was being improved. The registered manager had completed four quality assurance audits in 2014, checking the operation of finances, medicines, care planning, human resources and the environment. Each audit identified actions to be completed to improve the service provided. Some had been carried over to the next audit such as ensuring individual meetings with staff took place when scheduled. Although the provider visited 14 Podsmead Road and carried out some environmental improvements they did not review these audits. The registered manager said they did not meet formally with the provider to discuss quality assurance. There was no evidence of how these quality audits were being considered by the provider to make improvements to the service people received. For example, the demands on the registered manager to deliver care reduced her capacity to support staff and manage effectively. The provider said he would review the way he supported the registered manager and monitored the quality of the service.

People and their relatives had been asked to complete a quality assurance survey in 2012 and their responses had been analysed at the time. No further surveys had been carried out. Feedback from relatives since then had been informal but had not always been recorded. The registered manager said they had a good relationship with relatives who did not feel the need to take part in annual surveys.

The registered manager described how they had dealt with an issue raised informally by a relative and had taken action to address their concern. This had not been recorded. The views and opinions of people and those important to them were not sought as part of the quality assurance process. Actions from quality assurance audits did not drive improvements or impact on people's experience of the service they received. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was a registered manager in post. At times they also worked as a member of the care team. As a result this impacted on the time they had to devote to managerial responsibilities such as completing quality audits each month and meeting individually with staff. She was hopeful that the appointment of new staff to support new people moving into the home would improve this situation. The registered manager's personal values and visions were embedded in the way the service was delivered but there was a lack of direction from the provider. People were treated with respect and their care was individualised. The provider's vision was to provide a home for people with a learning disability. Staff said they felt involved and discussed concerns, risks and improvements with the registered manager as they arose. Staff told us, "She is so professional, down to earth and knowledgeable" and "I talk through concerns with her, she gets them sorted". A health professional confirmed the registered manager was "open, accessible and extremely knowledgeable in her own right". The registered manager was aware of the need to increase the frequency of individual meetings with staff to discuss their roles and performance. She supported staff by working alongside them and sharing her observations of their performance with them. She monitored accidents and incidents and recognised where trends were developing and took the necessary action to minimise the risk of these happening again.

The registered manager kept up to date with current practice and guidance through her contacts with social and health care professionals. She said she also read professional magazines and bulletins from a national organisation, using their television learning updates. She was planning to become involved with a local network to review behaviour support and strategy. She promoted the rights of people living in the home and their individuality. Staff said she was a role model and set the standards for

Requires Improvement

Is the service well-led?

them to follow respecting and treating people with dignity. A social worker said, “It’s her experience and knowledge which gives us confidence she can manage the situation to ensure people are safe and well looked after.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person had not protected service users and others who may be at risk, against the risks of inappropriate care. They did not have effective systems designed to regularly assess and monitor the quality of services or to regularly seek the views of service users, persons acting on their behalf and persons employed by the service.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered person had not notified the Commission without delay of incidents reported to the police and allegations of abuse, which occurred whilst services were being provided in the carrying on of a regulated activity.**