

Longhurst Group Limited

Derwent Road

Inspection report

39 Derwent Road
Bedworth
CV12 8RT

Tel: 02476848140

Date of inspection visit:
17 September 2019

Date of publication:
23 October 2019

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

About the service

Derwent Road is a residential care home providing personal care and accommodation for up to six people living with learning disabilities or autistic spectrum disorder. The service is made up of two adjoining bungalows, each with three bedrooms and communal facilities. At the time of our inspection visit there were six people receiving care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service

The registered manager was open and honest, and worked in partnership with outside agencies to improve the service. There were checks in place to ensure good standards of care were maintained, however improvements were required to ensure all checks were effective. The registered manager had not sent us statutory notifications to notify us of restrictions placed on people's care, as they were required to do.

People felt safe using the service. Staff managed the risks to people's health, safety and well-being and understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support from staff when needed. People were supported to have enough to eat and drink to maintain their well-being. They were supported with their medicines and to obtain advice from healthcare professionals when required.

Staff had training to meet people's needs and the registered manager shared guidance with staff on how to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and maintain their independence.

People were treated with dignity and their independence was promoted wherever possible. They were encouraged to take part in activities which interested them and make new friends.

People had varying levels of understanding and abilities to communicate due to their complex needs. Staff communicated with people in a way which met their individual needs. People and their relatives were involved in planning care in their best interests. People and their families understood how to complain if they wanted to.

Rating at last inspection

The last inspection was a comprehensive inspection. The service was rated Good in all areas (report published 16 May 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Derwent Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Derwent 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. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we needed to be sure the registered manager and staff would be available to support the inspection.

What we did before the inspection

We looked at the information we held about the service and used this to help us plan our inspection. We checked records held by Companies House. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five members of staff including the registered manager, two assistant team leaders and two

care workers. We observed care and support in communal areas. We reviewed a range of records, including three people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

After the inspection

We spoke with three relatives, to ask about their experience of the care provided, because we had been unable to speak with people who used the service due to their complex needs. We also spoke with two health care professionals about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Most care plans guided staff on how to support people safely. We found some identified risks had not been properly assessed, for example, nutrition and catheter care. However, care staff were able to explain how they supported people to ensure any risks to their safety were minimised. We discussed this with the registered manager and they told us they were currently working with care staff to review and update care plans to ensure appropriate risk management plans were in place for all identified risks.
- Plans included personal emergency evacuation plans, to ensure people would be supported in the event of a fire.
- The provider had acted to minimise risks related to emergencies and unexpected events. Environmental risks had been assessed and were reviewed regularly.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. A relative told us, "(Name) is definitely safe with staff. It's like they are looking after one of their own." Staff understood people's individual circumstances and how to keep them safe from harm. A member of staff said, "The management are very good. If we raise a concern they take action straight away."
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously.
- The registered manager understood their obligation to report their concerns to the relevant authorities.

Staffing and recruitment

- People told us there were enough staff to provide support when it was needed.
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.
- Medication administration records were completed by staff when people received their medicine and were regularly checked for any mistakes by senior staff.

Learning lessons when things go wrong

- Staff understood the importance of recording accidents and incidents and notifying the registered manager of any events. The manager reviewed information to identify if any changes were required to people's care needs to keep them safe.
- Changes to people's care were shared with staff through supervision and staff meetings to reduce the likelihood of further incidents reoccurring.

Preventing and controlling infection

- All areas of the home were clean and tidy. Care staff told us they shared the responsibility to clean the home and they knew about maintaining good hygiene standards.
- There were systems to prevent and control the risk of infection. Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in their care plans. Most protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had. However, some characteristics had not been considered. We discussed this with the registered manager who assured us they would explore ways of obtaining more detailed information in future.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment and work with existing and experienced staff members to gain an understanding of their role.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. Staff received training tailored to meet people's individual needs, such as epilepsy awareness. A health care professional told us the registered manager had been, "Proactive" and scheduled specific training for staff, to help them meet one person's needs. They said, "Staff engaged with the training and seem naturally caring."
- The registered manager was in the process of securing refresher training for all staff, in key areas such as autism.
- Staff told us they received supervision and feedback on their performance from their manager. One member of care staff explained how staff were developed on an individual basis to achieve their potential. For example, by researching key areas of care such as diet and sharing their knowledge with other staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People at the service had complex needs and required a high level of support to maintain their health. Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being. They prepared meals and supported people to eat and drink in a way that met their individual needs and was safe. A member of staff explained how they supported one person with their specialist diet to ensure their wellbeing was maintained.
- Staff explained people had varying levels of understanding and abilities to communicate due to their complex needs. Staff supported people wherever possible to make their own food choices, by showing them what was available and using pictures to help their understanding.
- Where people had specific likes and dislikes, allergies and other dietary requirements, these were recorded in their care plan. Staff explained they had close links with health professionals and contacted them if they had any concerns about people's nutrition and hydration needs.
- People were offered a choice of drinks during the day of our visit. We saw staff prepared any specialist

drinks according to current guidance and supported people to drink safely.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- Where a need was identified, people were referred to other healthcare professionals such as the physiotherapist, speech and language therapist, for further advice about how risks to their health could be reduced to promote their wellbeing.
- A relative told us, "Staff are completely on top of it when (Name) is not well. They make sure they're seen by the appropriate health professionals." Health care professionals we spoke with confirmed this and said they had positive relationships with staff and people received the care they required promptly.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority. However, they had not sent us statutory notifications as required, to advise us of the outcomes of six renewal applications made in 2019. This had not impacted on people's care. Staff had followed the recommendations in the authorisations and the registered manager gave us their assurance this was an oversight and sent the required statutory notifications immediately following our visit.
- People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, there was guidance for staff about how to support people to make decisions.
- Best interest decisions were made with the involvement of appropriate people such as relatives, staff and other health and social care professionals. However, some decisions made in healthcare settings, were not always recorded in people's care plans. The registered manager assured us they would obtain copies of any decisions made and update people's care plans accordingly.
- Staff confirmed they received relevant training and they could tell us how they obtained people's consent and supported people to make decisions in their best interest. One member of staff told us how they obtained consent from people who could not verbally communicate. They told us they explained to the person how they wanted to support them and then gauged their body language to see if they wished to proceed. They said, "For example, (Name) will push you away if they don't want to do something."

Adapting service, design, decoration to meet people's needs

- The service was adapted to meet the needs of people who were living there. The home was spacious and people had room to move around freely. Corridors were wide enough to use equipment safely. Two bedrooms contained ceiling hoists to transfer people safely. There was a communal garden where people could spend time if they wished.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they felt staff cared about the people at the service and valued them as individuals. A relative explained how staff had supported their family member to go away on holiday and staff had told them, "It was a pleasure to be with (Name), it was like three mates together." Health professionals told us staff were caring and treated people with dignity and respect.
- Staff enjoyed their role in supporting people to ensure they had the best life possible. Two staff members told us, "I absolutely love working here, you can make such a difference to people's lives" and "All the guys are so loving and seem like family."
- There were caring interactions between staff and people who used the service. Staff were inclusive and involved people in what was going on around them. When one person displayed signs of anxiety, staff gently reassured them until their mood changed and they became less anxious.
- Staff felt confident they could support people to maintain their individual beliefs and respect their diversity. They told us it was sometimes difficult to obtain people's preferences because people had varying levels of understanding and abilities to communicate their preferences due to their complex needs. However, people's preferences were recorded where possible and the care staff provided reflected these preferences.

Supporting people to express their views and be involved in making decisions about their care

- Staff spoke confidently about how they supported people to make decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to be communicated with.
- There was a keyworker programme in place. Key workers knew people well and worked with them on an individual basis to ensure their needs were met. They involved people and their relatives in regular reviews of their care, to ensure decisions were made in people's best interests. A key worker explained how they worked closely with one person to ensure they took part in activities which reflected their preferences.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Relatives told us staff were very careful to support people with personal care in private. A health professional explained staff respected people's privacy and dignity and supported people to their bedrooms before they received any treatment.
- Staff explained how they encouraged people as much as possible with everyday tasks, such as feeding themselves, to help maintain their skills and their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were positive about how responsive care staff were to people's needs. Two relatives told us, "Staff know (Name) well and they meet their needs" and "Staff are totally aware and switched onto (Name)'s needs." A health professional told us one person's wellbeing had, "Massively improved," due to the combined effect of staff and health professionals working together to meet their needs.
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support. Care plans contained personalised information and gave direction to staff that was specific to each individual. For example, this included information about how staff should support people to maintain their oral health.
- People's preferences were recorded in their care plans and staff had good knowledge of these. A member of staff told us, "Knowing people's preferences comes with experience and looking at the care plans." They went on to explain how one person did not like loud noises, so they were supported to avoid noisy situations.
- People had varying levels of understanding and abilities to communicate due to their complex needs. Therefore, people and their families were involved in reviews of their care, to ensure decisions were made in people's best interests.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans and in health passports. A health passport is a document which summarises individual's needs. Passports were used in healthcare settings to provide professionals with information about people's individual communication needs.
- Staff supported people to understand information in a way that met their individual needs. For example, some people were supported to understand information better by using pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff on a one to one basis, to engage in activities in the community, planned in their best interest. People took part in different activities based on their individual needs and preferences, including trips to a local disco, luncheon club, swimming pool, shops and places of interest such as museums. Staff explained how they supported one person whose health had recently deteriorated, to continue to take part in activities in the community and to maintain their mental wellbeing. Staff took

advice from health professionals prior to planning trips to ensure they supported the person safely and effectively and this helped to reduce the person's feelings of social isolation.

- Staff explained they had been visiting some places in the community for a long time, so people were able to maintain bonds and friendships with people in the local community and this improved their well-being.
- A relative explained how their family member enjoyed going on holiday supported by staff. They said, "Staff discussed the holiday decision with us and we are totally comfortable because two staff are going with (Name)." The registered manager explained how staff recorded people's responses on holidays and trips to gauge if they enjoyed themselves and they planned future activities together based on this information.

Improving care quality in response to complaints or concerns

- No complaints had been made in the last 12 months. The registered manager explained how they would investigate and respond to any complaints in the future, in accordance with the provider's policy. A relative told us, "If I had a complaint I'd ring up the manager. I have a very good relationship with them and if I had concerns I could have a chat about it."
- The provider's complaints procedure was accessible to people in a communal area.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- The registered manager explained what plans there were in place to support people at the end of their lives. They explained training was available for care staff and they would work alongside other organisations, such as GPs, to provide end of life care to people if required.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant the service was not always consistently managed. Leaders were working to create a culture which promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements and how the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their obligations for reporting important events or incidents to the CQC. However, they had not sent us statutory notifications to advise us of the outcomes of six renewal applications to restrict people's liberty, although they had made appropriate applications to the relevant authorities. We were assured this was an oversight as other statutory notifications had been submitted as required.
- The registered manager was aware of their duties under the new general data protection regulations and information was kept securely.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- Staff told us communication was good within the service and they were encouraged to suggest improvements and share information during staff meetings. One member of staff said, "We are asked what we want to discuss at meetings. I brought something to a meeting and staff listened and a change was made which improved our way of working." Staff explained they also shared information about people's changing needs during daily shift handovers. For example, they explained how they recently referred one person to a health professional due to concerns about their appetite decreasing. They continued to monitor the person and identified ways to reduce any risks to their wellbeing.

Continuous learning and improving care

- Checks were carried out by senior staff on a range of issues, including the quality of people's care plans and medicine records. However, some checks were not effective because they had not identified issues we found during our inspection visit. For example, gaps in people's risk assessments. We discussed this with the registered manager who told us they were dedicated to making improvements and explained they were in the process of updating people's care plans following recent staff training in nutrition and hydration. They gave assurances people's care plans would be updated before October 2019. Records showed other actions were taken to make improvements to the service, following checks made by senior staff.
- The registered manager explained they had worked at the service for 20 years and they were committed to making improvements by obtaining and sharing best practice with staff. For example, they had shared information about oral health with staff and were organising an oral health champion to support staff with recent changes in guidance. The registered manager told us they attended forums facilitated by external

social care organisations and found these valuable. They shared their learning with staff at team meetings.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were very positive about the leadership of the service. A relative told us, "It's perfect, we couldn't wish for a better service." A member of care staff told us, "The provider does things well. We always try and do the best we can for people. I enjoy my role." A health professional confirmed this view and said, "The manager is proactive."
- Staff told us they felt supported by each other and by the registered manager. One member of staff said, "I am happy in my job. I am well supported by the manager who goes above and beyond to personally support staff."
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. For example, staff explained how they recorded any changes in people's needs and shared information with other staff.
- Information about key events were shared with the provider for review, to check the appropriate actions had been taken to keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- The provider had not carried out a survey to obtain people's views on the service, for two years. The registered manager explained they obtained people's views in alternative ways. For example, staff recorded people's comments when reviews of care were carried out and the registered manager told us they would take action straight away if people had a concern.
- The registered manager told us they welcomed people's feedback and explained the service was part of the 'See, hear, act' project. This is a scheme organised by the local authority to quality assure social care services to improve the quality of local care. They invited people to send their views of the service to the local authority who would independently feedback to the service. The registered manager told us they had received positive feedback about the quality of the service.
- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.