Speciality Care (Rest Homes) Limited

Dinorwic Road

Inspection report

49 Dinorwic Road
Southport
Merseyside
PR8 4DL

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Dinorwic Road is a care home for up to three vulnerable adults who require residential support. The home is situated in a residential area of Southport, close to local amenities. The home has three separate bedrooms, two bathrooms, living area, dining area, kitchen area and communal grounds.

At the last inspection, in January 2015 the service was rated Good.

At this inspection we found the service remained Good.

The was no registered manager in post at the time of the inspection however an application had been submitted by the interim manager who was awaiting approval from the Care Quality Commission.

The interim manager had processes in place to ensure the safety and well-being of those living at the home was paramount. Our observations and discussions with staff and relatives confirmed that the staffing levels were sufficient for the support which needed to be provided.

The home operated within the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We were provided with information in relation to capacity assessments and processes which needed to be in place to make decisions in a person's best interest.
Medication was administered safely by staff who had been appropriately trained. We were provided with evidence of competency assessments which had been carried out on staff. Medication records were accurate and systems were in place to order repeat medication, dispose of medication and record any medication discrepancies. An audit of the administration of medicines was completed each month.

All care files contained individual care plans and risk assessments which were regularly reviewed and updated in order to minimise risk. Care plans were person centred and contained relevant information in relation to a person's wishes, choices and preferences.

Risk assessments and behavioural management plans were in place for people who presented with complex behaviours. The assessments offered key information to staff about how to manage any challenging situations for the safety of everyone who lived in the home.

Staff told us they felt supported in their roles. Staff had completed the necessary training to help them fulfil their roles and expressed how the home was safe and caring.

We observed staff supporting people with the preparation of food as well being responsive to specific activity requests for people living at the service. One staff member said, "It's all about choice, there is lots of choice, if they wish to go out, we take them out."

A complaints process was available at the home but we were informed by relatives that any complaints or concerns could be discussed openly with the staff and managers. Relatives told us their loved ones were living in a safe and caring environment.

The service regularly held 'Your Voice' meetings with the people living at the home. This meant that the people's ideas, suggestions and choices were being listened and responded to.

There was a variety of different audit tools and methods used to monitor and assess the quality of the home. These included internal and external audits as well as staff meetings, 'Your Voice' meetings and regulatory compliance checks.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe	Good
Is the service effective? The service was effective	Good
Is the service caring? The service was caring	Good
Is the service responsive? The service was responsive	Good
Is the service well-led? The service was well led	Good

Dinorwic 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.

The inspection took place on Thursday 6 April and was announced.

The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be available to support our inspection on the day.

The inspection team consisted of an adult social care inspection manager and an adult social care inspector.

Before the inspection visit we reviewed the information we held on Dinorwic Road. This included notifications we had received from the provider such as incidents which had occurred in relation to the people who lived at the home. A notification is information about important events which the service is required to send to us by law. as well as reviewing the Provider Information Return (PIR) we received prior to the inspection. This is the form that asks the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. We also contacted commissioners and the local authority prior to our visit. We used all of this information to plan how the inspection should be conducted.

We spoke with the interim manager, two relatives and two support workers. In addition, we spent time looking at records, including six care records, four staff files, staff training records, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service to ask for their views.

Good

Is the service safe?

Our findings

Safeguarding procedures were clearly displayed in the home. We saw contact details for the local safeguarding team in the main office and the staff we spoke with were able to describe how they would report any concerns and who they would report concerns to. Staff had also received the necessary safeguarding training.
Care records also contained information such as Personal Emergency Evacuation Plans (PEEP) which meant that each person could be safely evacuated from the building in the event of an emergency.

Medication systems and processes were being safely managed. Medication was only administered by staff who had received the relevant training. Medication was stored safely and securely, temperature checks were being completed accordingly and monthly medication audits were being carried out. Medication records indicated that people had been administered their medication as prescribed.

The building itself was clean and well maintained. We saw evidence of health and safety audits being conducted to ensure the people who lived at the service were safe. Audits which were conducted included fire protection and prevention, water temperatures, fire evacuation audits as well as infection prevention control audits. Records also confirmed that gas appliances and electrical equipment complied with statutory requirements.

We reviewed four personnel files of staff who worked at the home. It was evident that there were safe recruitment processes in place at the home. The appropriate checks had been completed before employment commenced. Application forms had been completed, confirmation of identification was evidenced in files, references from previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

The service monitored and assessed staffing levels to ensure sufficient numbers of staff were available. The home employed a full complement of staff to support three people who lived at the home. Relatives we spoke with expressed that there were, "Always enough staff."

Relevant external compliance audits were also in place such as gas and electrical appliance testing as well as fire risk assessment and action plan.

Good

Is the service effective?

Our findings

People who were living at the home were receiving effective care. They were supported and cared for by trained staff who were familiar with people's needs and wishes. People we spoke with could explain individual care plans, specific risk assessments and complex behaviours and what support needed to be provided. A relative we spoke with said, "They're (staff) are wonderful, they provide brilliant care" while another relative said, "They (staff) understand their needs, they know them really well."

People who lack mental capacity to consent to the necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the Mental Capacity Act 2005 (MCA) At the time of our inspection three people living at the home were subject to Deprivation of Liberty Safeguards (DoLS) this is part of the MCA and aims to ensure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. Staff and the interim manager could explain to us their understanding of legislation surrounding the MCA and the associated DoLS as well as explaining to us how the service ensured that people were encouraged to make choices and still made decisions in relation to their care and support.

Each person who lived at the home had a personalised care plan in place in relation to their nutrition and hydration as well as their likes and dislikes. It was explained to us that people who lived at the home would meet each week and discuss what food they would like to purchase and what meals could be prepared. We observed staff supporting those who lived there to prepare their food and to actively involve themselves in the cooking process.

People had access to a lounge, a kitchen area and dining area as well as being able to enjoy activities in the garden when the weather permitted. We were informed that people who lived there were involved with the décor of the home and were encouraged to make their bedrooms as personalised as possible.

People who lived at the home had access to health professionals with regular health check-ups and routine appointments being documented in care files. Communication passports and communication dictionaries were used as a way of people expressing their needs and wishes, such records contained pictures which could help support people to communicate their needs to staff. There was evidence of partnership working with social services, GP's, chiropodists, local health centres as well as regular dentist and optician checks being supported

Good

Is the service caring?

Our findings

During our inspection we observed staff providing kind and compassionate care to those who were living at the home. Staff were very familiar with the support needs of the three people living at the home and were able to provide information in relation to their care plans and risk assessments. Relatives we spoke with said, "The staff are wonderful, we all have good relationships with staff, they offer brilliant care and it's of a good standard."

There was also a hospital passport' which contained current information about their health and support needs as well as a 'communication passport' and 'communication dictionary' which offered information around non-verbal ways of communicating and understanding such needs, wants and choices

Staff were able to explain how they would ensure that people's privacy and dignity was always maintained and how there was a great amount of respect around their choice, preferences and independence. Staff commented that they would always knock on their bedroom doors before entering, that the people living at the home had choices about what time they wanted to go to bed at night and what time they wanted to get up of a morning. Staff expressed genuine, compassionate care when discussing the three people who lived there and it was evident that their needs and choices had been communicated amongst the team.

Person centred care plans contained detailed information in relation to their needs, wishes and choices as well as risks which they needed to be aware of. Records were regularly reviewed and updated, they contained any change in the delivery of care as well as any incidents which had taken place.

Visits from relatives to the home were actively encouraged throughout the week as well as 'home visits' being planned and risk assessed for those wishing to spend time away from the home. Relatives said such processes to support 'home visits' were in place and "Worked well", this supported independence and the choices and preferences of the individuals.

The home worked in partnership with external organisation as to ensure that those living at the service were receiving a safe, caring and compassionate care. There was also evidence of support being offered by Independent Mental Capacity Advocates (IMCAs). IMCAs represent people where there is no one independent, such as a family member or friend to represent them.

Good

Is the service responsive?

Our findings

The three people who lived at the home were unable to communicate with us their level of involvement in their own care. However, it was evident from their care plans that relatives had been involved from the outset. Relatives had helped to create detailed care plans which then helped staff to provide safe and effective care to all three people who were living at the service.

It was evident that a great amount of information was captured about the individual before they moved into the home. This level of detail provided staff with a significant amount of information about the person centred care which needed to be provided and in what ways this care and support was to be delivered.

The detail in the care plans and risk assessments enabled staff to appreciate and understand the level of care and support that needed to be provided and in what ways. For example, a person living at the home needed extra support when they were becoming anxious. Staff were familiar with early indications of anxiety and also ways in which the person could be supported appropriately without causing further distress.

We looked at the care records of the three people who lived at the home. We found individual person centred care plans which provided information around the many different aspects of care which staff needed to be familiar with such as personal development and support needs, personal care, health and medication, managing behaviours and personal activity planners. Care records were reviewed and updated on a monthly basis by dedicated key workers although all staff were responsible for updating care plans and risk assessments as and when they needed to be.

The three people living at the home were all encouraged to choose what food and drink they wished to purchase on a weekly basis. They were then encouraged to get involved in the preparation of the food and clearly enjoyed eating together.

The home had a complaints policy and processes in place. This was visible throughout the home and actively encouraged people to make complaints or raise concerns if they needed to. The procedure was clear in explaining how to make a complaint. However when we spoke to a relative about the complaints process they said, "I feel comfortable just going to the manager. (Interim manager) is approachable and would listen." At the time of the inspection there were no on-going complaints. Relatives told us they had good, positive relationships with staff and manager and therefore would raise any issues informally rather than formally.

When we asked staff and relatives about the different activities which were facilitated, we were told there was a range of different activities those living at the home could get involved in. One relative said, "There are lots of different activities, they have days out, they go bowling, they go to church, they go shopping...they can do what they wish to do, staff support them in whatever they want to do."

We saw individual activity planners which showed the range of different activities that people were involved in from the morning time through until the evening for each day of the week. This demonstrated how staff

took the time to consider individual choices and preferences in relation to activities and their individual wishes. Team meetings indicated that activities were routinely discussed and different ideas were welcomed from those who lived there.

Good

Is the service well-led?

Our findings

The interim manager had submitted the relevant registered manager application and was awaiting confirmation from the Care Quality Commission.

From our observations and also from the relevant discussions held with staff and relatives it was evident that there was an open and supportive culture within the home.
The support staff that we spoke with were clearly motivated to provide good quality care and spoke positively about the changes in the service since the appointment of the interim manager.

There was a process in place to seek the views and suggestions from family members of those who lived at the service. One relative informed us that relatives and staff had, "Really good relationships." They went on to say, "We can go to staff over anything and we are listened to."
Staff meetings were held regularly. We saw evidence of discussions taking place about accidents and incidents, health and safety, policy updates, care plan updates and any actions which needed to be followed up.

There was also monthly 'Your Voice' meetings for the three people who were living at the home; They were supported by staff to express their opinions, ideas and suggestion by the use of pictures and symbols. Most recently those living at the home have been supported with choosing a holiday to Wales during the warmer months.

We reviewed the quality assurance systems at the home. Audit systems which were in place ensured that the health, safety and well-being of those living at the home was well managed. We saw evidence of medication audits, care plan audits, fire protection and prevention audits, window restrictor audits and water testing audits. Audits were completed by the interim manager and maintenance coordinator as appropriate.

There was an up to date Business Continuity Plan (BCP) which contained all relevant contact details of both internal and external services and agencies. The BCP supported staff to make important decisions and to contact the necessary people in the event of an emergency.