

Langstone Society

Stickley Lane

Inspection report

8 Stickley Lane
Lower Gornal
Dudley
West Midlands
DY3 2JQ

Tel: 01902662076

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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

Stickley Lane provides support for up to six people with a learning disability, autistic spectrum disorder, physical disability and or sensory impairment. At the time of our inspection there were six people living in the home. At the last inspection, in December 2014, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive support that was safe and staff knew how to keep them safe. There were still enough staff to keep people safe and people received the medicines as it was prescribed for them.

The support people received continued to be effective. People made decisions as to how they were supported. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were supported so they had the skills and knowledge to meet people's needs.

People continued to receive care that was good. People were supported by staff to make choices as to how the service met their needs. People's privacy, dignity and independence was respected.

The service continued to be responsive to how people's needs were met. People were involved in how decisions were made about the support they received and any reviews that took place. People knew how to raise complaints if they had any concerns about the service they received.

The service continued to be well led. The provider ensured the appropriate checks and audits took place to ensure the quality of the service was maintained. People were encouraged to share their views on the service by way of completing questionnaires. The provider ensured people received a service that was warm and welcoming to them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Stickley Lane

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 checked 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 was a comprehensive inspection and was completed by one inspector on the 12 April 2017 and was unannounced.

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. The information provided by the provider in their PIR was used to plan our inspection and taken into account when we made judgements in this report. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. This included the local authority who commissioned services from this provider.

We spoke to three people, one relative, two members of staff and the registered manager. We looked at the care records for two people, the recruitment and training records for three members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People we spoke with told us they were safe. A person said, "I am happy living here and I do feel safe with the staff". We found that staff knew how to keep people safe and knew the forms abuse took. A member of staff said, "I have had training in safeguarding and I would report any abuse to the manager". We saw that staff moved people in a safe manner. We observed staff supporting someone who was unable to walk independently and this was done in a considerate manner ensuring the person was managed safely. We found that the appropriate risk assessments were in place to ensure staff knew how to support people safely.

We found that there was enough staff to ensure people were supported in a safe way. A member of staff said, "There is enough staff here". A relative we spoke with told us they had no concerns with the amount of staff. We saw that staff had time to sit and talk with people and had enough time to ensure people were not just left to sit in the lounge with nothing to do unless someone specifically ask to. We saw that appropriate recruitment process were in place this included checks being carried out. These checks included two references and a Disclosure and Barring Service (DBS) check. This check was carried out to ensure staff were able to work with vulnerable people.

A person said, "I get my medicines and they are okay". Staff we spoke with were able to explain how medicines were administered and stored on an individual basis in each person's bedroom. A member of staff said, "I have had training in administering medicines". We found that a record was kept of all medicines administered on a Medicines Administration Record (MAR). Where medicines were not administered a record was kept to show why. Where medicines were administered 'as and when required' that appropriate guidance was in place so staff could give these medicines on a consistent basis.

Is the service effective?

Our findings

A member of staff said, "I do feel supported to do my job". We found that staff had the skills and knowledge to support people appropriately. Staff received regular supervision, were able to attend staff meetings and got the training they needed to have the skills to support people. A relative told us that staff knew how to support their relative [person receiving the service] because they had the right skills and knowledge. We found that staff had access to training and received training in areas where people had specific health care support needs like epilepsy or they were diabetic and staff needed the knowledge and skills to support them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw people's consent being sought before staff supported them and people were able to give their consent. Where people were unable to give verbal consent staff were able to explain how their knowledge of people and their body gestures were being used to understand how consent was being given and how people made choices. We found that staff received the appropriate training in the MCA and the DoLS. This ensured staff would know how not to restrict people's human rights where people lacked capacity. At the time of this inspection no one was assessed as lacking capacity within the service.

A person said, "I am able to decide what I have to eat and drink". Another person said, "I decide what I have to eat and I am able to have an alcoholic drink if I want one". A staff member we spoke with said, "We use menus to enable people to make choices as to what they have to eat and drink". We found that people were involved in the meal choices available on the menu. We found that while people made their own choices staff were aware of healthy eating options and encouraged people to eat meals that were more healthy. We saw that fruit and vegetables were options made available on the menu.

We found that people had access to health professionals. A person said, "I am able to see my doctor when I want". Staff told us that people had access to health care professionals as they needed. For example, opticians, dentists etc. We found that health action plans and hospital passports were documents used within the service so people's health care could be managed appropriately and people had access to well person's checks on an annual basis to ensure they were kept healthy and as fit as possible.

Is the service caring?

Our findings

People told us that staff were kind and caring toward them. A person said, "The staff are nice I get on well with them". Another person said, "I do like all the staff". A relative told us that the staff were caring, kind and a real friend. They gave an example of where staff collected them from their home and took them to visit their relative [person receiving service] who was poorly and in hospital because they were unable to get there themselves. We observed staff supporting and treating people with kindness and compassion. Staff consistently demonstrated behaviour that showed people were at the forefront of how they worked and they would do whatever people wanted.

We heard staff consistently reminding people of things they had forgotten. For example a person knew their birthday was coming up because staff consistently kept on reminding them and using examples like having a party and cake to help them remember.

We saw that people were comfortable and relaxed around the staff. We saw people and staff laughing together and chit-chatting amongst themselves. Everyone communicated on a first name basis. People were encouraged to say what they wanted and staff were observed listening to what people said and responding appropriately. We saw that the people living together in the home had built up positive relationships which were encouraged by staff. This was done by staff ensuring when a person was talking or sharing something that other people did not talk over them but allowed them to speak and then comment after they had finished. We saw this in operation and people respected each other's time and space. A person said, "We have monthly meetings with staff to discuss the home and any changes". We saw minutes from these meetings to show the content of these meetings which showed people's involvement and their relatives in the management of the home.

We found that the culture in the service ensured people's privacy, dignity and independence was respected at all times. A person said, "Staff always knock before they come in my room". A member of staff told us they would never enter anyone's room with out knocking first and that during personal care tasks they would move away to allow the person space and privacy during the task. They would only get involved if the person needed support and asked them for support. A relative told us, "Privacy and dignity is respected and handled remarkably".

Is the service responsive?

Our findings

A person said, "I have seen my support plan and I am involved in reviews". Another person said, "Staff do support me how I want". A relative said, "Reviews do take place and the support staff give is really good". Staff we spoke with understood people's support needs and demonstrated a good understanding of how the support people received based upon what was in their support plan. The support people received was assessed and support plans were in place to illustrate how people would be supported. We found that reviews were carried out and involved people or their relatives to ensure the support they received was as they wanted it. Where people were supported with their finances were found that the reviewing process reflected this as staff managed people's monies and there was a need to ensure this was done appropriately.

We found that people's likes, dislikes and hobbies were identified as part of the assessment process. A person said, "I love pool and playing bingo". We saw displayed an activity plan for each person showing what they wanted to do each day in pictorial format to support people understand what they were doing each day. We found one person sitting in the second lounge area listening to music and this was identified as an activity for them on their plan. We saw that people were able to go out on planned activities. A person said, "I went out yesterday to a disco". They went on to tell us how much they enjoyed the disco and that they went to the disco every week. During our inspection we saw staff sitting and taking part in a planned activity with other people who from their gestures and interactions enjoyed the activity they were involved in.

We found that the provider had a complaints process in place which was displayed in other formats to encourage people to share any concerns they had. A person said, "I would complain to the manager but I have never had a complaint". A relative told us they would complain to the registered manager but the service was excellent and have never had to complain. We found that there was a complaints log available but there had been no complaints received. Our observations were that people were happy around staff. We found that staff had a good understanding of people and was able to explain through their knowledge of them how they knew when they were unhappy.

Is the service well-led?

Our findings

A person said, "The service is well led". A relative said, "I have no complaints the home is well run". Staff we spoke with told us the home was well led and the registered manager supported them when needed. We found that the service was well led, the culture and atmosphere within the home was homely, relaxing and comfortable. People knew who the registered manager was and told us they were consistently available in the home. 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.

We found that the provider and registered manager carried out regular spot checks and audits within the service to ensure the quality of the service people received and to identify areas for improvement. These checks included checks on the environment within and outside of the home, medicines management and the documentations used to support people. We found that the registered manager knew what was reportable to us.

A person said, "I do complete questionnaires". A relative said, "I have completed questionnaires". We found that the provider used quality assurance questionnaires to gain people's views on the quality of the service they received. This was then shared with them in meetings set up by the registered manager on a regular basis. People told us they were able to attend these meetings. Staff we spoke with were aware of the provider's whistle blowing policy and how they could use the policy to raise concerns about people's safety.

It is a legal requirement that the overall rating from our last inspection is displayed within the home and on the provider's website. We found that the provider had displayed their rating as required.