

Worcestershire County Council

Worth Crescent

Inspection report

35 Worth Crescent
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27 July 2018

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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

Worth Crescent 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. Worth Crescent accommodates up to 10 people in one adapted building for respite care. Worth Crescent supports up to 56 people, of which 40 people receive personal care. There were four people who were staying at the service at the time of our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place 24 and 27 July 2018. The 24 July 2018 was unannounced which means the provider did not know we were coming. We arranged to go back to the service on 27 July 2018 so we could meet people who were staying at Worth Crescent.

Worth Crescent has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People continued to be kept safe with the care they received from the staff who supported them. Staff recognised signs of abuse and knew how to report this. The registered manager had identified potential risks to people and had put plans in place to support staff. Staff were consistent with management of risk while also promoting people's independence. There were enough staff on duty to support people with their care and emotional needs. People were supported with their medicines in a safe way. Staff understood the importance of reducing the risk of infection to keep people safe.

Staff were involved in the assessment and reviews of people's care with external health and social care professionals to ensure a joined-up approach was adapted for consistency. People were supported to have a healthy balanced diet. Where people required additional support with their eating and drinking staff knew who required this support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff continued to treat people in a respectful and dignified way which had a positive impact on their well-being. People and relatives felt the staff team were kind, friendly and supportive. Staff helped people to make choices about their care and the views and decisions they had made about their care were listened and acted upon.

People continued to receive personalised care and were supported to continue with their hobbies and interests and daily routine which promoted their independence and confidence. People had access to information about how they could complain about the service should they need to.

The provider listened to people's views about the service and the way it was run. People and relatives felt they had the opportunity to raise their suggestions and ideas and found the registered manager approachable and supportive. Staff worked well as a team and were supported by the provider to carry out their roles and responsibilities effectively, through training and daily contact with the registered manager. Staff felt involved in the service and were able to share their ideas about the way in which the service was run.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Worth Crescent

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.

Inspection activity started on 24 July 2018 and ended on 6 August 2018. The inspection included speaking with people, relatives and staff and external health and social care professionals. We reviewed care records and policies and procedures. The inspection team consisted of one inspector. This inspection site visit took place on 24 July 2018 and was unannounced. We returned on the 27 July 2018 to meet people who used the service. We made telephone calls to relatives on the 6 August 2018.

We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three people who used the service and three relatives. We spoke with four care staff, the registered manager and the providers service manager. We spoke with one visiting care staff who is involved in one person's care. We looked at aspects of three people's care and medication records. We also looked at staffing rotas, incidents and accidents and checks of records completed by the registered manager and provider and the provider's report of the service provision.

Is the service safe?

Our findings

When we inspected the service in March 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

All people we spoke with confirmed staff continued to support them to feel safe. One person said, "Yes, I like staying here", when we asked them if they felt safe. A relative told us how their family member looked forward to going and always returned happy. We could see the interactions between people and staff were comfortable and relaxed. We spoke with staff about how they kept people safe from harm. Staff shared examples with us of how they kept people safe, such as ensuring the environment was safe. Staff knew how to identify abuse and how to report any concerns, including to outside agencies such as the local authority and the Care Quality Commission. Staff told us they would raise concerns if they needed to, including through the whistleblowing process. Whistleblowing is where staff can highlight poor practice without fear of recriminations. The registered manager worked with external agencies to ensure people were being kept safe from harm when concerns had been identified.

Staff were able to explain to us about potential risks for people they supported. The registered manager knew people well and ensured that when they were staying they were with other people who they got along with. A relative told us, "[The registered manager] rang me and explained that there was a person coming to stay who [person's name] may not get on with". They told us how they worked this out between them to ensure that all people living in the home during their respite were safe. Staff knew people well and understood the risks that were individual to the person, such as how many staff were required to support a person in the community. We saw in one care record there were clear plans in place which guided staff in how to keep them person and themselves safe.

Staff told us there had been planned changes in staffing structure which had meant that some experienced staff had left. The registered manager told us that agency staff were used where this was needed, but ensured these were consistent agency staff who knew the people well. We saw that where one agency staff member was new, they shadowed an experienced member of staff. The registered manager knew the people who used the service, their support needs and skill mix of their staff and ensured the agency staff who supported them had the right skills and knowledge to meet people's needs. We found that there was a good skill mix of staff on duty at the time of our inspection that reflected the people's needs.

A relative we spoke with felt their family members medicines were managed in a safe way. Staff assisted people with their medicines and had a good understanding about the medicines they gave people and the possible side effects. There were clear and organised systems in place for managing people's medicines and medicines were stored safely and securely.

People and relatives did not raise any concerns with us about the cleanliness of Worth Crescent. We found the home to be clean. The provider had domestic staff who had a cleaning schedule for tasks to complete to keep the home clean. Staff told us they had sufficient equipment such as gloves and aprons when required. Staff told us they had received training in food hygiene and infection control and how they put this

into practice.

Is the service effective?

Our findings

When we inspected the service in March 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People we met had used the service for a number of years and were involved in the on-going assessments of their care which covered different topics such as their interests and hobbies. A relative told us that when their family member first started using the service the staff introduced them to this slowly. The relative said, "They spent time talking things through with [person's name], and slowly introducing them to the home". They continued to say that staff knew their family member very well and knew how to support their emotional and physical wellbeing. They said, "They just understand [the person] and know how to calm them down". We saw assessments of people's care was ongoing. Where people's health needs had changed the provider worked with the family members and health and social care professionals who were involved in the person's care to ensure they were consistent with the care and support offered.

Staff were competent in the care and support they provided. They told us they had received training that was appropriate for the people they cared for. Staff told they had completed training for supporting people who displayed behaviour that challenged so they could ensure the person did not come to harm and staff were also protected. Staff told us they all worked as a team and had handover of information at each shift so they were updated with any changes in people's care.

People's meal planning, shopping and preparation was supported by staff. People had help to prepare their meals and were offered choices of healthy foods they enjoyed eating. Staff shared with us people's preferences for food and were knowledgeable about the support required where people had a specialised diet.

The provider continued to work with relatives, staff and external health and social care professionals to provide a joined up approach for people's care. A relative told us that staff would actively seek feedback on appointments so they could keep up to date. The registered manager told us they attended review meetings with the person and their social worker to ensure the support they were offering was up to date and in line with the person's preferences. A visiting carer told us that communication was good, and that they were invited into the home and have open discussions about any changes in support.

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 continued to feel happy with the support offered by staff, we could see that staff offered people choices about daily aspects of their lives. A relative told us staff supported their family member the way the person preferred and respected the person's wishes. Staff understood people's non-verbal signs when they

were happy to do something or when they refused and respected the person's choice. Where people lacked capacity to make specific decisions about aspects of their personal care relatives and external healthcare professionals were involved so that the care provided reflected what was in the person's best interests.

Worth Crescent is a purpose-built home for those people staying for respite care. People had access to a bathroom which had adaptations and a specialist bath to keep people safe while receiving personal care. People had access to communal areas within the home which gave them a choice of where they would wish to spend their time. People had access to a garden area which was accessible for wheelchair use.

Is the service caring?

Our findings

When we inspected the service in March 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People continued to find the staff kind and caring. One person told us, "Yes I like all of [the staff]". While we saw another person laughing and hugging the staff. A relative said to us the staff were supportive and brought out the best in their family member. Relatives told us that the staff were kind and supportive towards them as carers. A relative told us, "They are a god-send, I would be lost without them and the support they give to [person's name]." There was a strong, person centred culture and people's wishes and choices were respected by staff. Staff empowered people to take control of their daily lives, make decisions about what support they wanted while maintaining their independence as much as possible.

Staff had continued to take the time to get to know people and understand their preferences. Staff spoke of one person where they communicated through touch. Staff spoke of the importance of routine and consistency for the person to ensure their preferences were met in their way. They showed us an object one person used to help calm the person. We saw that staffs interactions with people continued to be kind and respectful. Staff took the time to listen to people and discuss matters which were important to them. A relative told us how, "Marvellous" the staff were and that their family member independence was encouraged and promoted and this had had a positive impact on their overall wellbeing.

All staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs. We saw staff's approach to people was respectful and dignified. Staff shared examples with us of how they would maintain people's dignity while providing support to the person. Staff understood their responsibilities for maintaining confidentiality, in particular the importance of not leaving confidential information unattended where people who were not authorised to do so could read it.

Is the service responsive?

Our findings

When we inspected the service in March 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. As well as picture books, a range of communication methods were used by staff to provide information and offer choices, such as showing objects of reference, pictures and a communication board.

The registered manager made initial assessments for people in their own homes. They told us this gave them the opportunity to get to know the person where they felt most comfortable. They advised that this process also meant they could be sure they were able to appropriately meet the person's needs when they came to stay in the home. The registered manager confirmed that they would not be able to support a person who required end of life care, as the home's facilities and staffing structure were not appropriate.

People's care and treatment continued to involve the person and their family members views about their care and treatment. This enabled people to make their own choices when planning their care and support. For example, staff explained how it was important for them to acknowledge people's daily routine at home, so this could continue with their support. A staff member said, "Routine is important to people, and it needs to be consistent." People's care continued to be kept under review and updated regularly to reflect people's current care needs. Where a person's care needs were changing staff were aware of how this may affect the person and additional support and encouragement that maybe required.

People continued to make choices about how they spent their time. We saw one person completing a jigsaw puzzle, which they confirmed to us that they enjoyed doing. Staff and relatives told us the people continued to be supported with hobbies that suited them. For example, some people preferred going for walks to the local forest, while other people preferred to go bowling or shopping. Staff were flexible in their approach to supporting people with their hobbies and interests.

Staff had good communication between each shift and were aware of any changes that had happened or may be happening for each person. Staff had access to information about who they should contact in an emergency and used this when it had been required. Some people had daily diaries which staff and the person's relative could write in to share information to ensure they were up to date with what was happening for the person.

We saw people continued to feel comfortable in approaching staff, including the registered manager and the providers service manager. They spoke with them about their concerns or plans for the day or longer term. Staff provided supportive advice and guidance and listened to people and provided reassurance to people's concerns.

The provider had a complaints procedure which they shared with people, relatives and staff should they need to raise a complaint. Relative told us they knew how to raise a complaint if they needed to but felt the service provided was good. The complaints procedure advised people what the process was and this was also available in a format suitable for people who used the service. The provider had not received any complaints since our last inspection.

Is the service well-led?

Our findings

When we inspected the service in March 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

There was a registered manager at the time of the inspection. 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.

People and relatives continued to feel happy with the way the service was run. The registered manager told us that regular meetings and conversations with people and their relatives meant they were able to ensure they continued to be happy with the service. Relatives felt the registered manager was approachable and listened to them. One relative said, "[Registered manager] is marvellous, [they are] very approachable and deals with things immediately." Staff said they continued to work as a team and supported each other and felt supported by the registered manager. One staff member said, "[Registered manager] is on the ball, they are very thorough and very supportive."

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager told us communication with people, their relatives and staff was key to ensuring the service was delivering good quality care. They asked people and relatives if they were happy with their support and take any action if it was required. They worked with staff to support people and used this opportunity to see how their staff interacted and supported people. They showed us other checks that they had in place, such as spot checks of care records and spot checks of staff performance to ensure that appropriate and timely actions were being taken.

The provider checking systems was based on people's experiences. We saw a report which showed how they had spent time with people to understand people's view and what people liked about the service. The provider's service manager regularly visited the service to ensure people and staff were happy and whether they needed to address anything. Registered managers from the providers other services also completed checks of the service, and these showed that the service was meeting the providers expectations.

The registered manager understood the requirements of their registration. They submitted statutory notifications to us where this was required. The service previous inspection rating was displayed in the reception area should visiting people, relatives and staff wish to view.