

Trident Reach The People Charity

Windsor Road

Inspection report

47 Windsor Road
Oswestry
Shropshire
SY11 2UB

Tel: 01691671353

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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

Windsor Road is registered to provide accommodation with personal care for up to a maximum of ten people who have a learning disability or autistic spectrum. There were ten people living at the home on the day of our inspection which included one person who was temporarily living at the home.

There was a registered manager in post who was present during 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 felt safe and happy living at the home. Relatives were confident that people were safe and well looked after. Staff ensured measures put in place to protect people did not restrict their independence or freedom to do things they enjoyed.

People were protected from risk of harm or abuse because staff knew how to recognise different types of abuse and knew how to report concerns. Staff did not start working at the home until all the necessary checks had been completed to ensure they were suitable to work there.

There were sufficient staff to meet people's needs. Staffing levels were adapted in line with changes in people's need and things they enjoyed doing.

People received support to take their medicines when they needed them. The provider had systems in place to ensure that medicines were administered and stored safely.

People were supported by staff who had received training and had the skills and knowledge to care for people. Staff received support and guidance to enable them to meet the individual needs of people living at the home.

Staff communicated with people in the way they preferred to enable them to make decisions about their care and treatment. People were given choices and staff sought their consent before supporting them. The provider was aware of their responsibilities under the Mental Capacity Act and was working with the local authority to ensure people's rights were protected

People and their relatives told us they thought the food was good. People were supported to choose and prepare what they wanted to eat and drink.

People and their relatives felt staff were caring and kind. Staff had built positive working relationships with people and their families. People were supported to maintain contact with relatives and friends who were important to them. Relatives we spoke with told us they were always made to feel welcome when they

visited the home.

People were treated with dignity and respect. Staff promoted people's independence and supported them to develop new skills. People were actively encouraged to follow their interests and hobbies. Care plans were tailored to people's individual needs and preferences.

There was a warm and friendly atmosphere at the home. Staff felt well supported by the management team who encouraged an open and inclusive culture. The staff and management team worked in partnership to enable people to achieve their aspirations. Staff felt valued and were motivated to provide good quality care

The provider sought people's, relatives and staff views about the quality of the service. People and their relatives felt able to raise concerns with staff and were confident that their views and suggestions would be listened to and acted upon. The provider completed checks to monitor the quality and safety of the service. They used the information to make improvements to the service

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 felt safe living at the home. Staff knew how to recognise the signs of abuse and protected people from harm. Risks to people's health and wellbeing were assessed and monitored to reduce the risk of harm, or deterioration. There were enough staff on duty to meet people's safety and care needs. People received support to have their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet the individual needs of the people living at the home. Staff felt well supported and were motivated to provide good quality care. The registered manager was working with the local authority to ensure people's rights were protected. People were supported to choose and prepare what they wanted to eat and drink. People were supported to see health care professionals as required to promote good health care.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who respected their privacy and dignity. People were given choices and involved in decisions about their day to day care. People were encouraged to maintain contact with people who were important to them.

Is the service responsive?

Good ●

The service was responsive.

People were actively encouraged to pursue their interests and hobbies. People's care and support needs were tailored to their individual needs and preferences. People and their relatives were

aware of how to raise concerns or complaints and were confident that they would be acted upon.

Is the service well-led?

Good ●

The service was well led.

There was a positive caring and working culture at the home. Staff and the management team worked in partnership with people to enable them to live fulfilled lives. The registered manager and provider had checks in place to monitor the quality and safety of the service. The provider sought people's, relatives and staff views to develop the service.

Windsor 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 29 March 2016 and was unannounced. The inspection was conducted by two inspectors.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with eight people who used the service and three relatives. We spoke with five staff which included the registered manager, the deputy manager and three care staff. We viewed three records about people's care and the support they needed. We also viewed other records which related to management of the service such as medicine records and accidents reports. We spent time observing how staff supported people and how they interacted with them.

Is the service safe?

Our findings

People told us that they felt happy and safe living at the home. When asked if they felt safe living at the home one person said, "Yes, staff look after me". Relatives we spoke with were confident that their family members were safe and well looked after.

People and their relatives felt comfortable to tell staff if they had any worries or concerns. Staff had received training on supporting people to keep safe. They were knowledgeable about the different forms and signs of abuse. They were aware of how and who to report concerns of abuse or poor practice. The registered manager had systems in place to investigate any concerns. They were aware of their responsibility to report any concerns of abuse to the local authority so plans could be put in place to keep people safe.

Staff were aware of the people's needs and the action they needed to take to help people to keep safe. For example, staff were aware that some people were at risk of choking and therefore ensured they were not left alone when they were eating. Staff promoted people's independence and involvement in things they enjoyed doing and took action to enable them to do this in a safe way. We looked at people's care records and saw that there were detailed care plans and risk assessments in place. Where a person's health had deteriorated, we saw that charts had been put in place to monitor their condition. Staff ensured the person was supported to change positions at regular intervals to promote good skin care.

The provider had systems in place for monitoring the safety and maintenance of the environment. Weekly health and safety checks were completed by the registered or deputy manager. Any faults or concerns were reported to the provider's maintenance department. For example, the call bell system had broken down this had been reported and they were awaiting the system to be replaced. In the meantime staff monitored people at regular intervals and people were able to call for support when they needed it.

Staff had received first aid training and knew what action to take in the event of an accident. They were aware of their responsibility to report the incidents to the registered or deputy manager. The registered or deputy manager would oversee the completed forms to ensure appropriate action had been taken and that procedures had been followed. The registered manager told us they would analyse the forms to see if there were any patterns. If they observed that there was an increased number of falls or deterioration in a person's condition they would refer them to the relevant health professional. For example, following an increased level of falls one person was referred to the orthotics clinic.

One relative told us there had been times when the home had been short staffed but staff were dedicated to meeting the needs of the people living there. Staff told us there was enough staff to meet people's needs. During our inspection we observed that there was enough staff to meet people's care and support needs in a safe way. Staff told us they had a good team who covered for each other. However, due to staff vacancies they were using agency staff to cover some shifts. They explained the use of agency staff was reducing as new staff were being recruited. To ensure consistent support for people living at the home the registered manager had requested that the agency provided the same staff. Agency staff were provided with an induction to familiarise themselves with the people's needs and routines. This ensured people were

supported and cared for by temporary staff who knew them well. The registered manager stated they based staffing levels on people's individual needs and the support they needed to do things they liked to do. For example, to facilitate a recent day trip extra staff were brought in.

Staff told that the provider completed checks to ensure they were safe to work at the home before they started. These included references from previous employers and checks with the disclosure and barring service (DBS). The DBS is a system which allows organisations to check potential staff are suitable to work with people who use their services. The recruitment process was conducted by head office and as a result recruitment records were not held at the home. Staff we spoke with confirmed they did not start working at the home until the provider had their DBS and references. Once all the necessary checks were completed staff told us they completed a structured induction. This ensured they were competent and confident to support people safely.

People told us that staff supported them to take their medicines when they needed them. The registered manager told us they had brought in a new system for dispensing medicine following a medicine error. They had liaised with the clinical commissioning group to ensure that medicines were administered safely in line with good practice guidance. Only staff who had received training in administering medicine gave people their medicine. We saw that there were safe systems in place for administering, storage and disposal of medicine. The deputy manager was in the process of reviewing the staff competency tool to ensure the ongoing safe management of medicine.

Is the service effective?

Our findings

People were supported by a motivated staff team who had received training and support to meet people's diverse needs. One person told us staff were very good. A relative we spoke with found staff knowledgeable and felt that they met their family member's needs very well. They said, "They [staff] go above and beyond what is expected." Another relative said, "Staff are well trained and know what they are doing." Staff had regular supervision and could approach the senior staff and the registered manager at any time, should they need support or guidance. One staff member said they found both the appraisal and supervisions effective and beneficial to their role. Staff told us that much of the training provided was computer based. Whilst they found this beneficial they said they would welcome more face to face training. They felt that this would give them better opportunity to discuss specific situations or how best to apply learning with the individuals they supported. The registered manager had acknowledged staff preference and the deputy manager was in the process of arranging some face to face training on person centred care. They aimed to increase staff understanding of person centred care planning, to ensure care was centred around people's individual needs, levels of independence and preferences. This would enable staff to break down people's wishes and aspirations into achievable goals.

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. Some staff had limited awareness on the MCA but they were clear on the need to gain people's consent and involving them in decisions. They said they would always explain to people what care was available and ensured they were happy before proceeding to support them. Where people declined help staff respected their choice and were clear they would not force people to do things against their wishes. During our visit we observed that staff gained people's consent prior to supporting them.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager told us that no one living at the home was subject to DoLS. They had recently attended DoL training and recognised what they needed to ensure people's rights were being protected. They were liaising with the local authority DoLS team and would complete MCA assessments and DoLS applications where required.

People told us they enjoyed their food and were able to choose what they wanted to eat and drink. One person told us they had a good breakfast of three crumpets and a cup of tea. Another person said they particularly liked spaghetti and roast dinners. People were supported to make their own food and drink where able. We saw a staff member asking a person what they wanted for their breakfast and then proceed to help the person make it. They said, "If I do the beans, you do the toast is that ok?" The person was able to make their breakfast with minimal prompts before sitting down to enjoy what they had made. A relative we

spoke with said, "The food is excellent, [person's name] gets plenty to eat. The staff know what they like and dislike." Staff told us and we saw that they had meetings with people to establish what they would like to see on the menu. This was incorporated into the weekly menus. Staff said people were able to change their mind and have alternatives to what was being served on the day.

People were supported to access health care professionals as and when they needed. On the day of our inspection one person received a visit from two health care professionals. Staff told us and we saw the health care professionals had given staff advice on how to provide skin care treatment in between their visits to support their recovery. We observed that outcomes of health care appointments were recorded. Staff were informed about any changes in people's health needs during handovers. This enabled them to care for people in a way that ensured that their health needs were met. The registered manager told us that they had recently arranged for the doctor to complete annual health checks for people. Each person had a hospital passport which detailed their health needs and the support they required.

Is the service caring?

Our findings

People told us they liked the staff and found them kind and caring. One person told us that they had a favourite member of staff that they got on with very well. Relative's we spoke with found staff friendly and welcoming. One relative said, "It's not just a job – they (staff) are very dedicated". Another relative felt that their family member's abilities had improved since the recent change in management they said, "[person's name] is a totally different person, and they (staff) have a good rapport with them". It was obvious that staff had built up good working relationships with people. People spoke confidently with staff and were happy and relaxed in their company. Staff enjoyed coming to work and were motivated to provide good quality care. One staff member said, "I love working here. The people are great and we have a great team". Another staff member told us they liked the people and their different personalities they enjoyed doing things for and with them.

People told us they were able to choose what they wanted to do and when. A relative said they and their family member were fully involved in decisions about their day to day care and support. People were able to get up and go to bed when they pleased. Some people chose to stay up late and have a lie in the next day. One person liked to manage their own finances and would ask staff for assistance if they were unsure about anything. Staff told us people were encouraged to choose the décor for the communal areas of the home and to personalise their bedrooms. Records we looked confirmed that colours for the bathrooms had been discussed at a recent meeting held with the people. Staff felt it was important to treat people as individuals and to find out what was important to them. One staff member said, "It's the little things that make it more personal". For example, one person was very traditional and preferred to be supported by male care workers. The staff rota was adapted to facilitate this wherever possible.

Staff were mindful of peoples' communication needs and would take time to explain things to them in the way they preferred. One person had visual problems. A staff member told us they used speech and touch with this person. They would always approach them from the front and gain their consent prior to supporting them. We saw when staff supported this person to eat and drink they did this in a patient way and promoted the person's dignity.

People were supported to keep in contact with relatives and friends who were important to them. One person said they went out with family on a regular basis. We heard another person talking to staff about a sibling who was visiting from another country. Staff took a genuine interest in people's family life. We saw them chatting with a person's relative about everyday matters and each other's families. Staff told us they had got to know people by reading their care plans and by spending time with them and their relatives. Staff were able to demonstrate that they knew people and their needs very well. Staff had recently supported a person's partner to prepare a valentine meal for the person. They helped them decorate a private area of the home for them to have a romantic meal together. Staff showed us a card the person's partner had given them thanking them for their special day.

Relatives told us and we observed staff treated people with dignity and promoted their independence. Staff we spoke with were mindful they were working in the people's home and spoke with and about people in a

respectful manner. One staff member told us they treated people as they would like to be treated themselves. We saw people were supported in a discreet and sensitive manner when they needed help with personal care.

Is the service responsive?

Our findings

People told us and we saw they were involved in decisions about what they wanted to do and how they wanted their care to be provided. People were supported to remain as independent as possible and staff told us they aimed to develop people's skills to aid their independence. This was confirmed by a relative who said, "Staff encourage [person's name] to do things and are able to get them to do things". They were very complimentary about the staff and the service provided, they said. "I'm so glad to get [person's name] is there". Care plans we looked at were tailored to people's individual needs and preferences. Staff enabled people to live fulfilled lives and encouraged them to take risks. We observed that one person went out independently and others talked about trips out or stays with their family.

The registered manager told us they operated a keyworker system. Each keyworker was responsible for supporting people to identify their goals and for maintaining links with family, friends and other professionals. One relative we spoke with praised the efforts of their family member's keyworker. They said, "The keyworker particularly stands out as they want to be able to work with [person's name] to enjoy a good life". Each month the keyworker would sit down with the person to discuss their goals and to review their care needs. A keyworker told us and we saw that they had recently met with the person they were keyworker for and updated their records. Staff told us if there were any changes in people's care and support needs these were discussed at staff handover.

People were actively encouraged to follow their interests. One person was a fan of a particular television programme and their bedroom was decorated with memorabilia of this programme. Another person was a keen gardener and there was a vegetable plot at the home for them to pursue their interest. The person talked enthusiastically about what they had grown last year and what they intended to plant this year. We heard them telling staff what they wanted and arranging to go to the shops with them to buy what they needed. They were proud that the vegetables they had grown, which were included in the weekly menus. The registered manager told us they hoped to get a greenhouse in the future. People talked about a recent trip out to Chester zoo and how much they had enjoyed it. People laughed and smiled with staff as they recalled the events of their day out.

People told us they were involved in the day to day running of the home. Some people helped to cook meals and make drinks. We observed one person making mid-morning drinks for everyone. A staff member promoted the person's independence and they were able to make the drinks with minimal prompts. There was good communication between the person and the staff member we heard them talking and joking with each other. The person was smiling and it was clear they enjoyed making the drinks and serving them to their friends. Another person liked to be involved in ensuring the house was safe and secure, and each evening they would check all doors were locked.

People and their relatives told us they had not had any cause to complain about anything. They said if they had any concerns they would speak to staff or the registered manager. A relative we spoke with said, "Staff are wonderful", they were confident if they had any concerns they would be listened to and their suggestions and comments acted upon. The provider had a complaints process in place and there was an

easy read poster displayed in the hallway. Staff demonstrated they would take appropriate action if someone wished to make a complaint. The registered manager told us people were also asked if they were happy with the service provided during monthly house meetings and at their care plan review meetings.

Is the service well-led?

Our findings

The registered manager had a number of checks in place to monitor the quality of the service. These included monthly checks of people's care records. These had identified that one person's care plan needed to be updated to reflect an increased level of need. Despite this being identified on three consecutive months we found that the person's care plan and risks assessments had not been updated to reflect the changes in their needs. This had not impacted on the person's care but meant their care records were not accurate or up to date. The registered manager attributed this oversight to the person's former keyworker leaving. They acknowledged this should not have happened and immediately allocated a staff member dedicated time to review the person's care records. Other people's records we looked at had been regularly reviewed and reflected people's care and support needs.

People told us or showed us they were pleased with the support provided by staff, the deputy and registered manager. They confidently approached staff and management for support and were very relaxed in their company. A relative we spoke with talked about the improvements at the home they said, "It is the best it has ever been – (registered manager's name) is amazing the best thing to happen to the home." Another relative told us, "It's a very happy place – very relaxed". The registered manager told us they had a good staff team and the culture of the service was to provide the best quality care possible to enable people to have fulfilled lives. To achieve this they promoted people's independence and choices while reducing the risks of injury or harm.

Staff found both the registered and deputy management supportive and easy to talk to. One staff member said, "They are really good, always got a smile and are easy to approach." Another staff member said, "The manager and deputy manager are the best thing to happen at Windsor House." The registered and deputy manager were enthusiastic in their approach to developing the team to provide good quality care. The registered manager had been in post nine months and the deputy manager was promoted from a care post six months before we inspected. The registered manager had identified a number of areas for improvement on the provider information return they had sent to us. Both the registered and the deputy manager had prioritised their workload to address areas of safety first. This included a review of medicine management as well as recruitment of new staff and team development. The registered manager told us it was important to develop staff knowledge and confidence to enable them to support people to achieve their full potential. They also felt staff required incentives to make continual improvement and were exploring rewards schemes in recognition of staff efforts. The registered manager felt well supported by the regional manager who was available to support them where required. Also, the quality assurance manager had arranged for the replacement of the call bell system after attempts to repair the system had failed. The regional manager completed checks of the service on alternate months and developed action plans for areas which required improvement.

There was a clear management structure in place and staff understood their roles and responsibilities. Staff told us they had shift plans which specified what was expected of each staff member on each shift. Staff were supported by a 24 hour on call system where they could contact the registered manager or senior staff for support and guidance.

The registered manager was keen to make improvements at the home and kept abreast of best practice by liaising with partner agencies and forging links with similar services. For example, they attended the local safeguarding board to ensure they were doing all they could do to keep people safe. They had liaised with the clinical commissioning group and the pharmacy to improve the management of medicines. They were also registered manager of another home and were looking to share good practice between the two homes.

The registered manager sought people and staff views on the development of the service. They held regular meetings with people where they discussed issues such as menus, activities and home improvements. The bathrooms had recently been re decorated and we saw that each person had been asked what colours they would like to be used. People had previously expressed a wish improve the garden. The staff supported people to approach local businesses for support and received donations of all the materials they required to complete a garden 'makeover'. The people living at the home were supported to complete the 'make over' by a team of volunteers. At lunchtime they all enjoyed a barbeque together prepared by the people with support from staff.