

Speciality Care (Rest Homes) Limited

Dinorwic Road

Inspection report

49 Dinorwic Road
Southport PR8 4DL
Tel: 01704 550490
Website: www.craegmoor.co.uk

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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 

Overall summary

49 Dinorwic Road is a residential care home that provides accommodation for up to three people with a learning disability. The service is located in a residential area of Southport. The home is a semi-detached, converted property. It has three bedrooms, two bathrooms and communal areas. There is a forecourt for parking and an enclosed garden at the rear of the home.

The inspection took place on 13 & 14 January 2015 and was announced. We informed the provider two days before our visit that we would be inspecting.

During the inspection we met the people who lived in the home briefly on two occasions and observed the

interactions between them and the staff. We spoke with two care staff, the home manager and the regional manager. We also spoke with one family member on the telephone after the inspection.

There was a registered manager in post. 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.

Summary of findings

People were kept safe because there were arrangements in place to protect them from the risk of abuse. Staff understood what abuse was and the action to take should they report concerns or actual abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. They were able to tell us what action they would take if they felt a decision needed to be made in a person's best interests. At the time of our inspection three people living at the home was subject to an urgent DoLS authorisation and applications for a standard authorisation had been made to the local authority. This was in respect of the locked front door. We found the decision has been discussed with relatives and the meeting documented in people's care records. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (2005) that aims to ensure people in care home and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Each person who lived at the home had a plan of care. The care plans we looked at contained relevant and detailed information. This helped to ensure staff had the information they needed to support people in the correct way and respect their wishes, likes and dislikes. A range of risk assessments had been undertaken depending on people's individual needs to reduce the risk of harm.

Risk assessments and behavioural management plans were in place for people who presented with behaviour that challenges. These gave staff guidance to keep themselves and people who lived in the home safe in the home and when out in the community.

Medication was stored safely and securely. Staff had completed training in medication administration. The manager told us they carried out competency practical assessments with staff to ensure they were administering medication safely. Medication administration records were accurately kept to show when people had received their medication.

We saw people were involved in the running of the home. They met with staff each week at 'Your Voice' meetings, to choose the following week's menu and activities to take part in. We saw minutes from these meetings.

People who lived in the home took part in a variety of activities both in the home and in the community. Some people attended college, others enjoyed activities such as swimming, going to the cinema and shopping. People were supported to attend church services and activities.

During our visit we observed staff supported people in a caring manner and treated people with dignity and respect. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people.

A procedure was in place for managing complaints and family members we spoke with were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with the home's complaints procedure.

The registered manager provided an effective lead in the home and was supported by a clear management structure.

We looked around the building. We found it was clean and well maintained. We found audits/ checks were made regularly to monitor the quality of care provided and ensure it was safe and standards of cleanliness and décor were maintained.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff were only able to start work at the home when the provider had received satisfactory pre-employment checks.

Relatives we spoke with told us there was always enough staff on duty to support their family member as needed in the home.

Staff told us they felt supported in their roles and responsibilities. Staff received an induction and regular mandatory (required) training in many topics such as, fire safety, food hygiene, moving and handling, infection control, safeguarding adults, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff also received training relating to the people they supported, such as an introduction to learning disability, autism and Asperger's syndrome. Records showed us that staff were up-to-date with the training. This helped to ensure that they had the skills and knowledge to meet people's needs.

Summary of findings

Systems were in place to check on the quality of the service and ensure improvements were made. This included carrying out regular audits on areas of practice.

Summary of findings

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.

Staff understood how to recognise abuse and how to report concerns or allegations.

People who displayed behaviour that challenges had a plan of care and risk assessments in place to protect them and other people from the risk of harm.

There were enough staff on duty at all times to ensure people were supported safely.

Recruitment checks had been carried out for staff to ensure they were suitable to work with vulnerable adults.

Medication was stored securely and administered safely by trained staff.

Is the service effective?

The service was effective.

Staff followed the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions. We saw they had worked alongside family members when making 'best interest' decisions.

People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

We saw people's dietary needs were managed with reference to individual preferences and choice.

Is the service caring?

The service was caring.

We observed positive interactions between people living at the home and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

We saw that people had choices with regard to daily living activities.

Families told us the manager and staff communicated with them effectively about changes to their relative's needs.

Is the service responsive?

The service was responsive.

We saw that people's person centred plans and risk assessments were regularly reviewed to reflect their current needs.

Staff understood what people's care needs were. Support was provided in line with their individual plans of care.

Summary of findings

A process for managing complaints was in place and families we spoke with knew how to make a complaint.

Is the service well-led?

The service was well led.

The registered manager provided an effective lead in the home and was supported by a clear management structure.

The service had effective systems in place to demonstrate it was well led. Systems for routinely monitoring the quality of care, support and treatment provided were effective.

Staff described an open and person-centred culture within the organisation. Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

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.

This inspection took place on 13 & 14 January 2015 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 in. The inspection was carried out by an adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. We contacted the commissioners of the service to obtain their views.

Prior to the inspection the provider submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to complete and submit to us which provides key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with two care staff, the home manager and the area manager. We spoke with one relative after the inspection.

We spent some time observing care to help us understand the experience of people who lived in the home. We looked at the care records for three people, three staff recruitment files and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms, the dining room and lounge areas. We spoke with one relative after the inspection.

Is the service safe?

Our findings

An adult safeguarding policy and procedure was in place. The policy was in line with local authority safeguarding policies and procedures. We saw that local contact numbers for safeguarding were available. We observed the safeguarding policy was accessible to staff as it was displayed on the notice board in the 'sleep-in room'. The staff we spoke with clearly described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Staff we spoke with and the training records we viewed confirmed adult safeguarding training had been undertaken within the provider's recommended guidelines of every three years. All of the staff we spoke with were clear about the need to report through any concerns they had. One staff told us, "I wouldn't hesitate to report anything or anyone to the manager."

We saw that staff had received 'Studio 3' training for restraint. We saw from the records that staff training had expired in early 2014. The registered manager acknowledged this and informed us that the provider was looking into an alternative training method. We were informed of an incident in November 2014 when one person who lived in the home required restraint. The incident was recorded and clearly described why restraint was necessary. We saw that the manager had carried out an analysis of the incident. The registered manager showed us the provider's policy for restraining people. The policy clearly stated when and why restraint should be used. The use of restraint in November 2014 was carried out in line with the policy in order to keep the person safe from harm.

We found risk assessments and behavioural management plans had been completed. Having these records in place helps staff to support the person in a consistent way and to ensure their safety and the safety of others in the home. The care records we looked at showed that a range of risk assessments had been completed depending on people's individual needs. These included taking medication, physical and mental health needs and accessing the community. Each person also had a 'hospital passport' which contained current information about their health needs, support needs and their communication. This ensured people received the required support if they required a hospital stay.

Medication was managed appropriately and safely. Medication was only administered by staff who were trained to administer medicines. Staff confirmed that medication training was provided for the staff who administered medication. We were also informed that staff received a competency assessment/ observation by the manager prior to them administering medication on their own for the first time. This check provided assurance that staff were able to administer medicines safely to people.

Medicines were stored safely and securely in a locked wall cupboard. The majority of medicines were supplied in a pre-packed monitored dosage system. We checked a sample of medicines in stock against the medication administration records. Our findings indicated that people had been administered their medicines as prescribed. The registered manager told us that medication practices were audited on a monthly basis and we saw confirmation of this.

We looked around the home, including people's bedrooms and bathrooms. We found the home was clean and tidy. Cleaning rotas showed daily tasks which the staff knew were to be completed each day to maintain a clean and safe environment.

Arrangements were in place for checking the environment to ensure it was safe. We saw paperwork which showed that a three monthly health and safety audit was undertaken to ensure the building was safe and in working order. Specific weekly checks took place which included checks of the water temperatures, fire fighting equipment and the fire alarm; the fire exits were checked every three months and fire drills were undertaken regularly. The last one took place in October 2014. We noted that personal emergency evacuation plans (PEEP) had been completed for each person to enable safe evacuation in the case of a fire.

We looked at how staff were recruited to ensure staff were suitable to work with vulnerable people. We looked at three staff personnel files. We saw that appropriate checks had been undertaken before staff began working at the home. Application forms had been completed and applicants had been required to provide confirmation of their identity; references about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's

Is the service safe?

criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

The home employed a full complement of staff and agency staff were not required. Staff from the current staff team covered staff sickness and annual leave. The manager told us that in exceptional circumstances staff who worked in another home in the company or the bank staff the company had specifically recruited to work at the home were used. This helped the manager to ensure people who lived at the home received support from a consistent and familiar staff team.

We found there were two staff working at all times to support three people who lived in the home. This enabled people who lived in the home to go out into the community

and be supported safely with staff. Staff worked a three week rolling rota to provide the support. We looked at the staff rotas for the current three week period which confirmed the staff numbers. Staff we spoke with told us they felt there were enough staff working throughout the day to support people and to access activities both at the care home and in the community.

We looked through recently submitted accident and incident forms and noted these had been completed in full. All incident forms were reviewed by the registered manager to look for any trends or patterns in order for staff to learn from the incidents. Incidents had been reported to the local authority safeguarding team, when required to do so and notifications had been completed and submitted to the Commission when necessary.

Is the service effective?

Our findings

Staff we spoke with confirmed relatives visited regularly. The manager told us it was the role of people's key workers to phone family members most weeks to update them about their relative. This was in respect of their current care needs or changes to their plan of care. Family members we spoke with confirmed that staff contacted them to keep them informed about their relative's welfare. Information was recorded in people's care files regarding health appointments and daily notes were written to record what people had done each day. Clear record keeping helped staff to inform/ update family members.

Staff told us they felt supported in their roles and responsibilities. Staff received an induction and regular mandatory (required) training in many topics such as fire safety, food hygiene, moving and handling, infection control, safeguarding adults, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff also received training relating to the people they supported, such as an introduction to learning disability, autism and Asperger's syndrome. Records we saw confirmed this. This helped to ensure staff had the skills and knowledge to meet people's needs. We asked staff about their training and they all confirmed that they received regular training and that their training was up to date.

Staff we spoke with told confirmed they received induction, supervision and support. The registered manager informed us they held staff supervisions. Staff had received supervision from the new manager in August 2014 and December 2014. Supervision records were kept for all the staff team. We saw evidence of this to confirm this. The manager told us supervision meetings were planned for January 2015. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs.

The manager and support staff we spoke with were able to describe how they supported people. They described how they enabled people to make choices about their lifestyle and day to day routines. We observed staff supporting people safely in the home and using strategies to reduce their anxiety.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. They were able to tell us what action they would take if they felt a decision needed to be made in a person's best interests. At the time of our inspection three people living at the home were subject to an urgent DoLS authorisation and applications for a standard authorisation had been made to the local authority. This was in respect of the locked front door. We found the decision has been discussed with relatives and the meeting documented in people's care records. This was in line with best practice. The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act (2005) that aims to ensure people in care home and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

The staff took a personalised approach to meal provision. A menu was in place as a guide. Care records contained people's likes and dislikes and indicated any dietary needs. People who lived in the home met each week to discuss their meals for the coming week. Staff had recorded the outcome of these meetings. Staff knowledge of people's preferences led them to offer a choice of favourite meals and snacks. On the day of our inspection we saw people had their choice for a lunchtime meal. The choice of meal for dinner was liked by everyone. We saw in three people's care plans that they were supported by staff to assist in meal preparation and cook. Care plans also recorded if people were unable to ask for food and drinks and recorded how often they needed to be asked by staff if they were hungry or thirsty. This helped ensure that people did not become dehydrated or hungry.

Each person who lived in the home also had a health support plan which contained current information about their health needs and how they required support to maintain a healthy lifestyle. We saw that people were supported to attend regular health appointments and check-ups. Some people who lived in the home had a communication passport and communication dictionary. This showed the meaning of some words people used so that staff would understand their needs and wishes. The passport and dictionary contained pictures people would recognise to communicate their needs to staff.

Is the service caring?

Our findings

We observed the care provided by staff in order to try to understand people's experiences of care and to help us make judgements about this aspect of the service. Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing.

The staff we spoke with had a good understanding of people's needs and how they communicated. They told us they had worked with the people who lived in the home for several years. This consistency of staff ensured people's complex health needs were understood and support was provided as required.

We observed staff taking their time when supporting people to ensure they understood what people needed. We saw their relationships with people who lived in the home were positive, warm, and respectful and there was plenty of interaction and laughter.

Staff told us they were clear about their roles and responsibilities to promote people's independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people's privacy was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people's permission and by explaining the care they were providing.

People who lived in the home were supported according to their wishes and preferences. The care records (person centred plans) we looked at recorded their likes, dislikes and how they wanted to be supported.

Staff knew the needs of the people who lived at the home well. During discussions with staff they were able to describe people's individual needs, wishes and choices and how they accommodated these in how they supported people. This information was clearly and comprehensively recorded in people's person centred plans. Information also included people's likes and dislikes and their daily routines. Staff we spoke with confirmed they used the information recorded in the person centred plans to get to know people and learn about their support needs.

People's care records contained personal development and support plans. These documents described activities for independent living and the progress people were making towards completing the task. People who lived in the home were encouraged and supported by staff to be as independent as they could. We saw documents which showed the activities people had achieved and some that were still to be achieved. This showed that staff were supporting people to develop new skills to promote their independence in day to day living.

We saw that people who lived at the home were involved in meetings when decisions were made about what to do and what to eat. We saw minutes of 'Your Voice' meetings which were held each week which confirmed this. People had family members who visited them and were contacted by staff to keep them informed about their welfare. Family members were involved in decision making when this was necessary or requested by the person.

Is the service responsive?

Our findings

The people who lived at the home were unable to tell us if they were involved in planning their lives. However, we saw that people made day to day choices about activities they wished to take part in or places in the community they wished to visit.

We spoke with one family member. They told us they were happy with the activities their family member took part in.

We looked at the care record files for the three people who lived at the home. We found the provider completed 'person centred plans' with the people who lived in the home. These were care records that contained relevant and individualised information such as people's preferred routines, like and dislikes and their wishes. They also showed the food and activities people enjoyed. Support plans had been completed which showed how people wanted to and needed to be supported. We observed support being provided and people received their preferences of food and choice of activities, in line with their individual plans of care. We found the plans were regularly reviewed and updated when necessary to reflect changes in people's support or health needs.

Care records were updated each month by people's key worker. This helped to ensure the information recorded was accurate, up to date for people to receive the support they needed.

Each person had an activities plan in their care record which showed their activities for each week. We saw daily

records which had been completed by the staff which confirmed that people had carried out activities or been to places of their choice. The people who lived in the home were involved in going shopping to buy the food and other household items required for the house. Staff supported people to attend church services and activities, to attend a local disco, to do personal shopping and to go swimming. Other activities were arranged in the home such as, baking and watching television and films. On the day of our inspection people visited the cinema and attended the local college. The people who lived in the home had the use of a car, which staff took them in, to visit different places in the locality.

We were shown the bedrooms of the people living in the home. We found they were clean and tidy and decorated to the person's personal choice. They were homely, personalised and comfortable.

The home had a complaints policy in place and a process to record and investigate any complaints received. This helped to ensure any complaints were addressed within the timescales given in the policy. The registered manager explained there were no on-going complaints. They told us they had good relationships with family members who visited regularly, so any issues would be discussed informally with staff and sorted out straightaway. They said however they could not recall there being any issues. We spoke with relatives who told us they had no complaints but would tell staff or the manager if they did.

Is the service well-led?

Our findings

The service had a registered manager in post. They were based in the home one and a half days each week. They had managerial responsibility for other services within the organisation. There was a senior support worker who had day to day responsibility in the home.

From our observations during the inspection and from speaking to staff we found there was a person centred culture operated within the home. This meant that people's needs and choices were promoted and staffing was provided to support people's needs and individual choices.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. We saw evidence that the registered manager carried out monthly health and safety audits. The senior support worker completed monthly checks of medication stock and medication administration records. Care records were reviewed by people's key workers and senior support staff checked they had been completed each month. Weekly fire alarm and fire fighting equipment checks took place to ensure they were in good working order.

The registered manager described how the home was visited once a year by a member of the provider's compliance team. They carried out a comprehensive internal audit, which included looking at health and safety

issues within the home. We looked at the most recent audit which had been completed in January 2015. We could see that the audit covered a variety of areas including care, staffing, the environment, and health and safety. We saw from the report that no issues were raised from the visit in January 2015. We were informed that an infection control audit visit was carried out by a senior manager every six months; the last one took place in November 2014. We saw from the report that no issues that were raised from this visit. A quarterly safety and quality and compliance audit was completed by a service manager.

We saw quality audits which had been completed during 2013/2014. These were related to gas and electrical appliance testing and the heating and water system. Service contracts were in place. These included fire prevention equipment, stair lifts and legionella.

The provider had an informal but regular process in place to seek the views of people's relatives. Key worker staff telephoned families each month (if they wished to be contacted) to update them on their family member's welfare. Concerns and issues were recorded in people's daily notes. It was the responsibility of the key worker to ensure issues were brought to the registered manager's attention. Relatives who visited the home would speak to staff at the time. We saw from the care records that annual care reviews were held, where the relatives were invited to attend. We saw copies of reports written from these meetings in people's care records.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.