

Care Services (UK) Ltd

Care Services (UK) Limited - 37 Wolseley Road

Inspection report

37 Wolseley Road
Rugeley
Staffordshire
WS15 2QJ

Tel: 01889801535

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06 September 2017

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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

This inspection was unannounced and took place on 6 September 2017. The service was registered to provide accommodation for up to five people. At the time of our inspection, five people with learning disabilities were using the service. Our last inspection took place in February 2016, and the service was rated as 'Good.' At this inspection, the service remained 'Good.'

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.

At our previous inspection, we told the provider to make improvements to ensure that when people were not able to make certain decisions for themselves, they followed the guidance available. At this inspection, we found that the required improvements had been made. People were supported to make decisions, and when they were unable to, the provider had shown why their support was in their best interests.

People continued to be safe living at 37 Wolseley Road. The staff knew how to support people to ensure they were protected from harm. Risks to individuals were assessed and reviewed, and medicines were managed safely. There were enough staff available to meet people's needs, and recruitment processes were followed to ensure that staff were suitable to work in the service.

Staff had the knowledge and skills required to carry out their roles. They completed an induction programme when they started to work at the home. Staff also had access to ongoing training to develop their skills. People were supported to maintain a balanced diet and access health care services.

People were supported by staff who were caring and patient. They were encouraged to make day to day decisions about their care, and their independence was promoted. Staff knew how to care for people in a dignified way, and understood how to respect people's privacy.

The care provided continued to be individual to each person, and this was delivered in a responsive manner. People were enabled to participate in activities that they enjoyed, and they were able to maintain relationships that were important to them.

The management team promoted a positive, open culture for the people who used the service and the staff who worked there. People were encouraged to give feedback about the support they received. There were effective systems in place to drive continuous improvement within 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 remained good.

Is the service effective?

Good ●

The service was now consistently effective.

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.

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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 visit took place on 6 September 2017 and was unannounced. The inspection team consisted of one inspector. We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with two people who used the service, five members of care staff, and the registered manager. We also received feedback from one relative. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of two people to see if they were accurate and up to date. We reviewed one staff file to see how staff were recruited. We checked records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. To ensure the service was continuously monitored and reviewed we looked at records that related to the management of the service including quality checks.

Is the service safe?

Our findings

People continued to be safe and protected from harm and abuse. One person told us, "The staff keep me safe when I go out. They make sure I'm okay and help me if I ask. I feel safe when the staff help me." Staff were knowledgeable about how to safeguard people who used the service. They were able to describe the various forms of abuse that could occur and were aware of potential signs of abuse. One staff member said, "We know people's usual behaviours, and would be able to pick up if something was wrong. People may be quiet or withdrawn; they may lose their appetite." Staff explained how they would record any concerns and report these to the registered manager or one of the senior staff. They confirmed they would be confident to report any issues, and would also seek advice from other agencies if needed. Staff told us they were kept updated about any investigations and actions that were taken if a safeguarding concern was raised. We saw the registered manager had made referrals to the local authority when needed, and had taken actions to reduce the risks of repeat events.

Risks to people were assessed, monitored and reviewed. People who used the service needed support at all times when they left the home. Some people needed to have two staff with them. One staff member commented, "There are so many considerations to take into account when people go somewhere; it involves a lot of planning. But we have to do this so people can do the things they want in the safest way possible." Some people required assistance if they needed to evacuate the home in an emergency. We saw that plans were in place that described to staff how they should respond in these situations to ensure people were safe. Staff were aware of the support people needed.

Some people could become distressed and anxious, and staff responded to these situations in a positive manner. One staff member told us, "People can be unpredictable, and we all know the signs to look out for. We can then support them so that risks are reduced." We saw that people's physical health had been assessed and staff followed the recommendations given. One staff member told us, "One person went through a particularly difficult time; but with the support of health professionals, things are a lot more settled for them. The number of incidents have reduced and they are happier in themselves." We saw that staff had kept a record of any incidents that had occurred; this information was then analysed to identify any trends. The information we looked at confirmed that the incidents had decreased.

Actions were taken to reduce risks within the home. For example, where potential conflicts had happened between individuals, plans were in place to reduce the risk of these incidents re-occurring. Staff were aware of these potential risks, and responded according to the guidance available. We saw that people who used the service had a variety of risk assessments in place. These covered activities both at home and in the community. They had been reviewed to ensure the information was up to date. One staff member said, "All the information is in the file, so we know how to support people in the safest way possible." We saw that when incidents had occurred, these had been reported and acted on. This demonstrated the provider had systems in place to manage possible risks to people.

There were enough staff to keep people safe and meet their needs. One person told us, "The staff are always here when I need them." We saw that the staff rotas were determined by the needs of the people who used

the service. For example, some staff would start their shifts earlier in the day to support people who chose to get up before others. When people were taking part in certain activities, we saw that the staffing levels were adjusted to ensure the support was available. One staff member told us, "We do have to be flexible and the staffing will take into account who is doing what, and what support each person needs."

We checked to see how staff were recruited. One staff member told us, "All my checks were done before I started working here; police, references and my identification; they were on the ball." The staff records we looked at confirmed that the necessary recruitment checks had been made. This included employment histories and disclosure and barring service (DBS) checks. The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people working in services. This demonstrated the provider had safe recruitment systems in place.

People were supported to take their medicines as prescribed. One person said, "The staff give me my tablets. They don't forget." Staff told us how they were only able to give people their medicines after they had received training to do this. One staff member commented, "Apart from the training we are also assessed to make sure we are doing it right." The provider ensured that people's medicines were stored securely so only authorised people could access them. We saw that staff would record when people had received their medicines and any changes were reflected on these records. When people had medicines on an 'as required' basis, rather than every day, staff were given guidance to know the signs to look out for to indicate these medicines were needed. When people spent time away from the home, for example with their families, we saw the provider had a system in place to ensure the medicines were accounted for. This demonstrated the provider managed people's medicines safely.

Is the service effective?

Our findings

At our previous inspection, we found whilst the provider was not in breach of any regulations there were improvements needed to ensure the service was effective. The provider had assessed people's capacity to make certain decisions. However, they had not evidenced how decisions had been made, and why they were in people's best interests. We detailed this in our last report. During this inspection, we found that the provider had taken note of our comments and had made improvements.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

Some people who used the service were not able to make certain decisions for themselves. When this was the case, we saw that assessments had been completed and the provider had demonstrated why the support given was in their best interests. The assessments were specific to each decision. For example, if people did not understand about their money or medicines. Staff understood the importance of supporting people to make decisions. One staff member told us, "Everyone here has the right to make choices and decisions; but we have to ensure they are safe. They may struggle to understand, and then we have to consider what is the best thing for them." Some people were seen to be restricted, and we saw that applications had been made to ensure this was being done legally. When these had been authorised, the provider had informed us, and also ensured that any conditions were being met. This demonstrated the provider was supporting people in accordance with the MCA guidance.

People were supported by staff who were equipped with the knowledge needed to carry out their roles. One staff member told us, "I started my induction on the first day I was here. I spent time going through all the important procedure folders and looking at the care plans. I then had two weeks learning all about the people living here, spending time with them and observing the experienced staff and how they supported people." They added, "I was reassured that I could take my time and until I felt confident supporting people on my own, then that was fine." One staff member told us how they were completing the Care Certificate. This sets out common induction standards for social care staff and was introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The provider ensured that staff received regular training to develop their skills. One staff member told us, "We have regular refresher training which covers all the areas we need to know about." Another staff member commented, "Our training is ongoing, and at the moment we are all doing the training to ensure we know how to support people who can have behaviours that challenge. We have the opportunity to discuss the training with

colleagues which is helpful." We saw the provider had a system in place to ensure the staff training was up to date.

Some people needed support when they ate to ensure they did not have their food too quickly. We saw staff following the advice included in their support plans. Some people had special equipment available to enable them to eat more independently. One member of staff told us, "It does depend on what they are having; they can manage with standard cutlery for some foods, but will need to use the plate guard and bigger handled cutlery at other times. They don't like to be seen as different to other people, so we respect that." Some people needed to have food supplements to ensure they had a nutritious diet. One staff member commented, "Mealtimes can be difficult for some, and we have to encourage them to eat. They may have protein shakes to go with things and there are always snacks that we know people enjoy." This demonstrated that people were supported to have enough to eat and their nutritional needs were met.

People were supported to access health care services. One person told us, "The staff make appointments to see the doctor if I need to." We saw that people had attended various health appointments with consultants, specialists and other community professionals. Referrals had been made in a timely manner. Staff followed the guidance they were given. One staff member commented, "Some people have exercise programmes specifically for them; we ensure they are supported each day to follow the guidance we have." People's care records described how staff should follow these recommendations. This meant that people were supported to maintain their health.

Is the service caring?

Our findings

Positive relationships had been developed between people who used the service and staff. One person told us, "The staff are here to talk to; they listen to me." Staff knew people well, and understood how to support them in a caring manner. One staff member told us, "One person is having some difficulties at the moment; there have been a lot of changes and they can need reassurance during the night. So we are there for them." They added, "They can also find the meal times difficult, but still want to know what is going on. We'll pop into their room and encourage them to join us. It's up to them in the end, but they know we are there." We observed staff spending time with people and talking about subjects that interested them. Staff would reassure people if they became anxious and were patient and kind in all their interactions.

People were involved in the day to day planning of their care. We saw that weekly 'chat group' meetings took place. People were supported to express their views about events that were happening at home and various activities in the community. These meetings were also used to determine what people wanted to eat during the week, and any special occasions to celebrate. People were encouraged to make choices about their day to day lives. When people wanted to spend time on their own, staff respected this. Staff supported people to make choices. For example, which DVD they wanted to watch, and which room they preferred to do this in. Information was available to people in a format they found easier to understand. For example, using pictures rather than words. We saw that people were able to choose what time they wanted to get up and go to bed. One person had been supported by an advocate to help their voice be heard. An advocate represents the interests of people who may find it difficult to speak out for themselves.

One staff member told us, "We do encourage people to be independent and do things for themselves. Some may need a nudge in the right direction, as they may not realise that they are capable. But that's why we're here; all of them have the capability to do certain things with help or on their own."

Staff promoted people's independence. We observed people being supported in the kitchen to help prepare meals, snacks and drinks. When people asked for something, staff would suggest they did the activity together. Staff understood the importance of respecting people's privacy. One staff member told us, "When supporting people with their personal care, I make sure that they have a towel or a blanket to cover up with; and even if people need to have us with them all the time, I'll move out of the way. It's important that we shut the curtains and doors for people." We observed staff knocking on people's bedroom doors before they entered. This demonstrated that people's dignity was promoted.

People were able to maintain relationships that were important to them. One person told us, "My family visit me every week." We saw that people had been supported to visit their relations away from the home, and that families were also encouraged to visit them there. When specific events took place, a variety of people had attended, and there were photographs on display from these occasions.

Is the service responsive?

Our findings

People were involved in the assessment and planning of their care. One person told us, "The staff asked me what I liked." We saw that they had been visited at home or in hospital prior to moving to Wolseley Road. People's families had been included within this process. We saw that people's care was reviewed on a monthly basis; people and their families were also involved in more formal reviews of their support plans. We saw the provider had made changes to the home environment so that it was more suitable for the individuals living there. For example, the lighting had been changed to meet everyone's needs. One staff member told us, "The community team were so helpful; the person was fully involved and they were able to say which lighting was best for them. They also gave us ideas about different equipment that could assist them in their day to day lives." This demonstrated people received care that was individual to them.

People's care records were personal to them. For example, each person had a pen picture; details about who and what was important to them; their likes and dislikes; daily routines; and any cultural or spiritual needs they had. One staff member told us, "The care plans reflect the needs of the people living here. I will check on them regularly and I know the information is correct and up to date. Any queries, and the answers are there." This demonstrated that people's support plans helped staff to provide care that was individual to people.

People were supported to participate in activities at home and in the community. One person told us, "I go out to different places, and I do lots of things at home." We saw there was a weekly schedule covering a variety of events such as music, swimming, shopping, art classes and daily living skills at home. We saw that one person had a daily planner on their bedroom wall. This explained what they would be doing in a way that was understood by the person. People were supported by staff throughout the day to go to various places. They were also enabled to join in with activities at home of their choosing. We saw people help themselves to various items of interest, and would spend time in the communal areas as well as in their rooms, depending on what they preferred.

The provider had a policy in place that promoted diversity in care for people using the service. This described how staff should ensure each person's rights to receive care that recognised and respected their individual beliefs and identity. They also provided training to staff to encourage them to have a compassionate and non-discriminatory approach to people.

People who used the service were encouraged to participate in the weekly 'chat groups' with their key workers. One member of staff told us, "We will talk about the things people want to do; the meals they would like to have; and any special events coming up. We try to encourage them all to share ideas." We saw there was information on display that told people and their families how they could raise any concerns or issues. One person told us, "I can talk to the staff if there is a problem. They will sort things out." Since our last inspection, there had been no complaints made. This demonstrated the provider supported people to share their experiences.

Is the service well-led?

Our findings

There was a positive and open culture within the home. One staff member told us, "There is a lovely atmosphere here; really friendly, and everyone is happy to help out." Another staff member said, "It actually feels like being part of a family working here." Staff were provided with the tools to question practice. One staff member commented, "We are all aware of the whistle blowing policy in place. I've not had to use it, but know who to contact if needed." Whistle blowing is where staff can raise concerns about poor practice, anonymously if they preferred, with the knowledge they would be protected.

Staff were supported in their jobs. One staff member told us, "I had a supervision session in the first month of being here. It was really helpful, and I felt comfortable to discuss any concerns or issues I had." The staff team were clear about their roles, and even though there had been various changes in the staffing at the home, felt that the service was well managed. The registered manager told us the provider was approachable, and they also had a deputy to share the day to day management with. We saw that team meetings were arranged and that these forums encouraged the staff to share their ideas and experiences. People and their relatives were kept informed about any changes or developments within the service. We saw that a quarterly newsletter was sent out, and people were also encouraged to give their feedback through surveys. The provider was looking at how the surveys could be presented in a more user friendly format for people.

The registered manager had systems in place that were effective in identifying any improvements required. For example, the medicines audit highlighted that some protocols needed updating, and the necessary action had then been taken. There was also a regular audit carried out in relation to people's finances. This ensured that people were protected from any possible financial abuse. The staff team completed audits regarding people's care records, and ensured that these were up to date and relevant for people. This demonstrated the systems were used to drive continuous improvement within the service.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the hallway. The registered manager understood their responsibilities as a registered person and had informed us about incidents they were required to do.