

Stockdales Of Sale, Altrincham & District Ltd

Hayling Road

Inspection report

34 Hayling Road
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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

The inspection took place on 16 and 17 November 2015. The first day of inspection was unannounced. At the previous inspection in December 2013 the service was meeting the legal requirements.

Hayling Road provides care and accommodation for up to six people with learning and physical disabilities.

The service had a registered manager. 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.ale, Altrincham & District Ltd

Hayling Road is one of the services run by Stockdales of Sale, Altrincham and District Limited, a registered charity providing person centred care and support to people with complex care needs.

People living at Hayling Road had lived there since childhood. The service had supported their transition into adulthood by changing their registration from a children's

Summary of findings

service to an adult service. This meant people living at the home did not have to look for alternative accommodation once they turned 18 years of age and could remain settled within their own home.

Hayling Road accommodated six people in an environment which was decorated to a very high standard. Each person had their own room which reflected their individual taste and preferences. There were two bathrooms and a shared kitchen, lounge and conservatory area. People also had access to a sensory garden which was equipped with a variety of different textures, sounds and smells to enhance people's outdoor experience.

There was a strong person-centred culture apparent in all aspects of the service. Person-centred means care and support which is specifically tailored to meet the needs, goals and wishes of each individual and includes the individual, as far as is practicable, in decisions about all aspects of their lives.

Staff described working together as a team; they were committed to providing person-centred care and helping and supporting people to achieve their potential. Staff told us that the management of the service, including the senior managers and the trustees, had a very 'hands on' approach which made them accessible to all.

The people who used the service had complex needs and were not able to tell us fully about their experiences. We used a Short Observational Framework for Inspection (SOFI) to help us understand the experiences of the people who used the service.

We observed that staff treated people with dignity and respect and it was clear they knew the people they supported well.

We found staff were recruited in a safe way; all checks were in place before they started work and they received an induction. Staff received training and support to equip them with the skills and knowledge required to support people in the way they said they wanted to be supported. Training was based on best practice and guidance which meant staff were provided with the most up to date information to support them in their work. There were sufficient staff on duty to meet people's needs.

We saw staff monitored people's health and responded quickly to any concerns or change in need. People's nutritional needs were met and they had access to a range of professionals in the community for advice, treatment and support when needed.

Systems were in place to protect people from the risk of harm or abuse. Staff had received training in safeguarding and knew how to respond to protect the people they supported.

Medicine was ordered, stored and administered safely. Personalised support plans had been developed to ensure people received their medicine in line with their preferences.

We saw people had regular assessments of their needs and care was planned and delivered in a person centred way.

Throughout the inspection we saw and were told about innovative and creative ways the service had responded to ensure people led fulfilling lives and how they were supported to make choices and have control of their lives.

People were actively supported to be part of the local community and, likewise, people from the community were encouraged to attend social events and parties held by the service. Professionals and families were also welcome to visit the home and attend organised events to raise funds and the profile of the service. This was done collaboratively with the people who used the service and had been successful in positively promoting the rights of disabled people.

The management culture of the home was open. There was a high level of commitment to providing excellent care to people who needed it and equipping staff with the skills and knowledge to provide excellent care. The environment was nurturing and staff responded well to this.

When speaking with staff it was clear that they genuinely cared for the people they supported.

People using the service, their relatives, friends and other healthcare professionals involved with the service completed an annual satisfaction survey. Where shortfalls or concerns were raised these were taken on board and dealt with.

Summary of findings

People's preferences, interests, aspirations and diverse needs had been recorded and care and support had been provided in accordance with people's wishes.

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 their responsibility to report any concerns about people's wellbeing to the management team.

Staff displayed a good understanding of the different types of abuse and were able to describe the action they would take if they observed an incident of abuse or became aware of an abusive situation.

Medicines were managed according to good practice so people received them safely and at the correct times.

Good



Is the service effective?

The service was effective.

The service met the requirements of the Deprivation of Liberties Safeguards [DoLS]. Staff we spoke with understood how to protect the rights of people who had limited capacity to make decisions for themselves.

The environment had been designed and arranged to provide positive living, learning and social experiences. There were facilities to support people's care, therapy and leisure needs.

Staff were skilled and well trained. Staff were recruited based on their skill set, values and interests which were then matched to the interests and needs of the people who used the service.

Good



Is the service caring?

The service was caring.

Staff were enthusiastic and well-motivated and were knowledgeable about people's individual care needs.

People who used the service were supported to maintain important relationships.

People's opinions were important to staff and they were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities.

Good



Is the service responsive?

The service was responsive to people's needs. People's care was based around their individual needs, goals, wishes and aspirations.

Staff understood individual's complex communication needs and supported them to achieve their goals both at home and in the community.

Staff supported people in innovative ways, using communication systems appropriate to their needs to obtain their views and wishes in relation decisions about their care and treatment.

The service had creative ways of ensuring people led fulfilling lives. People were supported to make choices and have control of their lives.

Good



Summary of findings

People were encouraged to take part in activities they chose and visitors were made welcome at the service.

Is the service well-led?

The home was well-led.

The leadership, management and governance of the organisation assured the delivery of high-quality, person-centred care which supported learning and innovation.

People were encouraged to participate in the running of the home.

The culture of the organisation was open, transparent and inclusive, which enabled staff to feel able to raise concerns. Staff worked as a team; they were committed to providing person-centred care and helping people to achieve their potential.

Good



Hayling 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 registered 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.

The inspection took place on 16 and 17 November 2015. The first day was unannounced. This meant the provider did not know we were coming. The inspection team consisted of one adult social care inspector.

Prior to the inspection we contacted the local authority contracts and performance team about their views of the service; no concerns. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

During the inspection we observed how staff interacted with people who used the service with the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two relatives of people who used the service. We also spoke with the registered manager, the service manager, the deputy manager, and two support staff.

We looked at the care files of three people who used the service. Other documents we inspected included medication administration records and accident and incident reports.

We assessed how the service complied with the Mental Capacity Act 2005. We also looked at a selection of other documents relating to the management and running of the service. These included five staff recruitment files, supervision and training records, the staff rota, menus, minutes of meetings with staff and those with people who used the service, quality assurance audits and maintenance and equipment records.

Is the service safe?

Our findings

We spoke with one relative of a person who used the service about whether they felt the service was safe. They told us, “As a family we are confident [my family member] is safe. Staff know [my family member] well and we know staff will do their best to keep them safe.”

We found people were safe. Staffing levels had been determined so that staff were available at the times people needed them in order to provide person centred care. We saw that staff were always present in communal areas talking and engaging with people, as well as being available to support people with their personal care needs.

Staff understood the needs of the people they provided support to. They knew the triggers for behaviour changes and the risks related to providing a person’s care. The emphasis in the home was to create a caring environment where people felt safe. Staff responded quickly if a person’s behaviour was changing to reduce the possibility of either the person, or people near them, getting upset or anxious.

For example, during our visit we noted each person was checked regularly to ensure they were positioned correctly to ensure comfort and safety. During an observation in the lounge area we saw staff noticing one person showing signs of discomfort. They immediately spoke to the person to reassure them and then asked another member of staff to assist them to use the hoist to reposition the person in the chair. They did so efficiently and with minimal fuss. They spoke to the person in a calm and assuring manner throughout the manouever which resulted in the person remaining calm and relaxed whilst being made more comfortable.

All the people living at Hayling road were unable to mobilise independently and relied on the use of wheelchairs and hoists to transfer from one place to another. We saw two people utilising the sensory room where they were positioned in such a way to encourage independent mobility of their arms and legs. People also had access to a number of pressure relieving devices and were encouraged to spend time out of wheelchairs, thus reducing the risk of pressure ulcers developing.

Staff told us they had received safeguarding training and were able to describe the different types of abuse and the

action they would take to report concerns. The registered manager also had received safeguarding training and we saw they had followed policies and procedures when reporting incidents.

The provider followed a robust recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the home. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining appropriate references. The home also found new staff via an apprenticeship scheme which meant workers new to health and social care had the opportunity to learn and develop with a view to securing a permanent job. Potential candidates were selected via the same recruitment process as other staff which meant people who used the service were not exposed to staff who were potentially unsuitable to work with vulnerable adults.

Accident and incidents were reported in detail. This included any triggers identified and all actions taken following the incident. All reports were reviewed by the registered manager and senior management team who took any further actions needed to reduce risks. Staff spoken with confirmed that any incidents were discussed at staff meetings, to identify triggers and how they could reduce the risk of any reoccurrence.

Staff managed the risks related to people’s care well. Each care record had detailed information about the risks associated with providing people’s care and how staff should support the person to minimise the risks. Risk assessments also outlined how each person would want to be supported and signposted staff to the appropriate guidance, policy or training needed to support the person appropriately.

The premises were clean and tidy. Fire extinguishers and fire blankets were in kitchen areas and staff were aware of emergency evacuation procedures and the equipment to be used in the event of a fire or emergency. All of the people who used the service were unable to mobilise without staff support and transferred with the use of hoists and slings. This meant people would need support to evacuate safely in the event of a fire. We saw each person had a personal evacuation plan (PEEP) which instructed staff on what to do in the event of a fire. The PEEP’s were easily accessible and gave clear instruction as to how each person should be supported. This meant that people could be safely evacuated in the event of an emergency.

Is the service safe?

We checked how medicines were managed in the home. Each person's medicine was stored safely and complied with the regulations for safe storage of medicines. Care plans included a list of medicines people had been prescribed and the reason for the prescription. This meant staff understood why people took their medicines. A medicine administration record (MAR) was completed by staff when they gave people their medicines; we checked two MARs and they were filled in correctly. There was a

notice on the inside of the medicine cabinet to remind staff to check expiry dates on topical creams. We found staff were knowledgeable in their usage and when they should be discarded.

We saw there was a system in place for ensuring equipment was safe. We checked a selection of records and saw equipment such as fire extinguishers, the fire alarm and portable electrical equipment was serviced regularly. This meant people were protected from harm because equipment was appropriately maintained and serviced.

Is the service effective?

Our findings

Relatives we spoke with told us the home maintained good staffing levels. They also described recent improvements in the way staff worked together as a team by applying their skills and knowledge to deliver good person centred care.

Staff had received training in the Mental Capacity Act 2005 (MCA) and followed the basic principle that people had capacity unless they had been assessed as not having it. Staff we spoke with were clear about how they gained consent prior to delivering care and treatment. We saw communication support plans were in place which had been developed with people to support and enable them to make choices. We saw where people had been assessed as lacking capacity, best interests meetings had been held, for example, prior to medical procedures.

The Care Quality Commission [CQC] is required by law to monitor the use of the Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use a service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager had a good understanding of the Mental Capacity Act and was aware of their responsibilities. At the time of the inspection they had submitted DoLS applications for all the people who lived at the home.

Staff told us they had received training to support people's health and safety as part of their induction. This included moving and handling and infection control. The registered manager confirmed the induction was modelled on the new 'Care Certificate'. The Care Certificate has been 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 service had given a lot of consideration around how to ensure there was a safe but homely environment for each individual. People had access to their own private space in their bedrooms and could also use the communal areas downstairs to be more involved in what was happening in the main part of the house. For example, staff told us some people liked to join in activities such as baking whilst others preferred to watch. A refurbishment of the downstairs area had created a large open plan space which meant everyone could be included in whichever way they chose.

The home also had a large conservatory area which had been adapted into a sensory room. A sensory room is an area designed for people with limited sensory ability to experience different sounds, movements and light in order to stimulate their other senses. Their aim is to promote a sense of relaxation and well-being in the person. This room was part of the open plan area and we found the noise in the kitchen area detracted from the sensory experience in the sensory room. The registered manager told us further adaptations were being considered to ensure people using the room had a better experience with more privacy.

Each person had their own personalised bedroom. All rooms were furnished and decorated to a high standard and to people's individual preferences. Bedrooms contained people's personal

belongings such as posters, photographs and sporting memorabilia.

People received support to eat and drink and received a nutritious diet. The staff prepared the meals for the people living at the home but individuals were encouraged to help with meal preparation. Staff knew the specific needs of each person and made sure meals were prepared in accordance with their requirements. We observed four people being supported to eat over the lunchtime period. Staff ensured people were as involved as possible with their mealtime experience and the atmosphere was relaxed and calm. Staff spoke with the people they were supporting whilst offering them food and engaged in a positive way throughout the meal. People were offered choices at mealtimes as well as drinks and snacks throughout the day.

People who used the service had health action plans; this was available in pictorial format and contained relevant information for healthcare professionals about the person and their health and personal needs. We also saw 'grab sheets' were used. Grab sheets contain vital information about the health needs of each person and are important when they attend hospital. When people with limited communication go to hospital it is essential that the hospital staff understand their individual needs. Grab sheets are an effective way of ensuring people receive the correct level of support from people who don't know them well.

People's care files contained a page outlining the skills, experience, personality type and values they would like the staff supporting them to have. There was also a page

Is the service effective?

outlining what skills and training staff would need to support each individual effectively. We found this was an excellent way to try and ensure people who used the service were supported by staff who shared common interests and who were suitably trained and experienced to deliver effective care and support.

Staff told us they had regular supervision with their manager to discuss their role. They said they felt supported through both formal systems such as appraisal and supervision and informal discussions with the management team and senior staff. Staff told us these meetings were used to assess and monitor their learning needs, gain feedback about their performance and give

suggestions for improvement. One member of staff told us, “There is so much training here, I love it, there is a commitment from the top to develop and nurture staff and there is a waiting list of people wanting to work here. It is great.”

The service encouraged people’s involvement in the wider community to promote their independence, improve their quality of life and avoid social isolation. Resources were also provided by the provider at another location within the service to support and encourage people with independent living initiatives such as cooking and leisure. People at Hayling Road attended these sessions and were well received by each person.

Is the service caring?

Our findings

Positive, caring relationships had been developed with people. The registered manager was motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with all the staff we spoke with.

A strong person-centred culture was apparent within the service. People who used the service were supported to take the lead in their individual personal development plans and day-to-day activities. The plans in place consisted of accessing a range of activities ranging from baking cakes to taking part in a theatre production.

Staff were trained to use a person-centred approach to support and enable people to develop their person-centred plans. We observed that staff were motivated and they interacted well with the people who used the service, consulting with them about all aspects of their daily life. Staff discussed people's planned activities with them and established what they wanted to do and when they wanted to do it.

The provider used person-centred plans and good practice tools to support and involve people to make decisions and to help people set their own goals and objectives. These tools helped people to highlight what was important to them and identify any barriers they faced in achieving their aspirations. People were encouraged to identify family, friends and others who were important to them. We saw care records contained detailed information for staff about how people wished to be treated and how they preferred to be supported, so that their dignity was respected. Care records showed that people who used the service and their relatives were involved in assessments and plans of care. The family members we spoke with confirmed that they were involved.

Staff confirmed they read care plans and more experienced staff had a keyworker role with specific people. Keyworkers told us they were involved in care plan reviews and met with people who used the service prior to their reviews to discuss who they wanted to attend and what they wanted to change. When people were unable to express their views verbally, other communication systems were used so that they could express their preferences.

Care records contained risk assessments, preferences, likes and dislikes and the level of support people required. There

were also consent forms which had been signed by people who had capacity to do so. This meant the home was following best practice guidance to ensure people were appropriately supported and empowered to make decisions about their own lives. We saw people had individualised communication plans and strategies to enable them to express themselves and overcome any issues with verbal communication.

The care records also contained information about what a bad day looked like and what a good day looked like for each person. This was a good way for staff to understand how each individual perceived the world and their surroundings for those people who were unable to advocate for themselves verbally.

There was information about advocates on display in the service; we saw advocates had been involved in supporting people to make decisions about their care and treatment.

Staff spoken with had an in depth understanding of each person who used the service, including their personalities, their aspirations, their particular interests, how they communicated and expressed themselves, their strengths and qualities and the areas they needed support with.

During discussions they were able to give clear examples of these aspects for each individual. se

Hayling road was decorated to promote a sense of home. For example, with consent, photos of people who used the service were displayed in communal areas to promote a homely atmosphere. Hung up on one wall was a "promise" which read, 'We promise to respect you at all times and give you the opportunities to make informed choices. We will help you maintain existing relationships, promote positive relationships and build new ones. We will remain competent in the way we work in order to give you confidence that we can support you with your needs, at home, in the community and promote social inclusion'. This meant the service was committed to promoting the dignity and respecting the choices of each person who lived there.

The staff also offered support to people's relatives and encouraged them to participate as much as possible in any activities and events that were taking place. The registered manager told us that caring for relatives was very important for people's general wellbeing. They said, "We don't just support the person, but the people who are important to them too."

Is the service caring?

We asked the family members we spoke with if they felt supported in this way and they confirmed that they did.

This meant the service was committed to providing good person-centred care which was inclusive and empowering, and included those that were important to the people living at Hayling Road.

Is the service responsive?

Our findings

People received a high level of personalised care that was responsive to their individual needs and preferences. Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service.

People living at Hayling Road had lived there since childhood. The service had supported their transition into adulthood by changing their registration from a children's service to an adult service. This meant people living at the home did not have to find alternative accommodation once they turned 18 years of age and could remain in the same home.

During the visit we looked at three care plans; we found them to be person-centred, providing staff with clear guidance on how to meet people's needs. Care plans and supporting documentation also showed that care, support and treatment was provided in accordance with people's individual preferences. Care plans were reviewed on a regular basis by staff.

We saw each care record had a section called 'All about me'. This provided staff with a summary of the person they were supporting and included information on people's communication methods, diagnoses, allergies, family and friend's birthdays and special anniversaries, their family, any fears, their qualities and hobbies and interests. Each care plan was person-centred and identified clearly what its aims were and the steps staff should take to support the individual to achieve them, in line with their personal preferences.

We saw assessments and risk assessments were reviewed on a regular basis. When changes had been identified, records were updated to reflect them. We saw daily diary records were kept for each person which were well written using appropriate language and terminology.

One family member told us about a time their relative had needed to go into hospital. They said the response from the staff at the home was excellent and that it was clear that staff knew about their relative's medical history, which medication they were on and what they needed. The family member told us it had become apparent just how much the staff knew and understood each person and how much they genuinely cared for the health and well-being of the

people they supported. This had resulted in the person's medical condition being effectively managed by the staff which meant their relative could receive the correct care and treatment at home.

Staff we spoke with were able to describe people's life histories and clearly understood each person well. They told us the care plans gave them detailed information about the person and the systems in place supported the individual to celebrate their achievements.

The people were at the heart of the service. Regular meetings were held with people and their relatives to discuss the quality of the care. We saw that improvements to care were made as a result of these meetings. For example, at one consultation group meeting held for people who used the service, it had been raised that access to suitable changing facilities whilst out on trips was sometimes a problem. The service had responded by purchasing a new mini bus which had changing facilities on board. Staff told us, "It's great, we can go anywhere now, the sky is the limit, and the service is great if we need something and it helps improve people's lives then we get it."

People who used the service had access to a wide variety of activities, including the 'Life Skill Session Plan'. The Life Skill Session Plan offered activities such as art, gardening, conservation, music, dance, drama, cooking, yoga, computer skills, swimming, reading and numeracy, a community action group and a social club. A number of sessions were held at different locations across the service and within the local community each week and people could choose which they wanted to attend.

We found the activity plans for the people who used the service contained a wide variety of activities in line with their preferences and choices. Staff told us that they monitored people's mood and body language to tell whether a person was happy doing an activity. If there was an indication that they didn't like what they were doing they could choose to do something else. We also saw in-house activities taking place for people who had decided to stay at home. These included watching movies, listening to music and enjoying the sensory room.

We found the service was committed to ensuring people had access to a variety of activities which promoted their confidence and self-esteem. For example, people who are unable to communicate in conventional ways can often get

Is the service responsive?

frustrated trying to communicate with others. This can sometimes result in anger and the demonstration of behaviour which is often described as ‘challenging.’ People can then get a reputation for being ‘difficult or ‘challenging.’ The registered manager told us about one individual this had happened with and staff had been reluctant to work with them due to their ‘challenging behaviour’. Over a period of a few months the home had encouraged staff to support the individual with the use different techniques to build up trust and rapport between staff and the individual. As a result, this person had overcome the difficulties they had faced as staff had got to know them better. The home had also purchased a touch screen computer which enabled the person to communicate better with staff and relieve some of their frustration and anxiety. Staff told us this person was now able to attend a wider range of activities because they would accept support from all members of the staff team. This was an excellent example of how the service had responded to ensure a person was empowered rather than excluded.

One family member told us that quite often when they ring to enquire about their relative, they are told they are “busy on different activities”. The family member went onto say that relative “was having the life we never thought [they] would have”. The family described a time when their relative had come home from an activity and the staff had, “made sure [they] had [their] bottle of cider ready.” This was another example of staff promoting individuality and respecting the choices of people who used the service.

The service actively built links with the local community that enhanced people’s sense of wellbeing and quality of life. Staff supported people to access the community and minimise the risk of them becoming socially isolated.

The Provider held a variety of fundraising events throughout the year, both inside the service and within the wider community, which people who used the service and their families were actively encouraged to be involved in. For example, there had been a Summer and Autumn ball held at hotels in Manchester and a vintage afternoon tea party for people who used the service and their families. There were photographs available at the home for people to look at and a newsletter acknowledging the contributions people had made.

We also saw there were a number of events planned over the Christmas period. These included a Christmas fair and a Christmas party. We saw people were consulted about these events and were encouraged to make suggestions about what they wanted to happen and who should be invited.

The registered provider had a complaints policy in place. The service manager told us all complaints were investigated immediately and discussed at board level. We saw minutes of meetings which confirmed this. The service viewed concerns and complaints as part of driving improvement. The home had not received any formal complaints in the twelve months prior to our inspection. The registered manager said that she felt this was due to the good communication systems in place that ensured people felt comfortable to raise issues before they escalated into complaints.

Relatives knew how to complain and had regular contact with the staff about any updates or concerns in relation to their family member. They told us they had good relationships with staff and would approach them with any concerns, should there ever be a need to do so.

Is the service well-led?

Our findings