Southdown Housing Association Limited

Southdown Housing Association - 3a Grosvenor Road

Inspection report

3a Grosvenor 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

Summary of findings

Overall summary

This inspection took place on 12 October 2016 and was an unannounced inspection. It was carried out by one adult social care inspector.

The last inspection of the service was carried out on 6 January 2014. No concerns were identified with the care being provided to people at that inspection.

3a Grosvenor Road provides accommodation and support with personal care for up to three adults. The home specialises in providing care to adults who have a learning disability. The home is staffed 24 hours a day.

At the time of our inspection there were three people living at the home. The people we met with had very complex needs and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

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.

People were supported by a caring staff team who knew them well. Staff morale was good and there was a happy and relaxed atmosphere in the home. In a recent satisfaction survey a relative commented "[Name of person] is very lucky to be looked after by the staff at Grosvenor Road" and "The observation and care is brilliant."

Routines in the home were flexible and were based around the needs and preferences of the people who lived there. People were able to plan their day with staff and they were supported to access social and leisure activities in the home and local community.

The home was a safe place for people. There were sufficient staff to meet people's needs. Staff understood people's needs and provided the care and support they needed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns.

People's health care needs were monitored and met. People received good support from health and social care professionals. Staff were skilled at communicating with people, especially if people were unable to communicate verbally.

People were unable to look after their own medicines. Staff made sure medicines were stored securely and there were sufficient supplies of medicines. People received their medicines when they needed them.

People were always asked for their consent before staff assisted them with any tasks and staff knew the procedures to follow to make sure people's legal and human rights were protected.

There were effective systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were adequate numbers of staff to maintain people's safety.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good

The service was effective.

People could see appropriate health and social care professionals to meet their specific needs.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind, patient and professional and treated people with dignity and respect.

People were supported to maintain contact with the important people in their lives.

Staff understood the need to respect people's confidentiality and to develop trusting relationships.

Is the service responsive?

Good

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were supported to follow their interests and take part in social activities.

Is the service well-led?

Good

The service was well-led.

The provider had a clear vision for the service and this had been adopted by staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

There was a quality assurance programme in place which monitored the quality and safety of the service provided to people.

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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.

The last inspection of the service was carried out on 6 January 2014. No concerns were identified with the care being provided to people at that inspection.

This inspection took place on 12 October 2016 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection we looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the home.

At the time of this inspection there were three people living at the home. We met with each person however; given their very complex needs they were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with staff to help form our judgements.

We looked at a sample of records relating to the running of the home and to the care of individuals. These

included the care records of two people who lived at the home. We also looked at records relating to staffing, the management and administration of people's medicines, health and safety and quality assurance.

Good

Our findings

Staff told us there were sufficient numbers of staff to meet the physical, social and emotional needs of the people who lived at the home. They told us staffing levels were flexible so that people could enjoy social events in the evenings. There was an on-call system which meant senior staff were available to support staff where needed.

Staff were available to assist people when they needed support. We observed staff responded quickly for any requests for assistance. Staff did not rush people. They supported people in a relaxed and unhurried manner.

Care plans contained risks assessments which outlined measures in place to enable people to maintain their independence with minimum risk to themselves and others. These included accessing the community, travelling in a vehicle and taking part in certain activities.

The people who lived at the home were unable to tell us whether they felt safe in the home and with the staff who supported them. This was because they had complex needs which limited their verbal communication and understanding. However; people looked relaxed and comfortable with their peers and with the staff who supported them.

People had prescribed medicines to meet their health needs. All medicines were stored securely and each person had a clear care plan which described the medicines they took, what they were for and how they preferred to take them. Staff said they only helped one person at a time and two staff checked to ensure the correct medicine and dose was administered. Staff received appropriate training before they were able to give medicines. They also received refresher training and observation of their practice to make sure they remained competent to administer medicines. Medicine administration records (MAR) were well-maintained and showed people had received their medicines when they needed them. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Risks of abuse to people were minimised because the provider had a recruitment process which ensured all new staff were thoroughly checked before they began work. Checks included seeking references from previous employers and carrying out checks to make sure new staff were suitable to work with vulnerable adults. Staff told us they were only able to start work once all checks had been completed.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse

and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been identified, the service had informed relevant authorities and, where appropriate, had followed their staff disciplinary procedures to make sure issues were fully investigated and people were protected.

There were plans in place for emergency situations; people had their own evacuation plans if there was a fire in the home and a plan if they needed an emergency admission to hospital. Staff had access to an on-call system which meant they were able to obtain extra support to help manage emergencies.

To ensure the environment for people was safe, specialist contractors were employed to carry out fire, gas, and electrical safety checks and maintenance. The service had a comprehensive range of health and safety policies and procedures to keep people safe. Management also carried out regular health and safety checks.

Good

Our findings

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) Staff had been trained to understand and use these in practice. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff spoke confidently about how they involved the people they supported to make decisions. For example, offering a limited number of choices to not overwhelm the person or visually showing people choices. Staff had involved appropriate professionals in a best interest meeting for one person who required a general anaesthetic for a procedure. This meant their legal and human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Assessments about people's capacity to consent to living at the home had been completed and DoLS applications had been completed for people who were unable to consent to this and for those who required constant monitoring by staff.

Staff knew people well and they knew how to communicate with people using their preferred method of communication. The majority of the people who lived at the home were unable to communicate verbally. We saw staff were skilled at recognising when a person wanted something or were becoming anxious. People's care plans contained detailed information about how each person communicated. For example, what signs to look for which meant the person was happy or unhappy or if they were in pain. People used different methods of communication such as sign language, objects of reference and physically leading staff to show them what they wanted. During lunch we observed staff showing a person a choice of foods so they could choose what they wanted to eat.

The staff team were supported by health and social care professionals. People saw their GP, dentist, optician and chiropodist when they needed to. Each person had an annual health check- up. The service

also accessed specialist support such as an epilepsy specialist nurse, learning disability nurse, speech and language therapist and a dietician. People's care was tailored to their individual needs.

People's care plans contained records of hospital and other health care appointments. There were health action plans to meet people's health needs. Care plans included 'hospital passports' which are documents containing important information to help hospital staff support people with a learning disability when they are admitted to hospital.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans detailed people's likes, dislikes, needs and abilities. We observed staff supporting people in accordance with their plan of care. People's meal choices were based on their individual preferences and we saw people were offered alternatives where they indicated they did not want what had been offered. For example we observed one person being shown two alternatives for breakfast as detailed in their plan of care.

Staff were confident and competent in their interactions with people. Staff told us training opportunities were very good. They told us they received training which helped them to understand people's needs and enabled them to provide people with appropriate support. Staff had been provided with specific training to meet people's care needs, such as autism awareness and caring for people who have epilepsy.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

Good

Our findings

When staff talked to us about the people they supported they spoke with great kindness and compassion. It was evident they saw each person as an individual and wanted people to live happy and fulfilling lives.

Staff interacted with people in a very kind and considerate manner. The atmosphere in the home was welcoming and people looked very relaxed and content with the staff who supported them. Even though the majority of people were unable to fully express themselves verbally, there was laughter and friendly banter between staff and the people who lived at the home. Staff were available when people needed them and they supported people in a kind and unhurried manner.

The home had received many compliments from people's relatives Comments included "[Name of person] is very lucky to be looked after by the staff at Grosvenor Road" and "The observation and care is brilliant."

Staff had a very good knowledge about what was important to each person who lived at the home. Each person had a care plan which provided staff with information about the person's needs and what was important to them. People's care plans detailed information about what a "typical day" meant for them. This gave information about their preferred routine which helped staff to support people in accordance with their preferences and needs. We observed one person carried a cuddly toy with them. Staff told us, as did their plan of care, how important and significant this was to them. As detailed in the person's care plan, staff spoke to the cuddly toy which made the person very happy. A member of staff told us how they had communicated through the person's cuddly toy to reduce their anxiety. They said "It was really successful talking to [person's name] through his cuddly toy as he didn't feel pressured and was able to feel calmer and indicate what was bothering them. It worked so well it was shared with other staff and is now covered in the induction programme for new staff."

Staff treated people with respect. They consulted with people about the day's routines and activities; no one was made to do anything they did not want to. People were asked throughout the day what they wanted to do and chose how to spend their time. Staff sought the permission of one person for us to look at their care plan. The person was unable to communicate verbally but passed us their care file which, staff told us, meant they were happy for us to look at it.

Staff respected people's privacy. All rooms at the home were used for single occupancy. People could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's

belongings, such as photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering.

People were supported to maintain relationships with the people who were important to them, such as friends and relatives. Staff told us about one person who was very strict about when their relative visited and we heard this was understood and respected by staff. Staff supported another person to send monthly newsletters to their family which provided details and photographs of what they had been doing. One person was supported to make regular telephone calls to their relatives.

People were supported to be as independent as they could be. Care plans detailed people's abilities as well as the level of support they needed with certain activities. There was an emphasis on enabling people to maintain a level of independence despite their disability. For example assisting with personal care needs, cooking and making day to day decisions about where they wanted to spend their time and what they wanted to do.

Staff understood the need to respect people's confidentiality and to develop trusting relationships. Care plans contained confidential information about people and were kept in a secure place when not in use. When staff needed to refer to a person's care plan they made sure it was not left unattended for other people to read. Staff treated personal information in confidence and did not discuss personal matters with people in front of others.

Good

Our findings

Routines in the home were very much based around the needs and preferences of the people who lived there. For example, people chose what time they got up in the morning and when they went to bed. We observed people arriving for breakfast at different times during the morning and staff were available to respond to people's needs and requests. When we arrived one person was enjoying a long soak in the bath.

People contributed to the assessment and planning of their care as far as they were able. The care plan we looked at had been regularly reviewed and was reflective of the person's current needs. For example, one person could become extremely anxious if there were visitors to the home that they did not know. The care plan clearly set out how staff should manage this to reduce the person's anxieties. The care plan stated that staff should where ever possible support the person to answer the door and always introduce visitors to them. When we arrived at the home the staff member who answered the door politely asked us to wait so they could ask the person to come and meet us. The person did not show any signs of distress during our visit because of the way staff managed the situation.

Due to one person's anxieties about meeting new people, staff told us how they involved the person in the selection of new staff. We were told "Potential staff will visit the home and be introduced to [person's name]. We monitor how they interact with [person's name] and check with [person's name] how they feel before we appoint anybody." The staff member explained the views of the other people who lived at the home were also sought however;, more emphasis is placed on one individual who has very complex needs.

Staff recorded clear information about people each day. Information included how people had spent their day, what they had eaten, their well-being and how they had responded to activities of daily living. This meant that the effectiveness of people's care plans could be fully reviewed.
Staff told us that they attended a handover meeting at the start of every shift. They said that this provided them with current information about the people they supported.

People had opportunities to take part in a range of activities and social events. On the day we visited one person was going to a local café. A member of staff told us "Staff at the café have got to know [name of person] really well and they know just how they like their tea made." One person enjoyed going to musicals each month and regularly visited some of the provider's other nearby homes for a cup of tea and a chat. Staff told us this was something they really enjoyed. The person and another person who lived at the home also attended a music club one evening a week. Staff told us additional staff were on duty to enable people to do the things they wanted to do.

Staff told us about one person who was reluctant to go out or do anything. They explained "We respect [name of person's] wishes but we won't give up. We offer a trip out every day. If they say no that's fine. [Name of person] loves to be read to so we make sure we spend time with them. We know when they have had enough as they will stand up and walk away."

Staff told us the registered manager operated an open door policy and was accessible and visible around the home. There was a complaints procedure which had been produced in an accessible format for the people who lived at the home. There had been no formal complaints in the last year.

Good

Our findings

People were supported by a team that was well led. The registered manager was appropriately qualified and experienced to manage the service. There was a staffing structure in the home which provided clear lines of accountability and responsibility. Staff were clear about their role and the responsibilities which came with that. There was an on-call system which meant staff always had access to more senior staff for advice and support.

The provider's vision for the service was "Everyone, no matter what their life experience, background or challenges will have the opportunity to lead their life to the full." From our observations, discussions with staff and feedback from relatives it was clear this vision had been adopted by the staff team.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had regular supervisions where they were able to discuss their performance and highlight any training needs. There were also meetings for staff where a
variety of issues could be discussed. There was also a handover meeting at each staff shift change to ensure all staff were kept up to date with people's care needs.

Staff morale was good and staff were positive about the training and support they received. One member of staff said "I really enjoy working here. We are a close knit team and the support is really good. At one of my supervisions I asked for extra support and I got it. [Name of registered manager] is really supportive." Another member of staff told us "[Name of registered manager] is really good and is on the duty rota and works with us. The training is excellent. It's all face to face which is brilliant."

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. Detailed audits were completed by the registered manager. The provider's quality systems manager carried out regular visits to the home to monitor and highlight any areas for improvement. We looked at the action plans which had been developed from two recent visits. These demonstrated that the registered manager had addressed the points raised.

Satisfaction surveys were sent to relatives to seek their views on the quality of the service provided. Results of a recent survey had been very positive and showed a high level of satisfaction with the service provided. Relatives had nothing but praise for the caring attitude and commitment of the staff team and of the care their relative received. One relative commented "Their [staff] observation and care is brilliant. I am kept well informed and everything is much appreciated." Another commented "All excellent!"

All incidents and accidents were monitored, trends identified and any learning would be shared with staff and put into practice. The registered manager understood their legal duty to notify CQC about significant events. As far as we are aware they have notified us appropriately of all serious incidents and events.