

Care Services (UK) Ltd

# Care Services (UK) Limited - 37 Wolseley Road

## Inspection report

37 Wolseley Road  
Rugeley  
Staffordshire  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 2 February 2016. This was an unannounced inspection carried out by one inspector. 37 Wolseley Road is a residential home for that provides care for up to five people who have learning disabilities and autism. When we visited, four people were living at the service. Our last inspection took place in May 2014 and at that time we found the provider was meeting the regulations we looked at.

The service had a registered manager in place. 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.

Consent to care was sought in line with legislation and guidance, and capacity assessments were completed when needed. However when people did not have the capacity to make certain decisions, it was not clear in their records how decisions had been made and why these were in their best interests.

We found that people were supported by staff to protect them from harm and abuse. The staff had a good understanding and knowledge of safeguarding people and understood what constituted abuse or poor practice. Risks to individuals were managed to keep people safe, and this was done in a way that promoted their independence. There were sufficient staff to keep people safe and meet their needs. The provider had safe recruitment processes in place. People received their medicines in a safe manner by staff that were trained to do this.

People were helped to make decisions and choices in their lives. They were supported by a staff team who knew them well and had the skills to meet their needs. Staff received a range of training which improved their practice. We saw that people were supported to maintain a balanced diet and the kitchen was open for people to access as and when they wanted to, with support when they needed it. People were enabled to maintain good health and have access to healthcare services when required.

Positive caring relationships had been developed and we found that people were treated with dignity and respect. Staff promoted people's independence and their families were encouraged and enabled to be a part of their lives.

People received support that was individual to them and met their needs. They had the opportunity to choose how they spent their time. We saw the service had made some changes to the building to make it better for the people who lived there. People knew how to raise any concerns and were encouraged to express their views about the service.

We found there was a positive, open culture within the service. Staff felt supported by the registered manager and the provider. Staff and relatives told us they were approachable and responsive. People were encouraged to be involved with developing the service and there were systems in place to monitor the

quality of the service and drive continuous improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from avoidable harm and abuse. Staff understood how to recognise abuse and what actions to take. Risks were managed and staff knew how to keep people safe. There were sufficient staff to support people and the provider had safe recruitment processes in place. Medicines were managed safely by staff who were trained to do this.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider was not following some of the principles of the Mental Capacity Act 2005. People who lacked capacity to make decisions for themselves were supported by staff, however the reasoning behind how decisions were made in their best interest was not always demonstrated. People had the opportunity to eat together and choose the foods they wanted to eat. The advice and support of healthcare professionals was sought whenever it was necessary.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness by staff who were caring. People were encouraged to make decisions about their care and support. People were enabled to be independent and take part in daily activities. People's privacy was respected and the staff ensured that their dignity was promoted. Important relationships were maintained and new ones developed.

### Is the service responsive?

Good ●

The service was responsive.

People received support that was individual to them and staff understood their preferences. People chose how to spend their time and were supported to take part in activities of their choosing. People were encouraged to express their views and

the service listened to what people told them.

### Is the service well-led?

Good ●

The service was well led.

There was a positive culture within the home and staff felt supported by the manager and the provider. There were systems in place to assess and monitor the quality of the service and to encourage and drive improvement.

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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 took place on 2 February 2016 and was unannounced. The inspection team consisted of one inspector. We spoke with three people who used the service, and also spent time observing how staff interacted with people. We watched how staff supported people and cared for them. We did this as some people had limited verbal communication skills and we wanted to understand people's experience of living at the service. We spoke with three relatives, three members of care staff, a visiting professional and the registered manager. We did this to gain people's views about the care and to check that the standards of care were being met.

We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home. On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We looked at three people's care records to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

# Is the service safe?

## Our findings

People were supported by staff to protect them from harm and abuse. Relatives we spoke with told us people were safe living at the service. One relative said, "I know that they protect them from harm at home and when they are out." Another told us, "I know the staff keep all of them safe. If I thought that something was amiss, I would have said so." Staff we spoke with had a good understanding about the different types of abuse that could happen and told us they would be confident to report any issues. One staff member said, "If I saw anything I would report it straight away to the manager, and would go higher if needed and talk to the senior manager or owner." Staff told us they would look out for any changes in a person's behaviour or demeanour as this could indicate that people were unhappy about something. One staff member said, "I have no concerns about the safety of the people who live here."

Staff told us they knew about the whistle blowing policy. This is a policy that the provider has in place to enable staff to raise any issues of concern about the service anonymously if they preferred. One member of staff said, "We have a whistle blowing policy and would be confident to use it, but I haven't had to."

Staff were aware of potential risks that may have caused harm to people who used the service. Staff were able to tell us about how they would support individuals to keep them safe. For example, how people should travel to places; how many staff were needed and where people should sit in a vehicle. We observed staff putting this into practice when they supported people. Staff told us how they would assess risks for individuals on a daily basis. One staff member said, "We have to see how things go hour by hour. It may be right for someone to go out, but things can change really quickly, and then it may be better to offer support at home. It all depends on how that person is that day." We saw that the risk assessments were up to date and covered each area of their care. The risk assessments were clear and laid out in an easy to read flow chart. This meant that staff had current information about how to support people and manage risks.

Some people who used the service could display behaviours that would have been a risk to themselves or others. We saw that there were positive behaviour support plans in place to ensure these behaviours were managed in an appropriate manner. One relative said, "The staff all know how to react if something happens. They know how to keep [person who used the service] safe." One member of staff told us, "There has been a phenomenal change in some people's behaviour. The amount of incidents has decreased hugely. It's a combination of them maturing and us knowing what to look out for and responding before things escalate." We observed staff giving positive reinforcement to the people who lived there.

We saw that the provider had emergency plans in place for the people that lived there. Staff knew how to reassure people if there was an emergency that had to be dealt with. One member of staff said, "Fortunately nothing like that has happened, but if it did, we know people well and would be able to make sure they were safe."

Relatives we spoke with told us there were sufficient staff to support people. One relative said, "There's enough staff at all times." One member of staff said, "There are definitely enough staff to meet people's needs. We all work well together as a team." We saw staff were available to meet people's needs and keep

them safe. The registered manager told us that the staffing levels would be reviewed if people's needs changed or if a new person moved into the service. We saw that the provider had safe recruitment processes in place. Police checks had been completed before they could begin working in the service. One member of staff told us, "I had to wait for my checks to come through before I was able to work here." We saw references had been received and identities had been checked for new members of staff to ensure they were suitable to work with people.

People received their medicines in a safe manner by staff that were trained to do this. One member of staff said, "I received medicines training from the local pharmacy before I could give them to people. We learnt about the safe way to store medicines and how to make sure we give them to people safely." We saw staff demonstrate they knew how to manage medicines safely. One member of staff said, "Even if I just dropped a tablet on the floor, it would have to be returned to the pharmacy." We observed people taking their medicines and saw that one staff member gave them to people while another double checked the administration. We saw that care records included details of people's medicines and information to explain what they were prescribed for. Staff told us this helped them to understand people's prescriptions. We saw that a full audit of medicines was completed daily to ensure stock levels and recording was accurate.



## Is the service effective?

### Our findings

We looked at how the requirements of the Mental Capacity Act 2005 (MCA) were being implemented. This Act 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 capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that mental capacity assessments had been completed and some people had been assessed as not having the capacity to make certain decisions for themselves. However, we did not see how the provider had evidenced in people's records why decisions that had been made on their behalf were in people's best interests. For example, staff supported people to have their medicines and manage their money on a day to day basis as they were not able to do this themselves, but the reasoning behind how this was done in their best interests was not recorded.

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. Some of the people who used the service were deprived of their liberty as they were unable to make decisions about their safety for themselves. We saw that applications had been made to ensure that any restrictions were legally authorised. One relative told us, "I was worried about this application, but it was explained to me, and I understand that it's all about keeping [person who used the service] safe. It's actually put my mind at rest."

We saw staff giving people choices about how they spent their time and what they wanted to do. Staff were aware of the principles of the MCA. One staff member said, "We should assume that people have capacity and can make their own choices. Just because someone may not have capacity in one area of their life, it doesn't mean they can't make other decisions for themselves." Another staff member told us, "If someone is assessed as not having capacity, then we'll look at what's best for them." Staff were aware that relatives were not able to consent to things on behalf of the people who used the service. One member of staff said, "We do ask parents to sign things to show they are in agreement, but it's not about them giving their permission as the people who live here are adults."

One relative told us, "The staff have the knowledge and skills to support the people who live here." Another relative said, "They really do understand [person who used the service]." A visiting professional said, "The staff know people well. If they are unsure about something, they will know where to find the information they need." Staff told us they received training to gain the skills they needed to support people effectively. One staff member said, "I learnt a lot from the autism training we did. I now understand how people need more time to process information and that the way I used to speak to people may have confused them. It made me a lot more patient. Asking people to hurry up just doesn't work."

Staff told us they received a comprehensive induction when they started working at the service. They said that this enabled them to learn from the more experienced staff and helped them to get to know the people

who lived there. One staff member said, "I spent the first couple of weeks reading people's care plans and time shadowing people. I found that the way people worked was the same as the information I had read. I was only allowed to support people on my own when I had completed certain training."

We saw that new members of staff were completing the newly introduced care certificate. This training has been introduced nationally to help 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. We also saw that more experienced staff members were encouraged and supported to complete their national vocational qualifications at different levels. Staff told us they had regular supervision sessions. One member of staff said, "We discuss how I'm getting on and what I'd like to do in the future. They go well and I find them useful."

People were supported to have sufficient to eat and drink. We observed the staff support people in the kitchen to prepare the meals and get themselves drinks throughout the day. We saw that the people who used the service chose where they wanted to sit to have their meal, and the staff sat with people as they all ate their meal together. People chatted and spoke with the staff during the meal time and everyone was encouraged to join in. One relative told us, "I've been around at lunchtime and have seen the staff prepare something just for [person who used the service], to make sure they have something to eat." We saw that where there were concerns about people's nutrition, their weight was monitored regularly and this was followed up with other professionals. This demonstrated that people were enabled to maintain a balanced diet.

We saw that people were supported to access healthcare services when needed. One person told us, "I have exercises that the staff help me with each day. When I need an appointment the staff help me ring up." One relative said, "The staff make sure that people have appointments when they need them. I will be involved with these and the staff will pick me up on the way." One member of staff told us, "Some people can tell us when they are unwell or if there's a problem. But with others, we have to rely on our observations and knowing people. We can pick up any issues straight away." We saw staff reassure and explain to people when they had queries about their health concerns. This demonstrated that staff enabled people to maintain good health.

## Is the service caring?

### Our findings

People told us and we saw that there were positive, caring relationships between the people who used the service and the staff. One person told us, "I will talk with the staff when I'm worried. They help me." One relative said, "All the staff are caring." Another told us, "The staff are brilliant." A visiting professional said, "They are always really welcoming." We observed the staff talking with people in a respectful manner. We heard staff reassuring people when needed and giving time to talk with people. We heard staff compliment the people who lived at the service and respond to people's questions. We observed people laughing together and enjoying each other's company. When staff were carrying out tasks they included the people who lived there and continued to involve them in conversations. When people needed to be reminded not to use certain language, this was done in a respectful, quiet manner.

People were involved in making decisions about their care. One member of staff said, "We spoke with [person who used the service] about having a monitor in their room. We explained that by doing this the staff would not need to disturb them when they were in their room, but would hear them if they called us. They agreed to the changes and it's worked out really well." The provider had accessible information about advocacy support that people could access if they needed this. Advocates offer independent support to people who may need help to express their views and have their voices heard.

Staff promoted people's independence. One relative told us, "I'm really pleased with the support [person who used the service] gets; they are doing so many more things now." Another relative said, "The staff always encourage [person who used the service] to be independent." One member of staff told us, "There is a list of all the things people can actually do for themselves as sometimes and we are encouraged to add to this. It's important to keep people as independent as possible." We observed staff support people to carry out tasks in the kitchen preparing meals, setting the table and clearing up. Some people had special equipment to use when preparing and eating their meals which meant they could do this by themselves. We saw people were helped to clean their rooms and take their laundry to be washed.

People's dignity was respected. One relative said, "The staff definitely treat [person who used the service] with dignity and respect, and this is done in a way that is appropriate for them." One staff member told us, "We always make sure that the curtains are drawn and the door is closed when supporting people with their personal care. We will also cover people with a towel around their waist. The male staff are not able to support the women who live here with their personal care. When people don't want us to go into their rooms, then that's fine, we respect their wishes." We heard staff talking with people when they supported them and they explained what they were doing and checked with the person that they were happy with the help they were giving. This demonstrated how staff respected people's privacy and dignity.

Families were encouraged and enabled to continue to be a part of people's lives. One relative said, "I'm always made to feel really welcome whenever I visit. I can come whenever I like." Another relative told us how the service had been supportive to them as a family and helped them continue to see each other over a difficult time. We saw that people were supported to develop new friendships with people away from the service.

## Is the service responsive?

### Our findings

People received support that was individual to them and met their needs. We saw that people and their families had been asked about things that were important to them and this information was then included in people's support plans. One relative told us, "I was asked for a lot of information when [person who used the service] first moved in." One staff member said, "People's care plans are always evolving, and we make sure that they are involved." We saw that the records were individual to each person and pictorial images had been used to make them easier to understand. For example, people's routines were recorded and showed their preferences. Staff we spoke with knew people well and what they told us matched the records we looked at. People and their families were involved with the review of their care. One relative said, "I'm always asked to come to any meetings that are about [person who used the service], and they are involved as well".

People had the opportunity to choose how they spent their time. One person told us, "I like going out to the theatre and the pictures. It's good to go out with the others sometimes, but it's also good to go out on my own. I'm meeting new people and doing things that I want to do." Another person said, "I like to bake cakes." One relative said, "They go out a lot to different places and do a whole variety of things." We saw people go out to the shops, local café and one person had chosen to go to the coast for the day. Within the service, some people chose to spend time in their room deciding where they wanted to go on holiday, listening to music or videos. Other people watched the television or played a game in the shared lounge, and another went into the quiet lounge to practice their writing skills. People were supported by staff to do these things, but staff would also give them time on their own when they wanted it.

People who lived at the service had daily planners which described what they were going to do each day. One member of staff said, "We had a meeting to talk about how these were working, and we agreed that some changes were needed. It wasn't right having the information presented the same way for each person. Some preferred to see a clear structure for their week, but others needed less of a timetable. So that's how we do it now."

We saw the provider had made some changes to the building to make it better for the people who lived there. One staff member said, "We have got the quiet lounge area which is more minimalistic in decoration. It gives people a chance to have a place where there is not too much sensory stimulation. It works really well, and some people prefer to spend time there on their own."

People knew how to raise any issues or concerns they had. One person told us, "If something makes me unhappy, I'll talk to the staff." One relative said, "I've had no need to complain, but would go to the manager if there was anything." Another relative told us, "I would be confident to raise any issues with the staff or the manager, but I'm more than happy." We saw that there was a pictorial leaflet which explained how people could raise concerns about the service. The registered manager told us there had been no complaints raised since our last inspection of the service and people we spoke with said they had not raised any concerns.

We found that people were encouraged to express their views. One staff member told us, "Each key worker

will have a session once a month with the person they work with. It could be here at home, or we may go out for a coffee. This is a time when we can have a really good talk about things that are happening in their lives, any changes that they want. It's so important we listen to people and involve them."

## Is the service well-led?

### Our findings

We found there was a positive culture within the service. One member of staff said, "I love working here." Another told us, "The whole ethos of this place is that it's a real home for people. It's been like that from the start. We are here to make a difference for the people who live here." Relatives spoke positively about the service, and one told us, "It's been wonderful. I couldn't have asked for a better place, and they have made things easier for me in difficult circumstances."

The service had a registered manager and staff told us they were well supported by the management team. One staff member said, "They're fantastic." Staff told us the registered manager was approachable. One member of staff said, "I can talk to them about anything. I wouldn't feel uncomfortable about bringing things to their attention." People and their families knew who the registered manager was. One person told us, "They're the boss." A relative said, "I would be happy going to the manager if I needed anything. They always keep me informed about things." Another relative told us, "They are always asking what they can do to make things better for [person who used the service]."

People were encouraged to be involved with developing the service. One person told us, "We have a Wednesday 'chat group' each week." One member of staff said, "This is when we all get together to talk about plans for the following week; what people want to eat, where they want to go. People will decide if there is anything to celebrate; we like to have a party for everything!" Relatives were sent surveys to complete about the service and any improvements that could be made. This had resulted in some changes, for example improving the availability of vehicles within the service. One member of staff told us, "Access to transport has improved as we've now got another vehicle that people can use."

Staff told us they had regular meetings where they could discuss any issues within the service. One staff member said, "The management will change things where issues have been brought up. They will do things when needed. They have a good understanding about what's happening on a day to day basis." Staff also told us they felt supported by the provider and that they would visit the service and knew the people who lived there. One staff member told us, "The senior manager comes each month to see all the people who live here and carry out spot checks."

We saw that the provider and registered manager had measures in place to monitor the quality of the service and drive improvement. Audits were undertaken on medicine administration, health and safety around the home and people's monies. One staff member said, "We carry out regular financial audits, and make sure every penny is accounted for. It's their money and we have to look after it properly." The registered manager told us, "We complete quality checks around the home and give staff the responsibility to keep things up to date like the care plans and risk assessments." The registered manager demonstrated their understanding about their responsibilities as a registered person. For example, they had informed us and the local authority of any notifiable events.