

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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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care Services (UK) is a residential care home providing personal care to 5 people at the time of the inspection. The service can support up to 5 people, accommodated in one adapted building. The building is over two floors and is made up of separate bedrooms with en suite facilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and some areas of independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Risks were mostly assessed and managed to reduce the risk of avoidable harm, however the risks relating to fire had not been assessed or managed well. The outcomes for people using the service mostly reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. However, promoting independence was an area that could be significantly improved. People we spoke with and relatives told us they felt safe. Staff knew how to identify and report concerns relating to people's safety. People received support to take their medicines safely. There were enough staff to meet people's care and support needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Decisions about people's care and treatment were made in line with law and guidance.

Staff encouraged people to maintain a balanced diet and understood people's special dietary needs. People were involved in choosing their own food. The registered manager and staff team worked with external health professionals to ensure people's health and wellbeing were maintained.

Staff were caring in their approach and had good relationships with people. Staff supported people's independence where possible but did not focus on further promoting people's independent living skills. Staff had a good understanding of people's individual communication methods and supported people to make their own decisions.

People were supported by a staff team who understood their complex needs and their preferences. Relatives and external professionals were involved in the assessment and planning of people's care. Relatives knew how to raise a concern if they were unhappy about the service, they or their family member received.

A registered manager was in post. Positive feedback was received in relation to the management of the service. People, relatives and staff had opportunities to feedback about the running of the service. Quality checks were carried out to monitor the service and identified where improvements could be made. We found that in most areas these checks were effective, but had not identified the concerns relating to fire safety.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to premises and equipment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Care Services (24) is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We requested feedback from the Local Authority quality monitoring officer. We reviewed the information from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service. Some people were unable to tell us about their experience of care at the home, so we observed their interactions with staff and their daily routines and support. We also spoke with two relatives, and two care professionals. We spoke with two support workers, a deputy manager and the registered manager. We reviewed a range of records including all or part of two people's care records and one medication record. A number of other records were reviewed in relation to the management of the service, including quality checks, training records, meeting minutes and accidents and incidents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Fire risks had not been regularly assessed. There had not been a risk assessment for fire safety for the building since September 2017. The registered manager and staff were aware that three fire doors were regularly kept open by the use of door wedges. These doors close when a fire alarm is activated, but the wedges prevented this from happening. This would make them ineffective as fire doors in the event of an emergency and posed a potential risk to people's safety.
- Fire drills had taken place, but these had not happened regularly and any learning from them had not been recorded or acted upon. In the event of a fire the registered manager told us that they or the deputy manager would manage the evacuation of the building. However, there was no procedure in place for actions to be taken if a manager was not on duty at the time of a fire, such as overnight. Tests to smoke alarms and other fire related equipment had been carried out regularly.

We found no evidence that people had been harmed however, regular fire risk assessments of the premises had not been undertaken and fire equipment had not been properly used. This placed people at risk of harm. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the registered manager put measures in place to address these risks. These included making sure the self-close doors worked properly and obtaining a current fire safety risk assessment.

- Each person had a personal emergency evacuation plan (PEEP) that was stored in an accessible place, in case of an emergency.
- People had risk assessments in place that were specific to their individual needs. For example, falls, mobility aids and bedrails. Each risk assessment gave staff specific directions on how each person needed to be supported.
- Other risks within the environment were assessed and the required health and safety checks had been completed. For example, tests of the hoists, and portable appliance testing of any electrical items.

Learning lessons when things go wrong

- The provider had not taken advantage of the learning opportunities available while undertaking fire drills with people and staff.

- Staff completed reports when a person had been involved in an incident or accident. The registered manager reviewed these to identify any themes or trends and then action was taken by staff to reduce the risk of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, " I can't think that anybody is nasty to me here." Relatives said people were safe. A relative told us, "She's safe there, I never worry about her."
- People were supported by staff who had been trained in recognising and reporting abuse. Staff had access to up to date policies and told us they felt confident reporting concerns.
- Staff told us they would not hesitate to use the whistleblowing procedures if they had concerns about misconduct of any kind.
- There were effective systems in place which followed local safeguarding procedures.

Staffing and recruitment

- People were supported by staff who had undergone an assessment of their background, character and qualifications to ensure they were suitable to work with vulnerable adults.
 - The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.
- People were supported by sufficient numbers of staff to meet their needs. Everyone we spoke with said they felt there was enough staff. We observed staff being able to provide people with one to one support and meet their presenting needs.
- The service was able to cover shortfalls in staffing from within the team and sister services located nearby.

Using medicines safely

- Everyone we spoke with told us they received their medicines when they needed them.
- Staff were trained to administer medicines and competency checks were carried out by managers to ensure they remained safe to do this.
- Medicines were ordered and stored correctly.
- Protocols were in place for the administration of medicines taken on an 'as required' basis.
- The service had effective systems and staff managed medicines consistently and safely.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigations of errors and retraining of staff members if needed.

Preventing and controlling infection

- Staff and management were very clear on the importance of handwashing to help minimise the risk of any infection. Alcohol gel, soap and paper towels were readily available.
- Staff received infection control training and followed good hygiene practices to help reduce risk of cross infection, including wearing personal protective equipment such as gloves and aprons when providing care.
- Staff understood the importance of food safety. Food was in date and stored well. Food and fridge temperatures were taken where appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- People were supported by staff who knew them well and supported them in a way they wanted. One person said, "I like living here, I go out and do things."
- Staff members could tell us about people's individual needs and wishes in detail. A staff member told us, "We know the people who live here really well, we are sort of a family and just know them."

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service which included shadowing more experienced staff.
- Staff were supported to obtain the care certificate which is a nationally recognised benchmark for staff induction. They also had access to other ongoing learning.
- Staff completed other necessary training to enable them to carry out their roles well, for example, safeguarding and food hygiene. Training was monitored by the management team to ensure this was kept up to date.
- A daily handover of important information when shifts changed meant staff were up to date with any changes to people's care needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to help prepare meals and drinks in line with their needs and choices. One person said, "The food is nice here."
- Some people were supported with specific aspects of their diet to maintain their health, such as a reduced calorie diet to assist with healthy eating. One staff member said, "The food is ok quality and I would eat it."
- No one had specific dietary needs, such as softened food. However, staff were aware they would follow guidance from professionals such as dieticians, when required.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by healthcare and other professionals in a timely manner. People were supported to attend all scheduled health appointments.
- Staff communicated with other agencies such as the local authority and health professionals, including

occupational therapists, physiotherapists and district nurses. Advice given by professionals was documented by staff and followed.

- Important information had been documented in a health action plan for staff to give to the ambulance service should a person be admitted to hospital in an emergency.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to make decisions about their health at a pace and in a manner suitable for them.
- Staff had successfully supported some people with lifestyle choices to improve their health.
- Care plans provided information of the support people needed to maintain good oral hygiene.
- Checks of people's health were completed annually to ensure people remained well.

Adapting service, design, decoration to meet people's needs

- The home was had individual rooms each with their own bathroom. They had been made homely and personal by each person.
- People had access to garden areas, which we were told they enjoyed in the better weather.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's needs were complex, and care and support was provided in line with current guidance. The registered manager understood when people were potentially being deprived of their liberty. For example, they had submitted a DoLS application for people who lacked capacity and were under constant supervision to keep them safe at the service. This assured us that the person's rights were being upheld.
- Staff understood the principles of the Mental Capacity Act and consent was sought from people before providing them with care.
- Decision specific information was recorded in care records and a system was in place to ensure DoLS were monitored and authorised.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with genuine care and we observed positive interactions between staff and people. One person told us, "The staff are kind and look after me nice." A relative told us, "The staff are friendly and kind to everyone."
- Staff were motivated and passionate about the care they provided. They knew people well. Keyworkers described how they supported people to live fulfilled lives where their choice in how they wished to spend their time was respected.
- Staff interacted with people in a friendly, relaxed and sensitive manner. Our observations of care, review of records and discussion with the registered manager and staff demonstrated people were treated with kindness and respect.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and choices as to their daily routines and decisions about their care and support. One person said, "[The staff] do what I want."
- People were involved where possible, in decisions regarding their care and support. When this was not possible, relatives and advocacy support was sought and provided. People were involved during weekly house meetings where activities, shopping and food choices were discussed.
- Regular meetings took place between people and their keyworkers where they were supported to express their views and assess their wellbeing.

Respecting and promoting people's privacy, dignity and independence

- People were supported as individuals to enhance their quality of life. One person told us about how they kept their possessions safe and said, "I've got a key to my wardrobe it's got my personal stuff in."
- Staff knew people well including their preferences for care and their personal histories. One person said, "The [staff] are nice, they look after me."
- Staff were respectful when they spoke about people and were sensitive in their communication when supporting with their care support. Staff gave examples of how they were discreet about personal issues and private around personal care.
- Care plans provided information as to people's choices and described how they wanted staff to care for them. Two relatives told us they thought their loved ones were bored and did not have enough stimulation. A member of staff confirmed that "There is room for improvement especially around support and not care, we need to promote independence more." We found that people were supported to maintain some areas of independence but there was no system in place to actively promote it. The registered manager said this was

an area they planned to improve.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good.

At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care from staff who knew them well. Staff were able to describe how people liked to receive their care and we saw this matched the information recorded in their care plan. For example, one person needed to have fewer items in their bedroom to ensure their comfort and safety. Staff were aware of this.
- Staff knew people well and supported them in line with their wishes, people enjoyed going out into the local community and were well known in some local shops and cafes.
- Care records were person centred and contained detailed information which enabled staff to understand people's likes, dislikes and preferences. For example, records stated what was important to people and what staff must know. People's care and support plans had been reviewed and updated to reflect any changes to their needs and review meetings took place.
- People had opportunities to follow their interests and decided their activities each day. Relatives gave us mixed opinions on whether people had access to enough meaningful activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information and communication needs were assessed, and staff understood these in detail.
- Various communication methods were apparent during the inspection including photographs and the use of symbols to help people's understanding. Staff explained things to people in a manner and at a pace that was appropriate for them.

Improving care quality in response to complaints or concerns

- Relatives and staff were aware of the process to follow if a complaint was made.
- There was a complaints procedure in place which was available in alternative formats, including an easy read version. Any complaints were logged and responded to in accordance with the provider's policy. No complaints had been received at the time of our inspection.

End of life care and support

- No one at the service was receiving support with end of life care. However, further work was planned in relation to this to develop care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager reviewed the quality of care people received. They completed audits on care records and medicines records and acted where inconsistencies were identified. However, we found some of the audits undertaken were ineffective, for example the audits relating to premises had not identified that a fire risk assessment had not taken place for some years. Audits of the maintenance book had not identified that issues with the release mechanisms on some doors had not been satisfactorily rectified in a timely manner.
- Staff and managers told us they had been aware of the use of wedges that held fire doors open. This had not been identified as a risk to people. Following our inspection, the registered manager put measures in place to address these risks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were enthusiastic about how well staff communicated with them, which created an open, inclusive culture at the service. The managers and staff interacted well with people during our inspection.
- Staff felt supported by the registered manager and felt able to make suggestions on how things could be improved. Staff meetings were held, and staff worked openly with the other homes in the group to improve outcomes for people.
- People, relatives and staff we spoke with felt the registered manager was approachable and responded well to any concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Throughout the inspection process the managers were open and transparent and supported the inspection appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and feelings were recorded by staff during day to day observations and support. Where appropriate people's equality characteristics had been considered and they had been involved in decisions in relation to those.
- Relatives had the opportunity to express their views about the quality of service provided through feedback questionnaires which were sent out every year.
- Relatives we spoke with told us that the managers were all approachable.

Continuous learning and improving care

- Staff were supported to obtain relevant qualifications while they worked at the service.
 - The registered manager attended manager's meetings organised by the provider. They told us these gave them an opportunity to discuss learning from incidents or events and share good practice.
- The registered manager was aware of their need to keep up to date with developments and learning and used the wider organisation and internet to do this.

Working in partnership with others

- Staff worked with people's relatives to understand people's life histories and personal experiences. Relatives spoke positively about the staff team and most felt well informed about their family members care and support.
- The registered manager and staff worked in partnership with a range of other professionals to meet the needs of people living at the home.
- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured that risks to people in the event of a fire were suitably managed and those risks reduced.