

Polesworth Group Homes Limited

# Polesworth Group 64 Long Street

## Inspection report

64-66 Long Street  
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## Ratings

Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 30 October 2018. The inspection was unannounced and carried out by two inspectors and an expert by experience.

The service is a 'care home' operated by Polesworth Group Homes; a non-profit and independent provider of support for people with learning disabilities. The service; 64-66 Long Street consists of two houses which have been converted into one house.

Long Street is one of eight services provided by Polesworth Group Homes Limited. The service provides accommodation with personal care for up to six adults. People in residential care homes receive accommodation and 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. At the time of our inspection visit, there were five people living at the home. The sixth bedroom is used as a staff room and there were no plans for more than five people to live at the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. They had been registered with us for this service since 2001. The registered manager was also registered with us to manage the provider's supported living service and one other residential care home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in January 2016 we rated the service as Good. At this inspection, we found the quality of the care had been maintained and people continued to receive a service that was caring, effective and responsive to their needs. Whilst the safety of the service was, overall, maintained, some areas of risk management required improvements, and we therefore rated the safety of the service as 'Requires Improvement'. The overall rating continues to be Good.

Staff were 'lone workers' at the service which meant there was just one staff member on shift. The provider's other services were within close proximity to the service and staff felt they could call upon them, or on-call managers, for support if needed. The provider had recognised people's care and support needs were changing, as people became older, and shared their future plans with us about staffing arrangements at the home.

Staff had the appropriate levels of skill, experience and support to meet people's needs and provide

effective care. Staff knew people well and, overall, individual risk management plans were in place for staff to follow. However, the provider needed to make some improvements to mitigate potential risks of harm or injury to people. Staff knew what action to take in the event of an emergency.

Staff understood their responsibilities to protect people from the risks of abuse. Staff had received 'safeguarding' training and would raise concerns under the provider's safeguarding policies. The provider checked staff's suitability to deliver care and support during the recruitment process. Staff received training and used their skills, knowledge and experience to provide safe care to people.

People were encouraged and supported to maintain good health. Staff supported people to access healthcare services whenever needed. People received their prescribed medicines.

Staff had received training in the Mental Capacity Act 2005 and worked within the principles of the Act. Managers understood their responsibilities under the Act and when 'best interests' meetings should take place.

Staff supported people with kindness and in a caring way.

People had individual plans of care which provided staff with the information they needed. People could take part in individual leisure activities according to their preferences.

Staff were happy in their job role and felt supported by the manager through team meetings and one to one supervision.

People had no complaints about the service. They felt the staff would deal with any concern if they needed to raise something.

The provider, registered and deputy manager checked the quality of the service to make sure people's needs were met effectively. Feedback on a day to day basis from people was encouraged by staff. The provider and registered manager understood their regulatory responsibilities and with other organisations and healthcare professionals to ensure positive outcomes for people who lived at the home.

Further information is in the detailed findings below.

## 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 consistently safe.

Risks of harm or injury to people had not always been mitigated by the provider.

People were protected from the risks of abuse and were supported by staff who had been safely recruited and trained in safeguarding people. People received their medicines as prescribed.

**Requires Improvement** ●

### Is the service effective?

The service continues to be Good.

**Good** ●

### Is the service caring?

The service continues to be Good.

**Good** ●

### Is the service responsive?

The service continues to be Good.

**Good** ●

### Is the service well-led?

The service continues to be Good.

**Good** ●

# Polesworth Group 64 Long Street

## **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 comprehensive inspection took place on 30 October 2018 and was unannounced. Two inspectors and an expert by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience on this inspection had experience of learning disabilities services.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

The provider completed a Provider Information Collection (PIC) during September 2018. This is information that we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time with people and observing communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection we spoke all five people that lived at 64-66 Long Street. We spoke with one person's relative, three care staff, the provider's administrator and chief executive officer.

We reviewed two people's care plans, daily records and medicine administration records. We also looked at

the management records of the quality assurance audits the deputy, registered manager and provider made to assure themselves people received a safe, effective quality service.

# Is the service safe?

## Our findings

At our last inspection, we gave a rating of 'Good' for this key question. At this inspection we found that, overall, staff maintained people's safety. However, risks of harm and injury to people were not consistently mitigated by the provider. The rating is now 'Requires Improvement'.

People told us they felt safe living at the home because a staff member was 'always in the house' with them. Staff had been trained in safeguarding people and told us they would report any concerns to managers. The provider had a safeguarding policy and the registered manager understood their responsibilities in notifying the local authority and us about safeguarding incidents. There had been no safeguarding incidents to date during 2018.

The provider had a safe system of recruiting staff. We looked at two staff files and records showed employment checks were completed before they started working at the home.

The premises were not consistently safe. We checked how far windows could be opened in two first-floor bedrooms and found these could be extended beyond arms-length because no restrictor device had been fitted. The windows, at waist-height, posed a potential risk to people of toppling forward and falling onto the glazed conservatory roof below. A first-floor ensuite bathroom window and a communal bathroom window were large enough for a person to potentially fall from, onto a pitched roof below. The provider's 'environmental home risk assessment' acknowledged that 'some first-floor windows can be fully opened exposing the risk of falling' however actions to mitigate the potential risks of falls had not been taken. The provider's 'environmental home risk assessment' did not refer to the Health and Safety Executive's Approved Code of Practice (ACOP) guidance and provide any explanation of how risks of falls were otherwise mitigated where window restrictor devices were not fitted. We discussed our concerns with the provider's administrator, who took immediate action and restrictor devices were fitted. We discussed the ACOP, that related to window restrictor devices, with the provider's chief executive. They told us the ACOP guidance had been reviewed by the provider and management. However, the provider had concluded the people who lived at the home were not at risk of falls from the rear first-floor windows and no actions to mitigate risks were implemented. The chief executive confirmed that following our feedback, restrictor devices had been fitted.

Overall, individual risk management plans were in place. For example, positive risk taking had been assessed for one person travelling independently. 'Bus travel training,' had been completed with the person and local 'familiar route' buses identified to them. Some people went to local shops or church together; without staff, and positive risk management plans were in place, so staff knew the level of guidance people needed. However, we identified a few activities people took part in, which posed potential risks of harm or injury, but found risk management plans had not been undertaken. For example, one person told us they did their ironing at their home but were not continuously supervised by staff. Some people enjoyed helping around the home with cleaning tasks, though risk assessments in handling cleaning products had not been undertaken in line with COSHH (Control of Substances Hazardous to Health) guidance. Following our feedback, the provider's administrator took action to implement risk management plans.

The provider had recognised people's changing needs and had begun to look at staffing arrangements for shifts. People were currently cared for and supported by one 'lone working' staff member and one person told us, "We're alright having just one staff with us." Staff felt safe as 'lone workers' and had 'on-call' managers who were available to support them if needed. However, the current staffing arrangements had begun to impact a little on some people. For example, people currently did not take part in their food shopping, which two people told us they 'missed' doing. The provider's chief executive explained they had arranged a meeting with people and staff, in recognition of some people's changing needs as they became older and their support needs slowly increasing; especially when going outside.

The chief executive shared plans with us for future changes to staffing arrangements at the home. This included additional staff, which had already been advertised for, and would enable identified times to have a greater level of support when people needed. The provider planned to implement changes before the end of December 2018.

The provider did not have a system in place for people to safely summon staff help when needed. Staff 'slept in' at the service, and one staff member told us, "One person usually needs supporting to the use the toilet once a night. They bang on the adjoining wall and then we know to go and help them." Staff told us this person had been identified as at risk of falls, and they had no effective means of gaining staff attention during the night. We asked if 'pendant alarms' for people had been considered but staff told us they were not aware of this. Following our feedback, the chief executive told us they had contacted their electrician to obtain information about call systems that could be installed for people to use if needed.

There was a fire alarm system in place and people had individual Personal Emergency Evacuation Plans (PEEPS) in place which informed staff and emergency services of the level of support people would need in the event of an emergency. People living at the home were involved in fire drills and understood what to do in the event of a fire.

Medicines were stored and handled safely by trained staff, who had their competencies assessed by the registered manager. We looked at two people's medicine administration records (MAR) and found these had, overall, been completed as required by staff. We saw two missing signature gaps, however, the staff member confirmed to us they had given the medicine as prescribed but had forgotten to sign, the record was rectified during our inspection visit. Some people had medicines prescribed 'when required,' such as for pain relief or constipation. Protocols were not in place to guide staff when these should be given to ensure a consistent approach was taken. Following our feedback, protocols were implemented.

Accidents and incidents were recorded, and learning took place when things went wrong. One staff member told us one person's mobility had decreased and they had fallen. They explained this person now had a special walking frame with a seat, this reduced the risk of further falls because the person could stop and sit down if they needed.

The home was clean and tidy, and people were protected from the risks of infection. Staff each took responsibility, during their shift, for infection prevention and control. Personal protective equipment (PPE) such as gloves and aprons were available for staff to use when needed.



# Is the service effective?

## Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to give an effective service to people. The rating continues to be Good.

People described the staff as 'good' to us. One person told us, "They (staff) are like my friends." Another person said, "They have the skills they need to make sure we are alright." People's care needs were assessed, and individual care plans were in place.

An induction programme supported new staff in their role. The care staff team of four had all worked at the home for over a year and knew people well. Staff told us they felt they had completed all the training they needed, and refresher updates were provided when needed. On the day of our inspection visit, the deputy manager was on a two-day training course on 'supporting people into older age' and learning from this would be shared with staff.

Staff felt supported by team meetings and one to one supervision meetings. Whilst the registered manager was not based at the home, they were close-by at one of the provider's other services, and staff said they could telephone them if needed. The deputy manager was not based at the home, but staff told us they called in 'most days' to check everything was alright and staff felt supported because they could contact them if required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are 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 were being met.

The registered manager and deputy manager understood their responsibilities under the Act. The administrator showed us an example of when advice and guidance had been sought under the MCA regarding one person accessing the kitchen. No one had an approved DoLS and no applications to restrict someone of their liberty had been applied for.

Mental capacity assessments had been completed for people and included where they lived, financial management of their money and their care and support. We saw these in people's care plans and staff could refer to them if needed. Staff understood their role in protecting people and worked within the principles of the MCA. For example, one staff member told us, "People have choices about what they want to do and when I support two people to have a shower, I ask them if they want me to help them."

People's hydration and nutritional needs were met. People decided together on a weekly menu plan. One person told us, "Staff do cook well." One person offered to make everyone a hot drink and made this for people using the kitchen. People felt at ease helping themselves to items from the kitchen. People's weights were monitored to enable them to maintain a healthy weight.

Staff supported people to visit their GP when needed or arranged home visits. One person told us, "We can tell staff if we need an appointment with a doctor." Another person said, "Staff take care of us if we are not well." One relative told us staff had taken prompt action when their family member had previously become ill. They told us, "Their quick action helped reduce long term damage from the (health condition), they couldn't have done more. They always keep me informed of any health issues I need to know about."

The service on Long Street is a two-storey house. It was not purpose built, but adapted from two single houses to provide 'care home' facilities for people. The group of five people have lived at the home together for many years and some adaptations have been made to meet the current needs of people living at the home, such as a chairlift on one of the staircases. The provider recognised people's changing needs and their chief executive told us that if the design of the house no longer met people's needs, they would hope to re-locate people with their staff team as a group together.

# Is the service caring?

## Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to have a caring approach toward people who were happy living at the home. The rating continues to be Good.

People made positive comments to us about the staff. One person told us, "I like the staff, they are friendly."

Staff told us they were happy in their job roles. One staff member explained they had returned to work at the home after having a change and working elsewhere for some time. This staff member told us, "I love working here, we are a very small team, but very supportive of one another."

People were comfortable in the presence of staff. We saw that all five people moved about the home, without restrictions, and interacted with staff. Staff were polite to people and showed a caring attitude. For example, one person was getting up out of their dining chair and staff ensured their walking frame was positioned close to them, so the person did not have to twist to reach it.

Staff knew how people liked to spend their time. One staff member told us, "Some people can safely go out by themselves, though they stay local to the home. For example, one person likes to go to the pet shop along the street to get 'Sooty' (pet budgie) some seed."

One person described staff as 'kind' because they had helped them with a recent 60th birthday celebration with an 'Abba' theme which they told us was 'great'. This person was looking forward to having photographs printed so they could share these with people.

On the day of our inspection visit, all five people had chosen to go out for a pub lunch and were joined by two friends. Leaving the home, people were unrushed and relaxed with the staff member who helped them into the service's own vehicle. When people came home, they told us they had 'really enjoyed' their meal out together.

Staff promoted people's independence and knew who needed support in what areas of their day to day life and who could do things for themselves. One person was trying to put on their coat, and we saw staff gave them time to do this rather than take over. The staff member gently held out the last arm of the coat so the person could achieve putting their own coat on. Some people told us they liked to help-out with household tasks such as putting the shopping away, kitchen tasks and making hot drinks and tidying their bedroom.

People told us, and we observed, staff respected people's privacy and dignity. When bedroom doors were closed, staff knocked on the door before entering. One person told us, "I can go to my bedroom if I want to be on my own." People could have a key to lock their bedroom if they wished to but chose to leave them unlocked. Four people had their own front door key to the home and the fifth person had decided they did not want their own key.

## Is the service responsive?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to be responsive to people's needs. The rating continues to be Good.

People's needs were assessed and everyone had an individual plan of care. People and their relatives were involved in planning their care, and people had signed in agreement to their care and support. People had key information listed in a 'passport to health' so that staff could take this to hospital if a person was admitted.

All five people told us they could make decisions about what they did and were able to ask the staff member on shift to help them if needed. Despite their only being one staff member on shift, this did not impact negatively on people's care and support needs being met because most people needed minimal support. All five people lived as a 'family group' and there was an acceptance that if the staff member was with someone else, it was acceptable to wait a few moments for staff to be with them.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. Whilst everyone living at the home could verbally communicate, staff recognised people had different levels of understanding written or pictorial information. The provider's 'how to complain or raise a concern' information was displayed for people in both a written and pictorial format. People living at the home pointed this out to us and told us they would tell staff if they had a 'problem' or 'worry' and staff 'would sort it out'. So far during 2018, no complaints had been received.

Staff were responsive to people's individual needs. For example, when a person had wanted to do an individual activity staffing had been arranged, by the provider, to accommodate this. One person told us, "I went to see 'Matilda' at the theatre and liked it."

Various activities took place, which, overall, people told us they enjoyed. These included keep fit, arts and crafts sessions. People enjoyed their own hobbies as well, one person told us, "I like my knitting" and another person told us, "I go and get my newspaper, I like to read it and also I like word search puzzles."

People told us they had enjoyed a group coach day trip outing to Bridlington earlier in the year and had also been on a cinema outing. There were further plans to go to a Christmas market.

The home did not specialise in, or offer, end of life care. However, staff told us they believed the provider's vision would be if a person's health deteriorated, every effort would be made for a person to remain at the home, if they wished to, with staff that knew them well. Staff would work alongside healthcare professionals in line with the person's 'best interests'.

## Is the service well-led?

### Our findings

At our last inspection we rated this key question as Good. At this inspection we found the service continued to be well led, with the provider and registered manager ensuring a safe, effective, caring and responsive service was provided to people. The rating continues to be Good.

The registered manager was responsible for eight services registered with us and had an office base at one of the services. Staff told us the registered manager visited the home at least once a week and was always available by phone if needed. The deputy manager for the service covered four of the provider's services. They were not based at this service, but staff told us they called in on 'most days' and spent time with people and checked with staff that everyone was alright. Staff told us they felt supported because they knew they could always telephone the deputy manager if needed and their base was not far from the home.

The registered manager understood when notifications needed to be sent to us; about specific events that happened at the service.

People spoke in a positive way about the quality of care and support at the service. All five people, told us they were 'happy' living at the home and knew who the management team were. People could name the registered manager, deputy manager, administrator and chief executive to us. People were relaxed with the provider's administrator, who in the absence of both the registered manager and deputy manager on the day of our inspection visit, came to the service to aid our inspection of the service. During our inspection visit we saw the administrator took time to sit with people and ask them about their day.

There was a system of internal audits and checks undertaken within the home to ensure the safety and quality of the service was maintained. Some checks lacked detail, for example health and safety audits had not identified the unsafe staff practice of permanently covering the emergency lighting in the staff sleep-in room. Radiator covers were not secured to the wall and were at risk of falling onto people. Medicine audits had not identified issues such as guidance for 'when required' medicines not being available to staff. Immediate action was taken to address the issues we identified. We were given assurance by the provider's administrator and chief executive that the audit tools used would be reviewed and changes implemented where more detailed audit tools were needed.

The provider undertook frequent quality monitoring visits to the service. Actions for improvements were recorded. The administrator told us new blinds for the conservatory had been ordered and were due to be installed in the near future.

Staff knew how to report and record accidents and incidents and there was a system in place so that analysis could take place. There had been no recorded accidents or incidents so far during 2018.

Day to day feedback was encouraged from people, during our inspection visit we saw staff ask people how they were and if everything was okay. Provider questionnaires were given to people and their relatives to seek feedback on the service provided. The administrator told us these are been given out earlier in the year.

Comments were positive, and no negative issues had been raised.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating, though this was in the office and very high up on a wall and not clearly visible to people and visitors. The administrator took this down and assured us this would be moved and put up in the entrance hallway. Polesworth Group Homes has a website which provides information about their services and a link to their latest CQC rating was available.