Care Quality Commission

Community Integrated Care

Coronation Road

Inspection report

14 Coronation Road
Sunniside
Gateshead
Tyne and Wear
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection, carried out by an inspector on 12 November 2014.

We last inspected Coronation Road in November 2013. At that inspection we found the service was meeting all its legal requirements.

Coronation Road is a care home for adults with a learning disability. It provides accommodation and personal care for two people, nursing care is not provided. The building is divided into two separate bungalows to enable each person to live individually.

There was 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."

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received.

Summary of findings

Both people who lived at Coronation Road were relaxed and appeared comfortable with the staff who supported them. One person said; "I feel safe living here, I like the staff." One relative told us; "My relative is really well looked after here and I'm sure they feel safe." Another said; "Staff give excellent care and my relative is well settled."

There were enough staff on duty to provide individual care and support to people and to keep them safe.

We saw detailed care plans were in place to help staff manage and provide consistent care to people who may display distressed behaviour.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support

The necessary checks were carried out to ensure the building was safe and fit for purpose.

The location was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received training and had a good understanding of the Mental Capacity Act 2005 and Best Interest Decision Making, when people were unable to make decisions themselves. There were other opportunities for staff to receive training to meet people's care needs.

People were happy with the food provided and they had choice at mealtimes. They were supported to eat and drink enough to help ensure their nutritional needs were met.

People's care needs were met as staff provided care that was responsive to their changing needs. Care records were up to date and there was evidence of regular evaluation and review to keep people safe and to ensure staff were aware of their current care and support needs.

People were provided with opportunities to follow their interests and hobbies and they were introduced to new activities.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed. People received their medicines in a safe and timely way.

We found there was an ethos from management to encourage staff to ensure people maintained some control in their lives. There was evidence that people were helped to make choices and to be involved in every day decision making.

The service was well-led. People had the opportunity to give their views about the service. There was regular consultation with people and family members and their views were used to improve the service. We saw a complaints procedure was available and written in a way to help people understand if they did not read. We found no complaints had been received since the last inspection. The provider undertook a range of audits to check on the quality of care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

People were kept safe as systems were in place to ensure their safety and well-being at all times. People received their medicines in a safe way.

People were protected from abuse and avoidable harm as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report it if it occurred.

There were enough staff on duty to provide supervision and care to each person. Staff had guidelines to safely manage and provide consistent care to people who displayed distressed behaviour.

Staff were appropriately vetted. We found regular checks took place to make sure the building was safe and fit for purpose.

Is the service effective?

Good

We found people received effective care as staff had a good understanding and knowledge of people's care and support needs.

People received appropriate health and social care as other professionals were involved to assist staff to make sure people's care and treatment needs were met.

People's rights were protected because there was evidence of best interest decision making, when decisions were made on behalf of people, when they were unable to give consent to their care and treatment.

Is the service caring?

Good

Relatives and people we spoke with were complimentary about the care and support provided by staff.

People's rights to privacy and dignity were respected and staff were patient and interacted with kindness with people.

People were supported to maintain contact with their friends and relatives.

Is the service responsive?

Good

People received support in the way they wanted and needed because staff had detailed guidance about how to deliver people's care. Care plans were in place and up to date to meet people's care and support requirements.

A range of information and support was provided to help people be involved in daily decision making about their care and support needs. They were encouraged by staff to be independent and to maintain some awareness and control in their lives.

People were encouraged to take part in new activities and to be part of the local community. They were supported to take holidays and to enjoy day trips.

Summary of findings

Is the service well-led?

Good

The service was well-led because a registered manager was in place who encouraged an ethos of involvement amongst staff and people who used the service.

Communication was effective and staff and people who used the service were listened to.

The registered manager monitored the quality of service provided and introduced improvements to ensure that people received safe care that met their needs.

Coronation Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 was an unannounced inspection, carried out on 12 November 2014 by one inspector.

We reviewed the Provider Information Record (PIR) before the inspection. A PIR 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.

We reviewed other information we held about the home, including the notifications we had received from the provider about deprivation of liberty applications and injuries. We also contacted commissioners from the local authority who contracted people's social care. We spoke with the local safeguarding team. We did not receive any information of concern from these organisations.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received. During our visit we spoke with two people who used the service and observed their experiences. We also spoke to the registered manager, deputy manager and four support staff. After the inspection we spoke to two relatives, a doctor and another health care professional, to comment about the care provided to people who lived at Coronation Road.

During the inspection we observed care and support in communal areas and looked in the kitchens and the bedrooms. We reviewed a range of records about people's care and looked to see how the home was managed. We pathway tracked two people. This meant we spoke with staff, looked at their care records and medicines records, to see how the person was supported. These included care plans, the recruitment, training and induction records for four staff, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and the quality assurance audits that the registered manager completed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People appeared calm and relaxed as they were supported by staff. One person said; "I feel safe living here, I like the staff." One relative told us; "My relative is really well looked after here and I'm sure they feel safe." Another said; "Staff give excellent care and my relative is well settled."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They told us, and records confirmed they had completed safeguarding training. They were able to tell us about different types of abuse and were aware of potential warning signs. They described when a safe guarding incident needed to be reported. We received feedback from the local authority safeguarding team about the positive way in which the registered manager had responded to previous safeguarding concerns. They confirmed that two safeguarding incidents had been raised with them, which had been appropriately investigated by the provider and resolved where substantiated.

All of the staff had received training with regard to how to support distressed behaviour. Support plans were in place to provide clear instructions for staff to follow that detailed what might trigger the behaviour and what they could do to support a person to keep them safe. Where incidents had occurred, we saw that the staff had received advice from external healthcare professionals, such as the intensive support behavioural team and speech and language therapist. This had helped the person manage their behaviour, which had resulted in fewer incidents happening.

Risks to people's safety had been assessed by staff and records of these assessments had been made. They were personalised depending upon each individual's needs and included areas such as; bathing/showering, epilepsy, sleeping and skin damage. We found risk assessments were also in place to help maximise people's independence and to encourage positive risk taking and at the same time keep people safe. These included instructions for travelling by bus and cookery and kitchen skills. Each assessment had clear instructions for staff to follow to ensure that people remained safe. Our discussions with staff confirmed that guidance had been followed.

The deputy manager told us, and the PIR stated, staffing levels were assessed and monitored to ensure they were sufficient to meet people's identified needs at all times. A roster was then produced that detailed how many staff were needed to provide care. The staff we spoke with told us there were enough staff to meet people's needs and we observed this on the day of inspection. Relatives thought there were enough staff to provide support and look after their relatives in a safe and timely way.

On the day of inspection there was a deputy manager and three support workers on duty to care for the two people who lived at the home. We were told by the deputy manager each person was supported by two members of staff during the day. Staff were also available to provide support over night. The deputy manager told us a new staff member had recently been appointed to join the staff team, to replace a staff member who had left.

We checked the management of medicines. All medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. We viewed the most recent medicines administration records (MARs) for one person who used the service. We found that there were no gaps in signatures and all medicines were signed for after administration.

We looked at records to check maintenance contracts, the servicing of equipment contracts, fire checks, gas and electrical installation certificates and other safety checks. Regular checks were carried out and contracts were in place to make sure the building was well maintained and equipment was safe and fit for purpose.

We spoke with members of staff and looked at three personnel files to make sure staff had been appropriately recruited. The necessary checks had been carried out with the Disclosure and Barring Service (DBS) to ensure staff employed were suitable to work with vulnerable people. They had been recruited correctly and the relevant references and a DBS result had been obtained before they were offered their job and began working with people.

Is the service effective?

Our findings

Staff were all positive about the opportunities for training. One person commented; "There is plenty of training." Another said; "I got all my mandatory training as soon as I started working here." Other comments included; "I get training to help me understand about people's care and support needs." And; "We have training updates all the time." Staff told us when they began work at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work.

Staff told us they were well supported to carry out their caring role. They said they had regular supervision every two months with the registered manager, or deputy and could approach them at any time to discuss any issues. They also said they received an annual appraisal to review their work performance. This was important to ensure staff were supported to deliver care safely and to an appropriate standard.

The staff training records showed staff were kept up to date with safe working practices. The deputy manager told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff told us they also completed training that helped them to understand people's needs and this included a range of courses such as; autism awareness, epilepsy, mental health awareness and distressed behaviour. Staff told us they had received related Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training. DoLS are part of the MCA. These safeguards are put in place by the MCA to protect people from having their liberty restricted without lawful reason. The PIR showed future identified training that was planned included person centred care planning which would help to ensure care plans were person centred and described how the person wanted their care to be delivered.

CQC monitors the operation of the DoLS. We checked with the deputy manager that DoLS were only used when it was considered to be in the person's best interests. They explained that two applications to deprive individuals of their liberty had been approved by the local authority.

During the inspection we observed there was a relaxed and calm atmosphere in both bungalows. This showed staff had the skills to meet people's needs and reduce their levels of anxiety. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well.

We saw staff helped people to make choices and information was made available in ways to help people understand. For example; we saw the speech and language therapist had advised staff and provided pictorial communication cards for staff to show pictorial cue cards to a person so they could indicate their preference with regard to activities and choice of food.

We checked how the service met people's nutritional needs and found that people had food and drink to meet their needs. They were offered regular drinks and snacks throughout the day in addition to the main meal. People received care to support them in activities of daily living. For example we saw a staff member assisted a person to make drinks and helped them to prepare their meal.

People's care records included nutrition care plans and these identified requirements such as the need for a weight reducing or modified diet. Risk assessments were in place to identify if the individual was at risk of choking or malnutrition. We noted that the appropriate action was taken if any concerns were highlighted.

Records showed people's weights were checked on a regularly basis so action could be taken when necessary and referrals made to relevant health care professionals, such as; GPs, dieticians and speech and language therapists. We were told one person attended a weight management clinic. The person said; "I've been losing weight and go to get weighed."

People's care records showed that people had access to GPs, dieticians and a range of other health and social care professionals to help make sure their health needs were met. This was confirmed by the GP with whom we spoke. They told us staff contacted them in a timely manner if there were any concerns. They commented; "The staff will ring up for advice." And; "They support someone with complex needs in a professional way." The continence advisor said; "Staff were pro-active and they wanted to find a solution to help ensure the dignity, safety and privacy of the person." And; "They were all waiting to talk to me so we could help not just the person but reduce the impact it had on staff and other people."

Is the service caring?

Our findings

Relatives were complimentary about the care and support provided to people. Their comments included; "The care is fabulous." And; "The care is excellent." Another person said; "The staff are kind and caring." And; "The staff are very approachable. I trust them enough to care for my relative." Another relative said; "I'm kept informed of any changes in my relative's care or if (name of person) medicine's changed." And; "Staff seem to be very good with people. They are respectful." And; "They know the people they support."

People who used the service were supported by staff who were warm, kind, caring and respectful. During the inspection we saw staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication. They were encouraged to make choices about their day to day lives. One person told us they were able to decide for example; when to get up and go to bed, what to eat, what to wear and what they might like to do. They said; "I can get up when I want and I choose what I want to wear."

Not all of the people were able to fully express their views verbally and staff used pictures and signs to help the person to make choices and express their views. We saw pictures were available to help the person make a choice with regard to activities, outings and food. We were told people were helped by staff to plan their activities each week.

People were comfortable with the staff who supported them. People laughed and were reassured by staff. One person showed us some photograph albums and pointed out the parties, holidays and activities that had taken place since they had lived at Coronation Road. They also showed us, helped by staff, photographs of members of their family. This showed staff were knowledgeable about people's background and interests and there were trusting relationships between staff and people who used the service.

Staff respected people's privacy and dignity and provided people with support and personal care in the privacy of their own room. People were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. They were well-dressed. One person said; "I like to choose my own clothes and jewellery every day." They showed us their nails commenting; "Staff do my nails for me." Staff said the person also enjoyed having pamper sessions and manicures.

A safeguarding alert had been raised by a health professional as they were concerned a person who displayed distressed behaviour had not been treated with dignity, with regard to their personal care and continence. We looked at the person's care records and a care plan was in place that gave instructions and guidelines to staff with regard to how to support the person and respect their wishes and dignity. The service had acted appropriately and involved the relevant people to help ensure the person's care and support needs were met in a timely way.

The registered manager had identified that people's care records should document the end of life wishes of people, and their family, with regard to their wishes as they approached death. This was to include people's spiritual requirements and funeral arrangements and who they wanted to be involved in their care at this time. We were told by the deputy manager this information would be collected as people's care reviews were taking place and so this information would be available imminently.

Is the service responsive?

Our findings

Both people received care and support that was personalised and responsive to their individual needs and interests. People said they had the opportunity to go out every day and staff supported them to go on holidays. Comments included; "I go shopping and out for coffee in the village." "I can keep in touch with friends." And; "I can go out at night, if I want." Relatives we spoke with commented; "My relative is really well looked after." And; "(Name) has been here for seven years and we're really happy with all the opportunities."

We read two people's care records and saw they were up to date and personal to the individual. Both contained information about people's likes, dislikes and preferred routines. This meant staff had information about each person to enable them to support people according to their wishes. Family members told us they were kept informed and were invited to any meetings to discuss their relative's care. People and their relatives told us they were supported to keep in touch and in some cases helped to visit and spend time with family members.

Rosters showed there were sufficient staff available to meet people's individual needs and to support them to pursue their interests and hobbies. We were told one person's care hours had been increased during the day because they needed two members of staff for support with mobility, when they were outside, as they could be at risk of falling. People told us they were supported to try out new activities as well as continue with previous interests. One person said; "I've been on holiday with staff to Blackpool." We were told by staff the person was to be supported to visit the Norfolk Broads this year.

People were supported by staff to access community facilities to carry out personal shopping. These activities helped maximize people's independence whilst maintaining their safety and well-being. They took part in activities according to their individual interests and abilities. One person had their activities displayed on a notice board in pictorial form. This helped them to know what was available and what was arranged for each day. Records showed people were supported to maintain their own interests and hobbies and these included; baking, visiting a Safari Park and Sea Life Centre, going to the theatre, eating out and shopping. Another person was supported to visit the quayside and the country. They also went to museums and football matches and liked to watch television and dvds in the house.

Staff at the service responded to people's changing needs and arranged care in line with people's current needs and choices. The service consulted with healthcare professionals about any changes in behaviour and medication. We saw that staff made daily notes about each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans that were up-dated monthly. This was necessary to make sure staff had information that was accurate so people could be supported in line with their up to date needs and preferences.

We saw communication "passports", were in place and they contained written information to accompany a person to hospital. This meant written information was available to assist any other staff, such as hospital staff, to appropriately support the person if they had an unplanned admission to hospital or another service.

People had a copy of the complaints procedure that was written in a way to help them understand if they did not read. A record of complaints was maintained. No complaints had been received since the last inspection. Staff meeting minutes also showed the complaint's procedure was discussed with staff to remind them of their responsibilities with regard to the reporting of any complaints.

People we spoke with told us they knew how to complain. Relatives said, the registered manager was usually available and they could raise any concerns with them. A member of staff also told us one of the people who used the service would raise any concerns when necessary.

Good

Is the service well-led?

Our findings

We spoke with staff with regard to the management of the home. They spoke positively about the support they received from the registered manager and deputy manager. Comments included; "The registered manager, (name) is approachable." And; "I'm aware of the whistle blowing policy." Another person commented; "We have verbal and written handovers so communication is good." And; "The manager and deputy are approachable." And; "We are a good team."

There was good communication between the staff team and family members. One family member told us that whenever anything happened at the home the staff were good at letting them know. Other family members said; "If there are any issues staff will let us know." "The registered manager, will deal with any issue, straight away." And; "Staff would tell me anything that was happening with [my relative]."

There was a registered manager who had been in post since 2014. They became registered with the Care Quality Commission on 18 September 2014 for Coronation Road. The registered manager and the provider understood their role and responsibilities. They had ensured that notifiable incidents were reported to the appropriate authorities or independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies for example safeguarding.

Staff spoke positively about the approachability and support of the registered manager. The registered manager had promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. The culture promoted person centred care, for each individual to receive care in the way they wanted. Information was available to help staff provide care the way the person may want, if they could not verbally tell staff themselves. There was evidence from observation and talking to staff that people were encouraged to retain some control in their life and be involved in daily decision making.

We were told by the deputy manager the organisation provided training and support to managers with regard to how to support staff. The PIR also showed that managers used the "Leadership starts with me" framework to inform their practice and targets were in place around supervision, team meetings and appraisals when supervising staff.

Staff commented they thought communication was good and they were kept informed. They told us they received a shift handover from the person in charge to make them aware of any changes and urgent matters for attention with regard to people's care and support needs. A communication diary was also used to pass on information and recorded any actions that needed to be taken by staff. We saw records that showed meetings were held with staff every month. Areas of discussion at staff meetings included activities planning, staff performance, health and safety, safeguarding and support worker duties.

Records showed monthly meetings took place with the person and their keyworker to plan activities, outings and menus for the following month. Audits showed the person's support plans were also reviewed to check if any more action needed to be taken for example to make further health appointments for the person. Staff also checked to see if the person's communication passport was still valid and up to date, or if any changes had taken place. This showed the involvement of people who used the service wherever possible.

The deputy manager told us audits were completed internally and the service was visited by the provider's representatives from head office who also carried out regular audits. The audits consisted of a wide range of monthly, quarterly and annual checks to keep people safe and ensure they received good quality care. They included for example; for the environment, medicines, finances and care documentation. Audits identified actions that needed to be taken, such as to update people's care records. The annual audit was carried out to monitor the safety and quality of the service provided. This involved the registered manager using a service quality assessment tool to complete a self-assessment which was then validated by the management team at head office.

The provider had also developed a 'service plan' which identified the aims and goals for the next 12 months. These included people's communication passports to be updated and reviewed and to update information at review meetings about people's end of life care arrangements.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.