Outward

Drayton Road

Inspection report

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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

The inspection took place on 9 and 16 March 2017 and was announced. This was the home's first inspection.

Drayton road is a care home for up to seven people with learning disabilities. It is divided across three floors with shared bathrooms, living and kitchen facilities.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living in the home. Care plans were highly detailed and told staff how people liked to be supported, how to maintain and promote their independence and how to minimise risks. Where people had specific health conditions, or presented with behaviours that were risky there were appropriate risk assessments and care plans in place to ensure staff knew how to keep people safe. Staff were knowledgeable about the people they supported and knew how to keep them safe from harm.

People were supported to take their medicines as prescribed. Staff had information about people's medicines and what they were used for. Where people needed to perform health checks before they took their medicines, instructions for staff were clear. We identified an issue with one person's medicines record during the inspection which the service addressed immediately. We have made a recommendation about managing medicines safely.

The service worked to the principles of the Mental Capacity Act 2005 and appropriate applications had been made to deprive people of their liberty. People were offered choices and their decisions were respected. People were involved in reviewing and updating their care plans as well as making decisions about the running of the home.

Although care plans were highly detailed they were not in a format that was accessible to the people they related to. We have made a recommendation about making care plans accessible.

People told us they knew how to raise concerns and complaints. The home had a robust complaints policy and there was an easy read version in people's care files.

People were supported to choose and prepare their meals. Records showed that healthy eating was promoted and encouraged. People were supported to eat and drink enough and maintain a balanced diet.

People had health action plans which included details of their health conditions and the support they needed to meet them. Records showed people were supported to attend health appointments and follow

the advice of health professionals.

Staff were recruited in a safe way and the home used regular agency workers to ensure staffing levels were maintained at a safe level. Staff received the training and support they needed to perform their roles.

People and staff spoke highly of the registered manager. The registered manager undertook checks and audits to ensure the quality and safety of the service. The provider did not always respond to issues raised by the registered manager. The management time for the service had been reduced and it was not clear how the management needs of the service had been calculated. We have made a recommendation about management time.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. The service took action to ensure medicines were managed safely but had not identified the issues with medicines themselves.

People told us they felt safe and could raise any concerns they had with staff.

Staff had been trained on how to safeguard people from avoidable harm and abuse.

Care plans contained clear and detailed risk assessments to mitigate risks faced by people.

The service had enough staff on duty and staff had been recruited in a safe way.

Is the service effective?

Good

The service was effective. Staff received the training and support they required to perform their roles.

People were supported to eat and drink enough and to maintain a balanced diet.

People were supported to maintain their health and access healthcare services where they needed.

The service worked within the principles of the Mental Capacity Act and had appropriate authorisations to deprive people of their liberty.

Is the service caring?

Good

The service was caring. People and staff had positive relationships with each other.

People's privacy and dignity was respected and promoted.

People were supported to follow their religious faith and maintain links with their cultures.

People were supported to develop and maintain relationships.

Is the service responsive?

Good

The service was responsive. People told us they enjoyed the activities they did with staff from the home.

Needs assessments and care plans contained a high level of detail about how to meet people's needs in personalised way.

People were involved in reviewing and updating their care plans.

The service had a robust complaints policy and people knew how to make complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led. The provider did not consistently respond when issues were escalated by the home and did not perform checks on the quality of records in the home.

The provider had not clearly shown how it had established the level of management support was sufficient for the home.

The registered manager completed checks on the quality and safety of the service. Issues were addressed at a local level.

People and staff spoke highly of the registered manager.

Drayton 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 inspection took place on 9 and 16 March 2016 and was announced. The provider was given 48 hours' notice of the inspection as it is a small home for adults with learning disabilities and we needed to be sure people would be in.

The inspection was completed by one inspector. Before the inspection, the provider completed 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 improvements they plan to make. We reviewed this information and sought feedback from the local authority commissioning team and local healthwatch. We reviewed the information we already held about the service in the form of notifications that had been submitted to us.

During the inspection we spoke with five people who lived in the home and six staff members including the area manager, the registered manager, the support coordinator and three support workers. We reviewed three care files including care plans, risk assessments, reviews, health action plans and records of care. We reviewed four staff recruitment files and three staff supervision and appraisal records. We also reviewed various meeting minutes, documents and audits relevant to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I feel safe, staff make me happy." People told us they would tell the registered manager if anything happened that made them feel unsafe. One person said, "I'd report it [abuse] to the manager." Another person said no staff ever mistreated them. They said, "No one ever shouts at me. I'd tell [registered manager] if they did. He'd sort it."

Care plans contained a section called "Keeping safe." This included details of people's specific vulnerabilities to abuse. For example, one person bruised easily and another person was vulnerable to exploitation from strangers. The care plans contained details of how people were supported to manage these risks. Records showed that safeguarding and preventing abuse were discussed with people during house meetings.

Records showed staff had received training in safeguarding adults from abuse and harm. Staff were confident in their discussions of the different types of abuse people might be vulnerable to and knew how to escalate concerns appropriately. One member of staff said, "I'd go to [registered manager]. It [abuse] can't happen." The home had a robust policy on safeguarding adults and the contact details for the local safeguarding team was on display in the office. Records showed the home appropriately escalated concerns that people may have been abused and responded to recommendations from investigations. This meant people were protected from avoidable harm and abuse.

Care files contained a range of risk assessments to address risked faced by people in their everyday lives. These contained detailed instructions for staff on how to support people in a way that minimised risks. For example, one person's mobility needs were changing and records included detailed instructions for staff on how to support them to mobilise safely inside the home and in the community.

The home took a positive approach to risk taking, and observations showed people were supported an encouraged to take risks in a safe way. For example, people were supported to prepare meals and use kitchen equipment with as much independence as possible.

Some people who lived in the home could present with behaviours which challenged the service and put them and others who lived in the home at risk of harm. There were robust plans in place for these people with clear instructions for staff on how to de-escalate and manage these situations. These were highly personalised and included specific phrases to use to support people to calm down. They also included early indications that people may be becoming distressed and how to respond to those situations.

The home recognised that people living in the home had complex relationships with each other and had plans in place to manage situations when personal dynamics between people living in the home created a risk of incidents. Observations of support and records showed people were supported to manage these dynamics. This meant the service ensured that risks to individuals were managed so people were protected and their freedom was supported.

Observations around the service showed that parts of the building were in need of redecoration and repair. The appearance of the bathrooms, both main bathrooms and en-suite facilities was tired and showed a lack of care had been taken in making good on repairs. For example, where repairs had been made which required access points to toilet cisterns the replacement panels had been poorly fitted and were a different colour to the surrounding fittings. Observations of the bathrooms showed they all required a deep clean as dirt and grime had become ingrained around the skirting and grouting was in a poor state of repair. Communal wall paint was chipped and dirty. On the second day of the inspection the provider had arranged for quotations to be obtained to deep clean and refurbish the bathrooms.

The home had been short staffed in the months leading up to the inspection. The provider had managed this through the use of agency staff which had ensured the staffing levels at the service remained at the level required to provide safe levels of care. Records showed the home used regular agency staff so they were able to build up relationships with people living in the home and knowledge of their role within the home. In addition, the service used volunteers and student placements to ensure they had sufficient staff to meet people's needs. People told us the home had enough staff and they did not have to wait to be supported. One person said, "I don't have to wait. I can go out when I want with staff."

Records showed staff were recruited in a safe way. Interviews were completed by two members of staff who assessed people's answers to ensure they demonstrated the values and skills the provider looked for in employees. The service collected references to ensure that people were of a suitable character to work in a care setting and completed criminal records checks to ensure that people did not have convictions that would make them unsuitable for care work. Records showed these checks were carried out on permanent staff, volunteers and students on placements.

The home supported people to take medicines. People told us staff helped them with this. One person said, "Staff help me take my tablets." Care plans contained detailed instructions for staff on how people liked to be supported to take their medicines. Where specific checks had to be done to establish if a medicine was needed there were clear instructions for staff to follow. Medicines plans contained a full list of people's medicines, their purpose and potential side effects. Where people were prescribed medicines on an 'as needed' basis there were clear instructions to inform staff when to offer and administer these medicines. Medicines were stored securely in people's bedrooms. Staff completed daily checks of medicines that were not contained in monitored dosage systems to ensure the correct amount of medicines were in stock. Managers completed audits to check that medicines stocks and administration records were correct. Records showed appropriate action was taken when recording errors were identified.

Records of medicines administered were checked. This identified that one person had moved to the home with an unclear prescription for one of their medicines. It was not clear from the prescription if this medicine was 'as needed' or regular. Records showed the home had run out of this medicine for three days but staff had continued to sign to state they had administered the medicine. This was immediately raised with the registered manager and support coordinator. They took immediate action to establish the nature of the prescription and risk to the person of not having had this medicine administered. They secured an emergency supply to ensure the medicine was available for the next planned dose and updated records as soon as the nature of the prescription, which was 'as needed' was established. The other medicines records checked showed that people had been supported to take their medicines as prescribed.

We recommend the service seeks and follows best practice guidance on managing medicines in care homes.

Good

Is the service effective?

Our findings

People told us they were supported with their healthcare needs. One person said, "I tell staff if I feel poorly. They take me to the doctor." Another person told us, "The check my [symptoms] and make sure I'm OK." Care files contained detailed health action plans which included details of people's health conditions and the support they needed to maintain their health. This included where people were anxious about health interventions and the support they needed to engage with health interventions. Health appointments were clearly recorded and information about changes in people's health needs were included in care plans and shared among staff through handover records and staff meetings. Records showed concerns about people's health were escalated appropriately.

Some people living in the home had specific health conditions which required additional support and risk assessments such as epilepsy and diabetes. Guidelines for staff were clear and there was information available on how to respond to and escalate health emergencies. The details were personalised. For example, the information about hypoglycaemia and hyperglycaemia described how the person behaved when experiencing this rather than generic guidelines. They also included specific ways of asking the person to describe their symptoms which helped staff identify if intervention was required. Records showed the home worked closely with other health professionals, such as occupational therapists, physiotherapists and district nurses to ensure people's healthcare needs were met. This meant people were supported to maintain good health and have appropriate access to healthcare services.

Observations showed people were supported to prepare their own meals where they were able and were involved in meal preparation where they required support to do so. Care plans contained detailed information about people's dietary needs and preferences. Records showed the service encouraged people to eat a healthy, balanced diet. One person was being supported to attend a 'healthy eating holiday' to improve their knowledge and skills around their diet. Records showed people who lived in the home were involved in planning menus through house meetings and made choices about what meals were prepared. Records showed that some people who lived in the home had poor impulse control around food and could present with challenging behaviour if they were not able to eat what and when they wanted. The home had developed positive strategies to manage the risks associated with food consumption. This meant people were supported to eat and drink enough and maintain a balanced diet.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Records showed the people did not have capacity to consent to living there and appropriate applications

had been made to ensure their placements and support arrangements were lawful under the MCA and DoLs. One person had recently moved to the home and the appropriate applications had not yet been made. This was brought to the attention of the registered manager who immediately made the appropriate applications.

Observations during the inspection showed people were offered choices throughout the day. For example, people were offered choices regarding activities, meal and drink preferences. People told us they were able to make choices and one person indicated they had chosen their clothes that day. Records showed staff had received training in the MCA and they demonstrated they understood it. One member of staff told us, "The MCA is about whether they are able to make an informed decision about that thing at that time." Observations showed that staff respected people's choices. For example, one person very clearly refused to participate in an activity and this decision was respected.

Staff told us they received a comprehensive induction when they started work at the home. During the inspection a new staff member was given their induction tour and briefing by the registered manager. When staff joined the service they undertook a period of shadowing more experienced staff.

Records showed staff had received training in various areas including medicines administration, health and safety, infection control, fire safety, moving and handling, challenging behaviour, support planning and risk assessments. Staff had received specific training where appropriate regarding specific health conditions. Staff meeting records showed staff had been consulted about increasing the amount of classroom based training to supplement the current online training courses they completed. Records showed that none of the staff had completed the care certificate. The care certificate is a recognised qualification that provides staff with the fundamental knowledge and skills they require to work in a care setting. However, records showed that staff who were employed at the service all had previous experience of working in a care setting.

Supervision and appraisal records were reviewed. These showed staff received regular supervision in line with the provider's policy. Records showed supervisions were used to discuss people's role and responsibilities, career development and any issues relating to people who lived in the home. Where staff were not performing their role as expected records showed they were offered support to improve their performance. This meant staff received the support they required to ensure they had the knowledge and skills required to meet people's needs.

Good

Is the service caring?

Our findings

Observations showed people living in the home had positive relationships with staff. People approached staff easily and communication was sensitive and appropriate. Observations showed staff responded to people when they were distressed with calm reassurance. One person told us, "Staff are kind." People spoke about the activities they did with staff with enthusiasm and were visibly relaxed in their company. Staff spoke about the people they supported with kindness and affection, recognising their qualities and strengths as individuals.

Care plans contained details of people's religious beliefs and cultural background and included how people wished to be supported to practice their faith and maintain links with their cultural heritage. Records showed people were supported to attend places of worship and cultural centres in line with these preferences. One person told us, "I went to [place of worship]" They proceeded to sing songs they had sung at the place of worship with a member of staff.

Records showed that people were supported to maintain relationships with their families and friends from their pasts. One person described how staff from the home facilitated their relationship with their partner. Records showed the home took a positive approach to supporting people to develop new relationships by encouraging people to attend social events where they could meet new people. Although sexual orientation was not recorded in people's care plans, staff told us that relationships were regularly discussed. They told us people would be supported with same sex relationships if they wished, but no one had expressed that this was what they wanted. One staff member said, "We facilitate relationships if people want. It's important for people. No one has told us they would like a same sex relationship, they're all very interested in the opposite sex."

Care plans contained details of how to support people to maintain their dignity. Records showed staff were sensitive to people's changing needs and the importance of maintaining privacy during personal care. Observations showed that people's privacy and particularly their personal space was respected. Staff knocked on people's bedroom doors and ensured they had been invited in before going in.

People living in the home had communication plans to facilitate their communication as some people's speech was difficult to understand. Observations showed that staff understood people's communication well and were able to respond appropriately. Plans included specific phrases and communication methods that people used. Care plans included details of people's strengths and abilities, and emphasised what people could do for themselves before describing the support they needed. Records showed people met with staff regularly to discuss both individual decisions and decisions that affected the home. For example, people had been involved in making decisions about the refurbishment of the living area and choosing new furniture. The home had been considering de-registering and becoming a supported living service. Records showed people had been kept informed about his process over time at house meetings.

Good

Is the service responsive?

Our findings

People told us they would tell the registered manager or staff if they had any complaints about the service. Records showed that people had not made any complaints. House meeting records showed that people were supported to raise concerns about the maintenance of the home and these were escalated through staff meetings and the registered manager to the provider. The home had a robust complaints policy with clear timescales for response and information on how to escalate issues if people were not happy with the response. Care files contained an easy-read version of the complaints policy which was more accessible to people living in the home.

People told us about the activities they did with staff from the home with enthusiasm. One person told us, "They do good parties here." Other people told us about the different events and regular activities they were involved with. People were supported to be involved in the daily running of the home including domestic tasks such as cooking, cleaning and shopping as well as attending staff meetings and being involved in decisions about how the service was run. During the inspection people and staff had discussions about getting a house pet. Records showed this was discussed regularly at house meetings.

Care plans were very detailed and contained a high level of information about individual needs and how people should be supported to meet them. Care plans were divided into various sections such as mobility, relationships, activities, employment, health and staying safe. Care plans promoted people's independence. For example, regarding domestic tasks people's care plans included their level of independence with different aspects of the tasks. For example, some people could prepare and tidy up their own breakfasts, but required more support to prepare a full cooked meal. Where people required encouragement to participate in aspects of their care, care plans contained details of how to phrase communication to facilitate this.

Staff told us care plans contained the information they needed to provide people with good support that met their needs. A member of staff told us "They're idiot proof. You can't get it wrong if you follow the care plan." The home operated a key-working system where each person had a named member of staff who led on writing and updating their care plans. People met with their keyworkers regularly and records showed these meetings were used to discuss progress towards people's goals and come up with ideas for new goals. This meant people were involved in reviewing and updating their care plans.

Records showed care plans were reviewed and updated at least annually and more often where people's needs had changed. People had been supported to plan and go on holidays abroad and in the UK. Records showed that people were given individual choice about holidays and recognised that not everyone who lived in the home would like to go on holiday together. Records showed that people's needs and support plans were discussed regularly at staff meetings and any changes to support were also recorded in daily handover notes to ensure staff were always up to date with people's support needs.

One person had recently moved to the home. Prior to this the registered manager had completed a thorough needs assessment. This considered all aspects of their support, health and social needs. However, the home had relied on the person's previous home's care plans until the inspection. The registered

manager explained this was because they did not want to write a care plan until they had got to know the person better. This meant the home was relying on information from another provider that may not have been complete or accurate. On the second day of the inspection the home had written a detailed care plan for this person, recognising that it would continue to be developed as the person and staff got to know each other better.

People who lived in the home had learning disabilities, and records showed not everyone was able to access written materials and paper documents. However, care plans were closely typed documents that required a good level of reading ability to understand. This was discussed with the registered manager who explained that previous attempts to make care plans more accessible had led to them becoming very large documents which were still not fully accessible to people who could not engage with paper documents and less useful to staff as the level of detail was not as high. The provider had therefore decided that non-accessible versions were most useful to ensure that staff had the information they required to provide people with high quality person centred support. This meant care plans were not accessible to the people they were about.

We recommend the service seeks and follows best practice guidance about making care plans accessible to people.

Requires Improvement

Is the service well-led?

Our findings

People told us they liked the registered manager, and observations showed people approached him easily throughout the inspection. One person told us, "[Registered manager] is a good boss." Staff told us the registered manager was hard-working and always made time for any questions they had. A member of staff said, "He does a lot for us. He's such a nice bloke."

Records showed the registered manager completed a range of audits and checks to monitor the quality and safety of the service. They completed, with the support of the support coordinator who acted as a deputy manager, checks on medicines, support plans, risk assessments, staffing levels, staff training levels, and health and safety issues in the service. Records showed that issues with the quality of documentation had been addressed within the service.

Records showed the registered manager and support coordinator performed checks on the money held on people's behalf in the home. Records showed that the same member of staff had completed these checks for several months at a time with no oversight from another manager. This meant there was a risk that any discrepancies in the management of people's finances would not be identified. This was discussed with the area manager and registered manager who told us they would introduce a check by the area manager to ensure people's finances were managed safely.

Records showed the registered manager had identified and escalated the issues identified during the inspection with the state of repair of the bathrooms and decoration of the home. The provider had passed these concerns to the landlord but no action had taken place to resolve these issues until they were raised during the inspection. The registered manager told us the current area manager was pro-active and supportive. However, they were the fifth person to fill that role in the last four years. The registered manager told us this had meant that escalation of issues to the provider had not always been effective as there had been a lack of continuity.

The area manager completed quarterly audits of the services they were responsible for. These considered the finances of the services, complaints, incidents, staffing and risks to the service. These relied on the information submitted to the area manager by the registered manager at the home. This information related to staffing hours, number of supervisions, safeguarding investigations, complaints and compliments and health and safety issues. The area manager also submitted a high level summary about the services and any risks faced by them to the senior management team of the provider. These records did not show the provider ensured a senior manager had oversight of the quality of care plans and risk assessment documents within the home.

The registered manager was also the registered manager of another home run by the provider. They divided their time between the two services. Records of management hours available to the home showed these had reduced from 38 hours per week in August 2016 to 19 in November and December 2016. They had increased to 27 in January 2017. The provider had attempted to recruit a new member of the management team between October 2016 and January 2017. This meant there were not enough management hours

available to ensure a manager was available throughout the week. Since January 2017 a new person had moved to the home and another person had had a significant change in their needs. Both of these events had led to an increase in the demands on the registered manager who was acutely aware of the risks this posed in terms of their ability to safely manage two registered care homes. The registered manager's supervision records showed they discussed their concerns about balancing the needs of two registered care homes with their manager. People told us the registered manager was always very busy. One person said, "[Registered manager] always makes a cup of coffee but he never has time to drink it."

The provider had authorised a temporary increase in the management hours of the support coordinator. However, it was not clear how the amount of management time available to the service was calculated to be sufficient to meet the needs of a service where people had complex and changing needs. The area manager told us the management hours had been re-calculated to reflect the proposed change to a supported living service. However, this change had not taken place and management hours had not been changed back to reflect the service was still operating as a care home and the different pressures on managers of care homes to supported living services.

We recommend the service seeks and follows best practice guidance on management hours in care homes.