

Speciality Care (Rest Homes) Limited

23 Ash Street

Inspection report

23 Ash Street
Southport
Merseyside
PR8 6JE

Tel: 01704501470

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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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

23 Ash Street is a residential care home providing personal care to 3 people at the time of the inspection. People who use the service attend a specialist further education college for young adults in the local area. The service can support up to 4 people.

Accommodation at 23 Ash Street is provided to people as part of a combined package of support and is available for people to use for the duration of their college placement. The building is in a busy residential area and blended in well with neighbouring properties. There was no visible signage which identified 23 Ash Street as a care home.

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

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff knew people well and trusting relationships had been formed.

Staff supported people to take part in education opportunities through their college placement and to pursue leisure interests in their local area. Through the support offered there was a real focus on supporting people to develop independence in all aspects of their life.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity; understanding and responding to their individual needs.

People received good quality care and support because appropriately trained staff could meet their needs and wishes. People could communicate with staff and understood information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the registered manager and staff employed. The provider had clear and effective governance systems in place which identified and managed risks through audits and action plans.

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

Rating at last inspection

This service was registered with us on 29 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

23 Ash Street

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

23 Ash Street is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 23 Ash Street is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 1 family member about their experience of the care provided. We observed interactions between staff and people who used the service.

We spoke with 3 members of staff including the registered manager and support staff. We also received written feedback from 2 members of staff who shared their views about the service.

We reviewed a range of records. This included 3 people's care and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's needs were appropriately assessed; support plans had been developed to minimise any risk to people's health and wellbeing.
- People had detailed positive behaviour support plans which assisted staff to understand how to support them through periods of anxiety or distress.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse. Staff received training and understood the actions they must take if they felt someone was being harmed or abused.
- Staff also understood how to respond to, record and report incidents and accidents safely and told us they were confident any concerns would be treated seriously by the registered manager. One staff member said, "I feel if I did have any concerns that they would be listened to and acted upon."
- Accidents and incidents were appropriately reported to external agencies. Records were reviewed on a regular basis to identify any lessons learnt.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Recruitment procedures were safe. Checks were carried out on all staff before they started employment.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed. Detailed and accurate records were maintained.
- Medicines were only administered by staff who had the correct training to do so. Regular checks on the competency of staff to administer medicines were undertaken.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One family member commented, "The house is beautiful, always spotless."

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visiting in line with government guidance.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they received a service. Detailed plans were developed to ensure people were offered a support service which met their needs. Support plans reflected best practice.

Staff support: induction, training, skills and experience

- Staff received an induction when they started employment and completed the training they needed to support people effectively. Comments from staff members included, "The training is brilliant" and, "My induction was good and detailed."
- Staff received ongoing support through regular supervision and observations of their practice.

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

- Staff were aware of people's nutritional needs and had clear information within support plans with regards to this.
- People confirmed they were supported with their dietary needs and were provided with the assistance they needed to prepare meals of their choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies to ensure people received consistent, effective and timely care. Support plans reflected professional input and advice.
- People confirmed they were supported to access their GP and other health services if this was needed.

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

- The physical environment of 23 Ash Street met the needs of the people who used the service. People shared communal areas however had been encouraged to personalise their private bedroom space.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 interests 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Capacity had been assessed; and any restrictions imposed to mitigate risk were clearly recorded. When appropriate, DoLS referrals had been made.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We observed people were well treated and supported. People who used the service spoke positively about the care they received. Comments included, "It's okay here" and, "It's good here. I am free from my parents."
- People also told us they were supported to be as independent as possible and gave examples of learning new skills around the home and gaining education and employment opportunities through their college placement. One person told us, "I cook, clean and I do my laundry."
- Staff spoke about people who used the service with fondness. People who used the service also attended a specialist college. Staff supported people both at home and at college. This meant staff knew people very well and how they liked to be supported.
- Support plans identified peoples' protected characteristics under the Equality Act 2010.

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

- Support plans and reviews demonstrated how people were involved in making decisions about their care.
- People confirmed they had been involved in developing and reviewing their support plans. Staff met with people on a regular basis to discuss and agree the personal outcomes and goals people wanted to achieve. One person told us, "Every month staff will chat with me and I can change stuff."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Support plans were person centred and detailed, accurately capturing personal preferences, hobbies and interests as well as the choices and decisions that people could make for themselves.
- People's social and cultural interests were an important focus when developing support plans. People chose the activities that they were interested in and had active social lives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The communication needs of people were assessed and reflected within support plans.
- When appropriate, creative approaches were used to support people to communicate effectively and to support decision making. For example, we observed people using the Picture Exchange Communication System (PECS).
- Information about the service was available in different formats so people had access to information in a format they could understand.

Improving care quality in response to complaints or concerns

- There was a system in place for recording and responding to complaints.
- People confirmed they knew how to raise concerns and felt confident any issues would be addressed. One family member said, "Staff and management are on the other end of the phone and will talk through any concerns."

End of life care and support

- 23 Ash Street provides support for people attending a special college residential placement for young adults and does not provide end of life care to people.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- There was a robust framework of governance underpinning the service. Audits and other checks were effective in identifying and driving improvements.
- Monthly reporting and monitoring systems informed the organisation of any risks to people's quality of care. Once identified these systems were effective in addressing and resolving issues.
- The registered manager understood their responsibility for notifying the Care Quality Commission of events that occurred within the service. This included responsibilities under the duty of candour. Accurate records were maintained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us that the service was person centred and achieved good outcomes for people. One family member told us, "It's an absolutely amazing place."
- People confirmed that they were encouraged to offer feedback about the service through regular contact with the management team and surveys. Family members felt well informed; people who used the service were consulted with through regular meetings with their keyworkers.
- Staff told us they felt valued, spoke positively about the registered manager, and told us they felt listened to. One staff member told us "I feel as though I am supported by management, and they generally listen to my ideas and opinions."
- The registered manager and the staff team worked closely with other agencies and professionals to ensure good outcomes were achieved for people.