Leonard Cheshire Disability

Stadon Road - Care Home Physical Disabilities

Inspection report

42 Stadon Road
Anstey
Leicestershire
LE7 7AY

Tel: 01162352457
Website: www.leonardcheshire.org

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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 carried out our inspection on 30 June 2016. The inspection was unannounced.

The service provided accommodation for up to six people living with physical or neurological disabilities. There were six people using the service at the time of our inspection.

The service had 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 who used the service were safe. Their premises and equipment were well maintained. They understood the importance of their own safety and knew how to report any concerns they may have in this regards. Staff also knew how to respond to any concerns about people's safety and welfare.

There were enough staff on duty to keep people safe and meet their individual needs. The provider had a safe recruitment process to ensure that they employed staff who had the right skills and experience, and as far as possible were suited to supporting the people who use the service.

People received their medicines as prescribed. The provider had relevant protocols for the safe management of people's medicines.

Staff had the relevant skills they required to meet people's needs. They had access to effective induction and training that equipped them with the skills they required to look after people. They had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They supported people in accordance with the relevant legislation and guidance.

People had access to a variety of nutritionally balanced meals. Staff provided the support people required to have timely access to health care services when they needed to.

Staff supported people in a kind and compassionate manner. They treated people with dignity and respect. They were knowledgeable about the needs of the people they supported and ensured that people were involved in decisions about their care.

People's care plans reflected their individual needs and preferences. Their care was provided in a person centred manner. They had access to social activities of their choice, and opportunities to be part of their local community. The provider listened to feedback from people using the service and their relatives. People told us that staff acted promptly on their feedback.

The service had strong leadership. There was a shared ethos of providing person-centred care. The

registered manager supported staff to meet the standards she expected of them which enabled them to deliver a good standard of care. The provider had effective procedures for monitoring and assessing the quality of service that people received. The registered manager listened to people's feedback and use it to improve the quality of the service.

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

The service was safe.

People were safe. People and staff were equipped to report any concerns they had about people's safety and welfare.

The premises and equipment were well maintained and used in a safe manner.

They were enough staff on duty to meet people's needs. They also provided the support people required to take their medicines.

Is the service effective?

Good

The service was effective.

Staff had effective induction and training that equipped them with the skills they required to look after people.

People were supported in accordance to the requirements of the Mental Capacity Act (MCA) 2005.

Staff supported people to monitor their health and promptly referred them to health care professionals when required.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind and compassionate manner.

They were knowledgeable about people's individual needs and preferences and provided the support that met their needs.

They treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

The care people received was centred on their individual needs.

People's care plans reflected their preferences and the objectives they hoped to achieve in their care and support.

People had opportunities to provide their feedback about the service. Staff listened to people's views and preferences and they acted on them.

Is the service well-led?

Good

The service was well-led.

The registered manager provided strong leadership which promoted a shared culture of providing people with care that was centred on their needs.

Staff had a clear understanding of the standards expected of them. They were supported by the registered manager to meet those standards.

The provider had quality assurance systems in place to monitor the quality of care that people received. We saw evidence that these systems drove continuous improvement in the service.

Stadon Road - Care Home Physical Disabilities

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 checked 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.

We carried out our inspection on 30 June 2016. The inspection was unannounced.

The inspection team consisted of an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make. We also contacted Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

We spoke with four people who used the service, two relatives of a person who used the service, five members of care staff, the person responsible for maintenance, the registered manager and the service manager. We looked at the care records of three people who used the service, medication records of two people, staff training records, two staff recruitment files and records associated with the provider's monitoring of the quality of the service. We observed staff and people's interactions, and how staff supported people. From our observations we could determine how staff interacted with people who use the service, and how people responded to the interactions. This was so that we could understand people's experiences.

Good

Is the service safe?

Our findings

People were safe when they received support from staff. They told us that they felt safe because they were confident in staff's ability to meet their needs. One person told us that they felt safe even when they went out in cars with staff and also with friends. Another person said, "I do feel safe but I can say exactly what I need, not like some residents. Although unrelated, this is a family. I can't fault the staff team or manager."

Staff had a good awareness of what constitute abuse, and confidently applied the provider's guidelines to report any concerns they had about people's safety. They were aware of other external agencies to report any concerns to. These included the local authority safeguarding team and the Care Quality Commission (CQC). One member of staff told us, "I would go to senior staff or manager. I know I can go to CQC too." Another said, "Things go wrong because people did not have the guts to whistle blow and providers get away with it." They felt confident to whistle-blow. They went on to tell us how they had raised concerns of bad practice in a previous role.

We reviewed records which showed that when incidents occurred at the home that the registered manager took appropriate actions which included liaising with relevant agencies such as the local authority and CQC.

The provider had a positive approach to risk tasking. People's records included assessments of risks associated with their care and support. We saw that these assessments had considered how an identified risk may impact on people's quality of life including any potential benefit of a person taking a risk and how not taking the risk would affect the person involved. They also included what strategies the person and staff needed to put in place to support a person to take a risk of their choice in the safest way possible whilst maximizing their independence. People that used the service understood the importance of taking responsibility for their own safety and knew how to report any concerns they may have in this regards. One person told us, "If I had any concerns I would speak to the manager, but I have not witnessed anything."

The premises and equipment were well maintained. This protected people from risk associated with their environment such as trips and falls. People were also supported to keep safe in the event of emergencies such as a fire. One person told us, "They [staff] check the fire alarm each week and go over the fire drill."

There were sufficient numbers of staff to support people in a safe and person-centred manner. The registered manager determined staffing levels based on people's assessed dependencies and needs. Staff told us that the staffing levels allowed them to support people to participate in their chosen activities. One member of staff said, "We used to use agency before but not anymore, staffing increased to [new ratios]. It allows people to be supported to go out." The registered manager told us, "We now have two waking staff after we found sleep-in staff was being woken more frequently. After discussion we agreed two waking staff met current needs more efficiently."
People who used the service told us that staffing levels were flexible to meet their needs. One person said, "We can do whatever we want. You just talk to staff and there's usually enough staff and cars to do what you want. They can use a car from another home sometimes too."

The provider operated a safe recruitment process to ensure that they employed staff who had the right skills and experience, and as far as possible were suited to supporting the people who use the service. They carried out all of the required pre-employment checks before a new worker was allowed to support people using the service. These included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

People received their medicines as prescribed by their doctors. We found that the provider had safe protocols for managing and administering people's medicines. Medicines were stored safely and securely in people's bedrooms. These had been stored following relevant guidelines. A member of staff said "It helps keep risk to minimum and much more personal for the residents." Staff followed required protocols when they supported people with their medicines. Only staff who were trained in medicines management administered people's medicines. We reviewed people's medication administration records (MAR). We saw that staff had correctly followed the provider's policies when completing people's MAR charts.

Good

Is the service effective?

Our findings

Staff had relevant knowledge and skills they required to provide effective care to people. They told us that they received the training they required to carry out their role. A member of staff told us, "It [training] is good. It was better when I first started; now more in-house training but it is sufficient to do the job." Another said, "Training is really good. Refresher's are good. The mandatory ones they put you straight on." People agreed that staff were skilled to meet their needs. One person told us, "Staff are trained, all sorts of training and it is on-going. It all helps keep us safe." They went on to say, "I think I have benefitted enormously. Without the staff team where would we be?" Another person said, "All staff are excellent. No worries at all."

We reviewed staff induction and training records which showed that staff had the required support and had undergone a range of training to enable them to meet the needs of the people that used the service. They had access to regular refresher training. A senior care staff told us, "Both senior staff attend training; we were in Sheffield last week, and then feedback to all other staff."

The Mental Capacity Act (MCA) 2005 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 so that they can 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of our inspection nobody required a DoLS authorisation as there was no restriction to people's liberty. Staff we spoke with all had a good understanding of MCA and DoLS. They supported people in accordance with the relevant legislation and guidance. We observed through the day that they sought people's consent before they provided them with care or showed us their personal space. We reviewed records which showed they considered their responsibilities under MCA in the various aspects of support they offered to people. They also considered how changes in people's physical health may affect their mental health and ability to make decisions.

People had access a variety of nutritional meals. People told us that they enjoyed their meals. They planned their own menu weekly. One person told us, "We do the menu on a Tuesday for the following week. Anything special required you only have to say. If it's a birthday there's always a cake." A relative said, "The food is excellent. Lots of choice and plenty of it. Lots of fresh veg – they even make their own Yorkshire puddings. [Person] wouldn't get that at home."

Staff were knowledge about people's specific nutritional needs and preferences. They ensured that they

provided meals and support that met these needs. For example, staff told us "Since [person] has needed his food blended his taste buds seem to have changed. He really enjoys jacket potato with cream cheese at the moment." We saw that staff prepared the person's preferred meal. They also went on to tell us about another person's preference. They said, "[Person] doesn't like to have food warmed up so we try and accommodate. If night staff make a cottage pie for instance, they will make an individual one so it can be cooked fresh when required."

People were supported to have timely access to health care services when required. One person told us, "If I'm unwell staff arrange an appointment for me and goes with me as it's a steep hill to get there. I go in to see the doctor on my own." Records we reviewed showed that staff responded promptly to changes in people's health and involved relevant health professionals. For example, district nurses, speech and language therapist, occupational therapist etc. They supported people to monitor their specific health needs. For example, we reviewed records of a person who was susceptible to bleeding due to their medication. We saw that staff put relevant measures in place to monitor the person for any signs of bleeding. The records also included clear actions that staff would take if they noticed signs of bleeding.

The premises was designed to give people access to space that met their needs. The building was wheelchair accessible and every bedroom had en-suite facilities and easy access to the garden court yards.

Good

Is the service caring?

Our findings

Staff were kind and compassionate to people. People who used the service complimented the caring attitudes of staff. One person told us, "Staff appreciate us as people; not just our needs." A relative told us, "All the girls are so caring, they are wonderful. Yes definitely safe and happy here."

Staff demonstrated an interest in having positive relationships with people that used service and giving them care they promoted a good quality of life. A person that used the service told us, "Don't think staff don't need me as much as I need them. My needs are more visible but it doesn't mean theirs are any less – we all need each other." The registered manager and staff told us that they aimed to provide a homely environment for people. One of the ways that they did this is through their staffing model where staff provided both support with people's care needs and domestic tasks such as cleaning, "just as you would at home." A member of staff told us, "It is homely. This is the nearest people will have to lining in their own homes." A senior care staff said, "We all do our very best here. I think the residents have a good quality of life. It's what we try for." A relative told us, "You can ask staff anything – it's just like a family here."

Staff we spoke with were knowledgeable about the people who used the service. One member of staff told us that the most enjoyable part of their role was, "Just spending time with and chatting to the residents, getting to know them well." Our conservations with staff, observations and the evidence from the records we reviewed showed that staff applied this knowledge when they supported people that used the service.

People were involved in decisions about their care and support. We repeatedly observed staff ask people how they wanted to receive support. They records also showed that they had been involved in their care decisions. We reviewed records of a person whose physical needs meant that they were unable to use their communication aids. We saw that staff had developed a detailed support plan for communication. This included information about how the person used eye contact and body language to express their wishes for their support. A member of staff told us, "It's nice when we can involve residents in everyday things. One resident in particular enjoys and is good at supporting others".

People were supported to be as independent as possible. For example, we saw the people's wheelchair and premises were adapted so that they could mobilise independently.

People were treated with dignity and respect. Staff had good understanding and commitment to promoting people's right to privacy and dignified care. They gave examples of ways of how they ensured that people's privacy and dignity was promoted during care delivery. This included, "Covering people up during personal care and not writing confidential personal information in the communication book." We observed staff prompt a health professional to offer a person treatment in the privacy of their bedroom. They said, "It might be nice for resident to go to his room first."

People's friends and family could visit the home without undue restrictions. One member of staff told us, "Relatives and friends are welcome any time. We do get quite a few, generally regular days and often they call first to check if they are going to be in." A relative told us, "We come twice a week. We usually call first

because it is a long way to come if [person] is out." We reviewed people's activity records also showed they had regular visit from their family and friends.

Good

Is the service responsive?

Our findings

People received care that was tailored to their individual needs and preferences. A person gave us several examples of how staff provided their care in a person centred manner. They went on to say, "We're well looked after here, spoilt rotten."

People care plans were person-centred. They included their history, preferences and routines. We observed that staff applied this information in their practice. One person chose not to have a care plan and we saw that they were able to verbally pass any required information to staff and other professionals which staff recorded in a way that was agreed with the person.

People's bedrooms were personalised to meet their need in a homely individual manner. A member of staff told us, "That's what we aim for – a normal home life."

People that used the service had a main member of staff also known as their 'key worker' who promoted their welfare and interests. People had 'review and objective setting' meetings with their keyworker every six months. These meetings were used to set aims of what would like to achieve in coming six months. We reviewed records of these review meetings and saw that staff supported people to achieve their aims.

People were not socially isolated. They were supported to engage in activities that were meaningful to them. They had access to activities within the service and in the wider community. A person using the service told us that their activity for the day. They said, "I am off to the Space Centre today. I've fancied going for a couple of weeks and it's arranged today." Their records showed that one of the objectives they set in their last review meeting with their key worker was to visit the space centre. Later in the day we saw this person return from their trip, they were in good spirits and told us, "It was well worth a visit. I enjoyed it all. Will be going back."

People chose their own activities. They recorded their plans for the week on an activity board or communicated it to staff who then made the necessary arrangements to give people the support they required to access the activity. The registered manager told us, "Not everything is noted on the board. We also have to work with residents as required. We discuss with residents the week before what's needed." They also had access to two vehicles which they used to access the community. The registered manager told us, "I think there is enough transport to meet needs. You can see from the activity board we can identify transport needs and plan accordingly but we do aim to be flexible as necessary." People told us that they had fair access to the vehicles. One member of staff said, "We have two cars to use. One takes one resident and the other can take residents." People also had access to a computer for online activities. One person told us, "There's a PC in the dining/activity area. I'm not really that good with IT but it's there if needed."

Staff supported people to have regular holidays when they required it. A relative told us, "[Person] went on holiday to Llandudno with another resident, and he loved it." The registered manager told us, "Residents enjoyed holidays recently, a hotel fully adapted."

People were supported to follow their religious beliefs. We saw records which confirmed that people had the support they required to attend their place of worship.

People had opportunities to contribute economically to their local community. For example through volunteering their time or skills. On the day of our inspection, we spoke with one person who had returned from their volunteer job. They showed us a folder which contained records of their achievements and certificates they received as a result of their contribution. This included several excellent references from professionals they had worked with as a volunteer in schools.

The provider made required reasonable adjustments which met people's needs and preference and allowed them to stay as independent as possible. For example, the premises were adapted so that people had easy wheelchair access to all areas. We saw that they made provision for a bathroom for one person who preferred to have a bath. The bathroom had been fitted with an adapted bath. They also made safe arrangements for people who smoked. One person told us, "This is the only place I am allowed to smoke. After breakfast I enjoy a nice cup of tea and a smoke out here." They went on to say, "I have everything I need here. I'm more than well looked after and then I can come and sit out here with a cup of tea and a smoke. I'm happy." Another person told us that staff were flexible to make suitable arrangements for them. They said, "Staff always try and accommodate. All special diets or cultural need will be accommodated here, as are all areas."

People had access to opportunities to make their views about any aspect of the care known at any time. The provider had robust protocols to seek, manage and respond to concerns or complaints. We saw evidence in people's records that staff regularly encouraged them to provide feedback in their meetings with them. The provider also had a customer helpline which people or their representative could ring or write to provide feedback about the service. People who used the service also served on committee which contributed to and influenced decision making or development of policies within the organisation. Two of the people we spoke with had been members of such committees. The service had not received any complaints in the past 12 months. One person told us, "If there is a problem it's discussed. We do have a complaints procedure but I would always hope to sort out one to one with anyone; staff, manager or resident. I have had one to one discussions and have sorted things out." A relative told us, "It's all taken care of here and I don't have to worry. [Person]'s spoilt rotten. I'd be the first to complain. He is happy in his way. We are more than pleased. When people ask how he is; we tell people how wonderful this home is and they can't believe it. You couldn't find fault." Another said, "I know I can ask staff anything but there is nothing to complain about. I'd be the first on to Social Services if I saw anything but it's excellent and the staff, nothing is too much trouble. [Person] was very poorly but he is a lot better now. No we don't have any worries."

We also from records of people's review meetings that they gave feedback about the service. These records showed that people were satisfied with the care they received.

Good

Is the service well-led?

Our findings

The service had an ethos of providing a empowering, service-user led quality of care. The registered manager promoted this ethos by supporting staff to provide this standard of care.

The service had a registered manager. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission.

The registered manager spoke passionately about their commitment to the people that used the service and how they worked to provide a service that gave them a good quality of life. They said,
"I've been here since opening, working in the larger home previously. I do enjoy it. I started as care assistant but always wanted to do this. I'd like to think I've made a difference."

People, relatives and staff complimented the leadership of the registered manager. One person told us, "[Registered manager] runs a fantastic ship." Another said, "We all get on well. [Registered manager] is brilliant." They went on to say, "I had a big birthday last week. Manager arranged a party for me. She's great, always does her best."

Staff told us that they were supported by the registered manager. They said the registered manager supported them to meet the standards she expected of them. They did this through supervision, annual reviews and observed practice. One member of staff said, "I've been here about two years now. I am very well supported by all the staff and the manager. It has helped a lot with my confidence." We reviewed staff supervision records which showed that registered manager reiterated their ethos through supervision. For example, one records showed that the member of staff advised not to rush tasks when supporting people as this may result in cutting corners, which is not ideal for the people who used the service. The registered manager told us, "I support the staff. They know what I expect of them. If staff need me then I'm out there to support them, paperwork can wait. We work as a team; there's no me and them, and I think staff respect that." During our inspection visit, we observed that the manager was accessible and responded to people who used the service and to staff who sought their advice or support.

Staff described their supervision meetings with the registered manager as "excellent". One member of staff said, "To be honest even if we did not have supervision we won't need them because [registered manager]'s door is always open." They went on to say "[Registered manager] is a good manager; she is hands on when needed. Yes, she tells us off when need be but that's her job." Another said, "There's nothing I couldn't talk to [registered manager] about. She's approachable."

Two of the staff we spoke with told us that they ceased employment at the service for short periods of time and returned to the service because they did not find any alternative service that promoted person centred care as at Stadon Road. One of them said, "It was the biggest mistake I made. I am glad that [registered manager] had me back." The other staff said, "I don't think I will go again, you'll see me here when you come back next year and the year after that."

The registered manager was supported in their role by a service manager. The service manager also managed a nearby service in Silbey Leicestershire and was available on the day of our inspection. The registered manager told us, "I have support in [Silbey] if needed. I can ring [service manager]. They were also supported by two senior carer who provided further support to a team of eleven care staff.

The provider had systems and procedures in place to assess and monitor that they provided a good quality of the service. They used this to drive continuous improvement in the quality of service people received. The provider's quality assurance procedures consisted of regular audits of various aspects of people's care. The registered manager also monitored the service by ensuring that they spent time to talk with each person every morning to ask their views on the meals, cleanliness of home etc. They told us that they also monitored the care that staff provided by working alongside them. They said, "I say, I will help you with that [to staff] – it gives me an insight how things are done by staff."

We saw that they also used feedback from staff and people to improve the service. One member of staff told us, "There's been lots of improvements. I'm not saying it was bad before, but the changes have helped. For example, having two waking night staff and having split shift which means more can be done for service users." A relative told us, "I am more than happy with the home. I couldn't find anywhere better."