

Sefton New Directions Limited

Sefton New Directions Limited - Hudson Road

Inspection report

2 Hudson Road
Maghull
Liverpool
Merseyside
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Tel: 01515319595

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Hudson Road is a residential care home providing personal care to four people at the time of the inspection. The home is registered for up to six people. People supported at Hudson Road have profound and multiple disabilities including learning, physical disabilities and sensory needs. Accommodation is provided in single bedrooms.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practise guidance. This ensures that people who use the service can live a full a life as possible and achieve the best possible outcomes that include control, choice and independence. People's support focused on them having as many opportunities as possible.

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

Relatives told us that the standard of care their loved ones received at Hudson Road was exceptional.

We observed peoples' support during our visits to Hudson Road, staff were gentle and showed people kindness and affection, within their professional boundaries.

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.

Care and support were delivered on a very individual basis. People were encouraged to plan and decide their daily routines. Activities were generally planned in advance to ensure staffing levels were appropriate, however all activities were flexible relative to people's well-being.

Staff knew people extremely well care, support and activities were planned around individual likes and dislikes. People were encouraged to participate in activities which were meaningful to them for example bus journeys, lunches out and trips to the cinema.

Professionals also spoke very highly of the home and how the home was able to support people to have good outcomes, helping to maintain good physical health. They commented on the lovely atmosphere in the home, and the professionalism of the staff. Ideally, wherever possible people would be supported until the end of their life in the home by people who know them.

Healthcare records were kept to high standards and staff knowledge of individuals was extremely good. This enabled staff to recognise any changes in people and seek early access to primary healthcare services, this ensured excellent continuity of care.

Staff responded to overcome any constraints presented when supporting people to live fulfilled lives.

People enjoyed attending live music events, cycling in summer, swimming and being part of the community despite physical and sensory challenges.

Risks were assessed and managed well. People received their medicines as they should.

Thorough recruitment, staff induction and ongoing training were in place to ensure that staff were suitable to work and provide support within the home. There was a very low change of staffing which meant people were supported by a staff team who knew them and their preferences extremely well.

People had access to food, snacks and drinks throughout the day, food was freshly prepared.

Staff knowledge and understanding of people and the way in which they communicated meant they effectively supported people to live their best life.

Complaints were managed effectively in line with company guidance. Family members told us that they had no complaints. Families felt they were respected, consulted and fully involved with their loved ones care.

People would be encouraged to continue their involvement with their chosen religion after moving to the home.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection

The last rating for this service was good (published April 2017). We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led

Details are in our well-led findings below.

Sefton New Directions Limited - Hudson Road

Detailed findings

Background to this inspection

The 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.

The inspection team

The inspection was carried out by one inspector.

Service and service type

Hudson Road residential care home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed all the information we held about the provider and spoke with the commissioning authority. We reviewed the notifications sent to us from the provider in line with their legal responsibility. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections.

During the inspection

We looked at two people's care records and the records relating to staff administration of their medicines. We looked at the training plan and completion rate for all training in the home. We checked audits and quality assurance reports, incident and accident records, as well as the recruitment, supervision and training information for two staff. We visited the care home and met with all the people living in the home. We also obtained further information from the service following the inspection.

We spoke with five members of staff including, support workers, senior staff, domestic support staff and the registered manager. We also spoke with a member of the management team responsible for quality. We spoke with relatives of two people currently living in the home and one relative of a former resident who had sadly passed away. We also spoke with the commissioning authority.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medications were stored safely in a locked cabinet, secured to the wall. A medicines fridge was also available for products needing cool storage. Medications were managed safely by trained staff whose competency had been checked. This was to ensure staff were working in line with good practice guidance.
- We saw from records that people received their medication at the prescribed times. Audits were completed daily to ensure errors were detected at an early stage.
- Medication was reviewed regularly and helped support people to reduce or increase their medication, helping to achieve good outcomes.
- Staff told us that they received excellent support, guidance and training from the community nursing team when people needed extra support or had changes to their medicine administration. This meant that people stayed fit and healthy.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with the provider's safeguarding policies and procedures. They could describe what constituted harm and what action to take if they saw any incidents of concern.
- Staff received regular training and updates regarding safeguarding adults so that people stayed safe.
- Family members told us that they felt their relatives were safe in the home. One relative told us "I would like to live there".

Assessing risk, safety monitoring and management

- People's environment was monitored to ensure their safety. We sampled some of the service contracts in relation to this and found them to be all in date.
- Risks were assessed relating to the environment, and risk assessments were completed to ensure people's safety.
- People living in the home had a variety of individualised risk assessments in place according to their needs and various activities they participated in. Including risks associated with people whose mobility was limited. Positive risk taking was promoted to ensure people had fulfilled lives and participated in activities in the home and community.

Staffing and recruitment

- There were enough numbers of staff to provide safe, consistent care that met the needs of the people living in the home.
- Thorough recruitment procedures were evident. Pre-employment checks were undertaken on all staff prior to employment, to check they were suitable to work in the caring environment.

- Staff told us that the manager was supportive of them gaining further qualifications and developing skills to enable them to progress within the organisation

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Preventing and controlling infection

- Relatives told us that the home was always clean and fresh whatever time of day they called in.
- The home was exceptionally clean and well maintained. There was dedicated domestic support in the home for cleaning and laundry, so people lived in hygienic surroundings.

Learning lessons when things go wrong

- All accidents and incidents were clearly recorded along with the action taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. This included ensuring clear actions were in place in response to both minor and significant incidents.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 thoroughly assessed before moving to the home, so that the home knew they could support people effectively.
- Care plans covered people's individual needs and preferences. So that they had choice over their daily living.
- Care plans demonstrated that staff worked alongside people to help and support them maintain their own levels of independence.

Staff support; induction, training, skills and experience

- There was a thorough and comprehensive organisational training plan in place to ensure that all staff had appropriate skills to meet the needs of the people they supported.
- Training delivered from external agencies, health professionals and the local authority was well attended, this showed that staff wanted to learn and look at ways to develop their own practice.
- New staff followed the organisation's induction program at the beginning of their employment so they had the right skills and ethos to work in the home.
- One professional commented "The staff are extremely knowledgeable, educated and well informed". A relative told us, "Staff have brilliant skills and good organisational skills", this meant relatives and professionals had confidence in the role that staff played in supporting people.
- All the staff told us that they received good support from the manager, both professionally and personally which helped them feel competent in the supporting role.

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

- Individual diets and preferences were taken into account when planning meals, so that people had choice and a selection of food they liked.
- Staff understood and followed guidance from appropriate health professionals in order to meet each person's dietary requirements. Staff supported people with losing and/or maintaining a healthy weight.
- Records were maintained as appropriate to ensure that people had enough to eat and drink.
- Specific diets were not seen as a hindrance by staff in supporting people in social activities and eating out. Staff often researched dining venues for accessibility and menus for suitability in their own time so that eating out was part of their lives.

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

- Records relating to the health professionals involved with the person's care were maintained to a high standard, so that people's health and welfare was monitored.
- One healthcare professional commented, "It was a pleasure to find all case notes and records extremely thorough and up to date".
- Staff knew people extremely well, how they communicated and the signs they displayed when becoming unwell. This meant they accessed medical intervention promptly.

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

- The home had been adapted to ensure people with physical disabilities and mobility support needs were not restricted and could easily access areas within the home.
- Specialist aids and equipment were in place to provide essential care and support needed.

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 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 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.

We checked whether the service was working within the principles of the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We saw that mental capacity assessments had been completed to consider whether people were being deprived of their liberty.
- Staff supported people to make a variety of decisions relating to their care and support so that they were in control of their lives.
- Paperwork in relation to MCA and DoLS was clear and appropriately completed. Any applications for DoLS had been submitted to the local authority.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People lived fulfilled lives at home and in the community. We saw that the local community engaged with people in the home, acknowledging them and waving as they passed. A sense of community and activities accessed in the community meant that people did not suffer isolation.
- Staff were extremely talented involving people taking into consideration people's sensory and mobility needs. Staff used touch and ensured that people knew of their presence before engaging with them. People's relatives told us that staff were exceptionally caring. "It's absolutely marvellous. The care for [Name] is the best. I am always informed, everything is covered."
- The interactions between staff and people were relaxed and had a good level of humour. One visiting professional commented Hudson Road is "More like one big happy family rather than a care setting". A relative said, "They care for [Name], they just are really good people", and "I couldn't praise them enough".
- Staff supported people positively with a "can do" attitude. People were involved in activities despite any physical restrictions they had, for example staff saw it as a positive not to have transport as using public transport gave them community presence. We also saw people baking and playing games with support. People were exuberant following a trip out on the train and enjoyed the process of baking and eating their cakes.
- Staff respected people they supported. The language used by staff verbally and in records was exceptionally caring and gentle. A health care professional survey comments included, "All of the service users I met appeared happy and extremely well cared for". All records used positive language and clearly demonstrated that staff understood and cared for those in their care.

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

- Extensive work had been carried out to record how people communicated, their body language, gestures and sounds including details of what staff believed it meant. Staff knew people exceptionally well and presented information in such a way that they could understand and be fully involved in conversations and with making decisions.
- Staff were extremely skilled and flexible in the way they communicated with people, they use signing familiar to people living in the home. They also considered lighting and suitable positioning of people who had sight and/or hearing difficulties during activities and meetings so they were involved.
- Images and photographs were used to aid with communication and promote memories of activities and celebrations. One person had recently celebrated a birthday and staff had presented them with a published memory book of their life and photographs from the day. This was obviously important to her as she kept it near to her.

- Staff had regular meetings which included discussions on how they could improve their own practice so that individuals were supported to optimum effect. Which demonstrates their willingness to improve and learn.

Respecting and promoting people's privacy, dignity and independence

- Independent people through the advocacy service had been consulted and involved when significant purchases had been made from individuals' personal money. These are people who support individuals when they need support to make decisions.
- Peoples right to privacy was upheld. All personal care was delivered in private, personal information was securely stored, so that people's dignity was maintained.
- Staff levels and staff allocation meant that daily living was unhurried and specific to each person living in Hudson Road. One relative told us "[Name] has a routine and she will stick to it!". This demonstrated that people received their support as they preferred.
- Staff understood they were in a supporting role we heard and observed many interactions involving people with making decisions, aiding in communication and planning activities together. Exceptional practice meant that people had control over their lives.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control to meet their needs and preferences

- People were supported by staff who knew them well. Staff also attended health care and medical appointments with people, and when necessary stay with them overnight if admitted to hospital. A relative said "Staff also offer invaluable support to us, the family at those stressful times. It is a great comfort, to me and my husband".
- People had opportunities to try new experiences and activities. Staff had compiled detailed knowledge of peoples' known likes and preferences, and included them in their care plans. Staffing levels also meant that plans could be adjusted according to the person's well-being or health, so they wouldn't miss activities they enjoyed and truly demonstrated person centred care.

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

- Staff worked tirelessly to overcome any challenges presented by health or physical needs so that people had everyday opportunities and experiences. People attended music concerts, theatres, football and wrestling events, and were visible in the community using local transport, shopping and dining out. One relative told us [Name] has a fabulous social life.
- Risks associated with activities were well thought out and effective in managing medical conditions such as epilepsy. One person attended swimming/water therapies despite the only suitable venue being over an hour away. Staff enabled the person in pursuing their interests, by combining taking public transport with their enjoyment and health benefits of water exercise.
- Staff clearly understood their role as a supporting one and people's ability was not seen as a barrier to them trying new experiences. Staff undertook training through the accessible bike scheme so that they could safely take people in wheelchairs bicycling in summer months, to add to the social groups and community events people could be involved with.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans were person-centred and included descriptions of how people communicated, including facial and body gestures. This tool supported staff when involving people with planning their care. Involvement from family and accurate recording of peoples' responses effectively established what had been agreed.
- People's eyesight and hearing were regularly monitored. People had access to talking books, staff read

newspapers to people and information was provided in picture formats or photographs so that the service could be as inclusive as possible.

- Staff understood the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- There was a comprehensive complaints procedure available in the home. Relatives told us that they were confident any concerns they may have would be dealt with appropriately and promptly.

End of life care and support

- Staff demonstrated the loving caring nature and consideration for the person in their care at the end of their life. A family member said "Staff were amazing, they knew [Name] well and supported them and me", and "They went over and above what anybody could have expected".
- Staff showed incredible commitment to people following their death. Staff chose favourite clothes, did their hair and makeup and included items important to person in their casket. Family and friends were welcomed to the home following the service for a celebration of their life. This showed staff respect and understanding that Hudson Road was their home.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; and 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

- A comprehensive range of audits and checks were undertaken by the management team and they were highly effective in maintaining a high performing service.
- The registered managers spent time working alongside staff modelling and demonstrating high standards of care and led by example.
- Relatives told us that the staff were always looking for ways to improve the quality of people's lives and how that always included the family members and advocates where appropriate. This shows that the service is open to scrutiny.
- The registered manager accessed various external managers support groups and care forums to ensure sharing of best practice and knowledge. They ensured that they looked outside of the organisation for which she works for new ideas and learning, to promote best practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a proven track record of achieving outstanding care and outstanding outcomes in caring. At this inspection, we found the home had maintained and further improved outstanding features relating to person-centred care, activities and independence and healthcare. This demonstrated the leadership and management had been able to sustain and improve good practices over time.
- We observed an extremely positive and person-centred culture in the home. People were respected and treated as individuals.
- One professional commented on a feedback card, "It's always a pleasure to visit Hudson Road". Staff were highly motivated in their roles and there was an evident culture of support and learning. This impacted positively on the quality of the service provided

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living in the home led the service and their choices were upheld. Staff received training in equality and diversity and were passionate about the rights of the people living in the home.
- Staff also felt their diversity was celebrated and training ensured that protected characteristics were accepted.

Continuous learning and improving care; Working in partnership with others

- The staff worked effectively with a variety of stakeholders. This included health and social care professionals, as well as other organisations, so that the outcomes for people were positive.
- There was a strong focus on learning from incidents and adverse events. For example, we saw that where things had not gone as well as they could, or audits highlighted any shortfalls the service had analysed this in detail and put measures in place to help improve the quality.
- We met with a member of the senior management team to discuss the future and further development of the service. These conversations demonstrated that the service was continuously striving to improve.