

Scope

43a and 43b Morley Road

Inspection report

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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

43a and 43b Morley Road is a 'care home'. People in care homes received accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 43a and 43b Morley Road accommodates six people in two adapted buildings.

The care service has been developed and designed in line with the values that underpin the Registering the right support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated good. At this inspection, we found the service remained good.

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

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. Management and staff understood their responsibility in this area. Staff were committed to ensuring all decisions were made in people's best interest.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed. Staff supported people to keep in contact with family members.

When needed, people were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

There was a management structure in place, which provided clear lines of responsibility and accountability. Staff were committed and supported. Quality assurance checks were carried out to ensure people received a high quality service which met their needs and protected their rights.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

43a and 43b Morley 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 23 January and was unannounced, and was completed by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, the expert had experience in learning disabilities. We reviewed the information we held about the service including safeguarding alerts and statutory notifications, which related to the service. A notification is information about important events, which the provider is required to send us by law.

During our inspection, we observed care practices, and spoke with three people living in the service and one visitor. We also spoke with three relatives on the telephone. Not all people were able to talk to us about the service they received because of their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection, we spoke with three staff, team leader, and registered manager.

Following the inspection, we made telephone calls to professionals for feedback about the service. We reviewed three people's care records, three medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

For a more comprehensive report regarding this service, please refer to the report of our last visit, which was published on 20 October 2015.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse and harm, and risks to people's safety as at the previous inspection and the rating remains good.

The service had effective safeguarding systems, policies, and procedures and investigated any safeguarding concerns promptly. Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies.

People and their relatives told us they felt safe living in the service. One person told us, "I like to walk in the front garden and look at the cars." The front garden was predominantly the car park but it was accessed via large gates these were opened and closed by staff, therefore ensuring the environment was safe and secure. Comments from relatives included, "I know he is safe there as he always wants to go back after he has visited me", "Yes perfectly safe, the staff ensure that I do not have any concerns about her safety."

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments, which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, when out in the community, or accessing the kitchen. Staff worked with people to manage a range of risks effectively.

We saw records, which showed that equipment at this service, such as the fire system and the vehicles, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

The manager told us how staffing levels were assessed to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. Relatives and staff told us there was enough staff to meet people's needs and to keep people safe. There was a 24-hour on-call support system in place, which provided support for staff in the event of an emergency.

Medicines were properly managed by staff. The service had procedures in place for receiving and returning medicines safely. Audits were carried out to ensure safe management of medicines. People who required as, when medicines (PRN) had clear protocols in place giving staff guidelines on how, and when to administer them.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited, is not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people.

People were living in a safe environment. The service employed maintenance staff and there were systems in place to ensure any maintenance required was responded to promptly. We saw records of checks that had been carried out on equipment and the premises. For example, checks on hoists and wheelchairs. The provider had an infection control policy in place and staff were able to tell us how they put this into practice. We observed staff using protective gloves and aprons when assisting people.

The registered manager and provider had an overview of the whole service, knew people well and were often a presence in the service so could monitor its effectiveness. Regular audits and review of accidents, incidents meant they were able to see how effective their actions had been. This helped reduce the number of repeated incidents. Lessons learnt were shared with staff through meetings, 1-1 supervision and handovers.

Is the service effective?

Our findings

At this inspection people continued to be supported by staff that were trained and effective in their role. The rating remains good.

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 make a particular decision, any made on their behalf must be in their best interest and the least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 their liberty were being met. We found people were being supported appropriately, in line with the law and guidance.

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas, which included; safeguarding, medication and communication. Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The team leader carried out observations to ensure staff were competent in putting any training they had completed into practice.

Relatives we spoke with told us they thought the staff met their relative's individual needs and that they were happy with the care provided. Comments included, "The staff work really well with [name of relative] I never have any concerns about them".

We observed the lunchtime meal and people looked like they were enjoying the food. Staff told us people were given a choice of what to eat and we were shown menu plans. The menu plans were also in pictorial format to enable everyone to have an informed choice of what they wanted to eat. Staff were able to tell us about each individual's likes and dislikes around food. One person told us, they devised the menu each week with the support of the team leader and they ordered the food on line for home delivery. We observed people discussing the main meal for the day and informing staff they did not want what was on offer that evening, the staff offered them alternatives.

People's care records showed their day-to-day health needs were being met and they had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. Referrals had been made when required. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis. One person told us, "I let the staff know if I am unwell and they get

me to the doctors."

One person who spent long periods of time in a wheelchair told us they had an exercise machine in their room, which they were encouraged to use every day. The staff told us that although some people required the use of wheelchairs to get around the service they were aware how important it was for them to exercise regularly and supported people to do this with input from physiotherapists.

The bungalows were designed to enable people to move around them as independently as possible. Bathrooms were fully equipped to enable people to have a bath or shower as easily as possible. The communal areas of each bungalow were brightly decorated. People's rooms were personalised with posters, photographs, and ornaments. One person's room was in the process of being refurbished and the staff told us they had supported them to choose the wall covering and paint colours by looking in magazines and at colour charts.

Is the service caring?

Our findings

At the previous inspection the service was rated good, at this inspection, we found the service remained good.

Staff were caring towards people and treated them with dignity and respect this was evident in our observations. We observed lots of laughter and humour. People were relaxed and happy when interacting with staff. Throughout the inspection, there were many positive interactions between people and staff. One person told us, "I think the staff are wonderful, they listen to me."

Staff were able to tell us about each person's individual way of communicating and how they were able to tell if they were happy or sad, as well as if they liked or disliked something. They were also able to tell us how they knew if anyone was in pain. For example, by them using hand gestures, making noises, or facial expressions. People also had various means of communicating their needs and choices for example, communication boards and picture books.

People had their own keyworkers and spoke fondly about them. Comments included, "My keyworker takes me for rides out in the minibus whenever he can", "The staff encourage me to do as much as I can for myself, and I make my own bed, dress myself, and tidy my room."

People and relatives told us staff supported people to keep in contact with their family. One person told us, "I have a landline in my room, I phone my relatives, and they contact me. I also email them." One relative told us, "When my husband died I was not able to visit the service [name of relative] started to lose weight the service contacted me regularly during this time giving me updates. We thought that [name] was grieving. They responded by bringing them home to see me their weight then stabilised."

The staff encouraged people to be independent; we observed people using adapted equipment to enable them to eat independently. People were encouraged to make choices. We observed people communicating to staff in a variety of ways as to whether they wanted to take part in an in house activity.

The registered manager told us that one person was going to be part of interviewing for new staff as they were having a recruitment day the following day. We spoke to the person who told us, "Yes, I help ask questions." The manager told us they thought this was important, as it was an opportunity to see how well perspective employees engaged with people who lived at the service.

Is the service responsive?

Our findings

Although people accessed the community impulsively for example, to pop to the shops, some staff told us there were limited opportunities for people to attend college course or other structured activities on a regular basis because some courses started or finished outside of staffs shifts. For example, early shifts finished at 2.30pm and college courses started at 1.30pm. We discussed this with the management team who told us that at the present time no one had expressed an interest in attending any college courses or any other structured activity which could not be accommodated within the existing rota. However, if people did want to attend a college course or other structured activity the rota would be flexibly organised to enable people to do so. The management team informed us they would ensure all staff were aware of this.

The registered manager and deputy worked mainly supernumerary hours however, there was flexibility for them to work on shift if the need arose to enable people to be able to access the community when they chose to.

Most people because of their mobility needs were supported 1:1 when out of the service. The registered manager had made referrals to other professionals for their advice on meeting people's support needs when out in the community.

People had planned activities scheduled in for the year approximately one a month; this was done with support from their key worker. Trips out highlighted included Duxford air show, tribute shows, pantomimes, the royal albert hall, and football matches. People had mixed comments about the amount of activities available to them outside of the home. One person told us, "I do get bored and would like to be able to go out for a walk more often." Another person told us, "I go out when I want to." Some people attended a day centre on various days of the week.

On the day of inspection, someone visited the home that comes on a regular basis to support people with needlework. The people that took part thoroughly enjoyed themselves and there was a lot of laughter and banter to be heard around the table it was a real social occasion. Some people did not take part but enjoyed watching and listening to the conversation.

People's care plans were detailed and gave descriptions of people's needs and the support staff should give to them. All care plans were in the process of being reviewed by the deputy manager. They were person centred and gave detailed guidance for staff so they could consistently deliver the care and support people needed.

The service had four vehicles of which two could accommodate wheelchairs. People who were able also used public transport.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. Relatives told us that they had a good relationship with the

provider, manager, and staff and could speak to them about any concerns and things were dealt with immediately.

We looked at the arrangements in place to support people at the end of their life. While no one was receiving end of life support, some care files reflected people's wishes whilst others stated that they had not yet had the conversation about this subject, as it was not the right time.

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Is the service well-led?

Our findings

At this inspection, we found the service was as well led as we had found during the previous inspection. The rating continues to be good.

There was a registered manager in place who was in the process of being registered by the commission. They were being supported on a day-to-day basis by the provider. 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.

The registered manager also managed another small home nearby. During their absence, the home had a competent team leader who was responsible for the day-to-day running of the home.

Staff had a positive and enthusiastic attitude and knew what was expected of them in their role. They knew how to question practice and raise concerns and were supported to do this. One staff member said, "We all work as a team here we get really good support and it's a good place to work, the managers are really there for the people."

The service carried out a range of audits to monitor the quality of the service. Records relating to auditing and monitoring the service were clearly recorded. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. Surveys had been completed on annual basis by people living in the service and their relatives.

Regular meetings took place with the manager and the people and staff to talk about any concerns or problems as well as anything they would like to do in the forthcoming month. The manager also had regular meetings with the provider it was evident from our discussions with the staff and management team that everyone had the upmost respect for each other and worked as a team to provide in order to meet the needs of the people that lived in the service.