Future Directions CIC

10 Spennithorne Road

Inspection report

10 Spennithorne Road
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Date of inspection visit: 26 August 2015
Date of publication: 21/10/2015

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**

Overall summary

We inspected 10 Spennithorne Road on 26 August 2015. We rang the registered manager the day before so they could let the people who lived there know we were coming. Our last inspection took place on 29 November 2013. At that time we found the service met the five standards we inspected against.

10 Spennithorne Road is a care home for four people with physical and learning disabilities, situated in Urmston. There is a parking area to the front of the building and an enclosed garden to the rear. The accommodation is single storey and is light and relatively spacious. All of the bedrooms are single and each has a sink. There is a communal kitchen and sitting area and a shared bathroom.

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.

Summary of findings

The registered manager had been at the home for nearly three years. Relatives told us that the staff team was very stable, which was very important for the people who lived at the home as well as for them.

There were enough staff on duty to meet people's needs. Staff told us they felt supported by the manager and that training opportunities were good. Relatives we spoke with told us they liked the staff and had confidence in them.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Due to their complex care needs it wasn't possible for us to ask the people who lived at 10 Spennithorne Road how they felt about living there, so we asked their relatives. They told us that they felt their relatives were safe and well cared for. We saw that staff understood how to keep people safe and responded appropriately to situations when people were observed to become unsettled.

Relatives told us the meals were good and that staff at the home knew what the people who lived there liked and disliked. We saw that there was a relaxed atmosphere at meal times and people could eat when they wanted to.

On the day of our visit we saw people looked well cared for. We saw staff speaking calmly and respectfully to people who used the service. Staff demonstrated that they knew people's individual characters, likes and dislikes.

Activities were planned for each of the people who lived at 10 Spennithorne Road based upon their personal preferences. Days out, trips to the shops and other activities were recorded in a diary. People were given options about where to spend their time, for example in the lounge, in their bedroom or in the kitchen/dining area. There was also a large enclosed garden which was accessible to the people who lived at the home.

We saw that there were detailed risk assessments and care plans in place for each of the people that lived at the home. These incorporated personal preferences, people's life history and important information on how each person liked to communicate.

Relatives told us they were always made to feel welcome and could pop in whenever they liked. They also said that if they had any concerns or complaints they would feel able to take these up with the manager.

We saw there were systems in place to monitor the quality of the service. Staff supported the people using the service to input into the running of the home and relatives could feed back their views at house meetings and during care planning meetings.

Summary of findings

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.

Relatives told us they felt that people at the home were safe. We saw people were relaxed in the company of staff and responded to them in a positive way.

Staff understood the safeguarding procedures and how they should report any suspicions of abuse.

Medicines were managed safely and people received their medication at the right times.

Good

Is the service effective?
The service was effective.

We saw from the records staff had a programme of training and were trained to care for and support people who used the service.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Records showed people had regular access to health care professionals, such as GPs, opticians, district nurses and specialist nurses.

Good

Is the service caring?
The service was caring.

Relatives said staff were kind and caring to the people that lived in the home, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and friendliness towards people.

Care plans and risk assessments were detailed and based upon people's life histories and personal preferences. Staff supported people to be involved in their own care planning.

Relatives told us they were made to feel welcome and could visit at any time.

Good

Is the service responsive?
The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and their relatives. We saw people's care plans were reviewed regularly.

People were supported to take part in a range of activities based upon their personal preferences. The relatives we spoke with said that they thought the people living in the home had enough to do.

We saw from the records that there had been no complaints about the care of people using the service since our last inspection.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Relatives and staff we spoke with were very positive about the registered manager. They said that they could raise any issues and had confidence that any concerns they had would be acted upon.

Meetings with people who used the service, their relatives and staff were held and people's views were used to make improvements to the service.

Audits were carried out to make sure the systems that were in place to keep people safe were working as they should be.

10 Spennithorne 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 26 August 2015. We telephoned the registered manager the day before the inspection so that they could let the people living at the home know we were coming.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included asking the Local Authority and Healthwatch Trafford team for information. Healthwatch did not have any concerns and the Local Authority did not respond to our request.

On the day of our inspection we spoke with the registered manager, the team leader and two care workers. Due to the complex care needs and unique communication style of people who lived at the home we were unable to ascertain their views about the care they received.

During the day we spent at the home we also observed the care that people received and the way that staff interacted with people. We looked around the building including in bedrooms, the bathroom and communal areas. We also spent time looking at records, which included two people's care records and records relating to the management of the service.

Good

Is the service safe?

Our findings

Due to the unique communication style of people using the service we were unable to obtain verbal feedback about how they felt about living there. So we spoke to their relatives and observed their care. All the relatives we spoke to said they thought that their relative who used the service was safe.

We arrived at 9am and spoke with the registered manager and team leader who told us there were three support workers assisting people to get up that morning. When we looked at the rotas for the last four weeks we saw that staff numbers varied according to the activities or appointments people living there had that day. A member of staff told us that there were often less staff on during the day at weekends as people did not have health care appointments that they needed to be up early for. They said "it means people can have a lie in if they want one, just like you or I would at the weekend".

Each person had been assessed to decide how many people they needed to support them to do various tasks such as get up, eat meals or go out to the shops, and rotas were planned around their needs.

Twelve staff, not counting the registered manager and team leader, were employed to support the people who used the service. The team of staff working at the home was very stable and they hadn't recruited a new member of staff for three years; four of the staff had worked there for more than 10 years. The registered manager told us they felt that it was very important for the people that lived there to have the same people supporting them and that for this reason agency staff were never used.

Relatives we spoke with told us "continuity is absolutely paramount as far as I'm concerned", and another said, "[my relative] loves the carers and knows their voices so it's important that staff don't change". A third relative said "whenever I visit I see familiar friendly faces which is a huge thing for [my relative]". Relatives also told us they thought there were enough staff.

We saw on the rota that there was one member of staff to support people at night. Staff said they felt that once people were in bed one staff member could safely support all four people with their needs. We asked what would happen if a person was poorly during the night and another person required assistance at the same time; staff told us they would call the manager on the on-call rota or the registered manager for assistance. The registered manager said that night staff had not called for extra support at all in 2015 and that it was rarely necessary.

During the inspection we saw that people were supported and cared for by staff in a relaxed and unhurried way and were attended to when they expressed needs verbally or non-verbally.

We didn't check the recruitment records for staff at the home because they were stored at the provider's address and no new staff had been recruited for over three years. We reviewed the recruitment policy which stated that each candidate must provide two references, have a health assessment, prove their right to work in the UK and pass a Disclosure and Barring Service (DBS) check. DBS checks were then done on a three yearly basis for staff continuing to work at the service.

There was a staff disciplinary procedure in place; however, there had been no disciplinary issues with staff at the home since our last inspection.

The registered manager told us that the people who used the service were involved in the interview process for new staff and would meet prospective employees before they were offered jobs.

Staff members we spoke with told us they understood fire evacuation procedures. The home had specialised equipment for supporting people who could not mobilise independently to evacuate safely and two rooms had been modified so that people's beds could be wheeled into the garden. We checked records that showed staff had received fire safety training and each person living at the home had a detailed Personal Emergency Evacuation Plan or PEEP in their care plan. PEEPs provide instructions on how to evacuate a person from the building in an emergency.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system was used for some of the medicines with others supplied in boxes or bottles. Two of the people who used the service received food and medicines through a percutaneous endoscopic gastrostomy or PEG tube. The medication folder contained PEG care plans and instructions for both people who used them. All of the support staff were trained to give medicines and care for people using PEG tubes and we observed this during our inspection.

Good

Is the service safe?

We found medicines were stored safely and only administered by staff who had been appropriately trained. Medication administration records were up to date with no gaps in recording. This demonstrated people were receiving their medicines in line with their doctors' instructions. We saw that some liquid medicines and creams did not have the date they were opened written on them; this is important as some medicines expire a certain time after they are opened. We informed the registered manager and this was addressed before we left on the day of inspection.

We saw that a staff member audited the medicines weekly. The local pharmacy which supplied all the medicines performed an audit at least every three months, or more frequently if it was required.

Safeguarding policies and procedures were in place at the home. We saw people using the service responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them. One relative told us "I can tell by body language when [my relative] is upset and I've never seen [my relative] upset around any of the staff that work here". The same relative also said that the registered manager took people's safety very seriously and "wouldn't stand for any nonsense."

Staff we spoke with told us they had received training in safeguarding adults and were clear about how to recognise and report any suspicions of abuse. All the staff and relatives we spoke to said they wouldn't hesitate to report any concerns or worries to the registered manager.

On the day of our inspection we found the home to be clean and tidy. Relatives told us that the home always appeared clean and smelled fresh; one relative said "I never phone ahead to say I'm coming and it's always tidy when I arrive".

The home had a weekly professional cleaner and there was a cleaning rota on the fridge in the kitchen. The service also used a professional company to clean chairs and wheelchairs on a monthly basis and to deep clean bathrooms and other areas on a three monthly basis.

We looked at the records for gas and electrical safety, for water testing and for fire and manual handling equipment checks. All the necessary inspections and checks were up to date and there was a system in place to ensure they were carried out at regular intervals.

Good

Is the service effective?

Our findings

Staff told us they received regular training. Records showed that staff had attended courses on safeguarding, fire safety and infection control. One staff member told us that they could request additional training if they wanted it and had themselves recently completed a diabetes course.

Staff had also received training in promoting the dignity of people using the service and positive behavioural support. Positive behavioural support helps staff to understand and work with people who may have behaviour which can be perceived as challenging.

We saw from the records that staff received practical manual handling training every two years and completed a detailed learning booklet in the years in between. The registered manager thought there was a possibility that practical manual handling training could be provided annually.

As no new staff had started at the service for three years we could not speak to any staff members about their induction. We reviewed at the service's induction policy and documentation and saw that new starters would spend the first 10 days receiving classroom training and shadowing support staff.

The registered manager informed us that new staff members could not work for the service until they had passed an induction and could not work with people unsupervised until they had gained their Care Certificate. The Care Certificate is a basic introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that carers must follow in order to provide high quality, compassionate care.

The staff we spoke with told us they felt supported by the manager. Support staff had an appraisal annually and supervision every three months with either the team leader or the registered manager.

We looked at appraisal and supervision documents for two members of support staff. The appraisal meeting was an annual review of training and development and an opportunity to plan for the coming year. Supervisions also covered training, as well as relationships with colleagues, any concerns staff had, safeguarding worries and human resources issues. This showed us that staff were supported in their role and had opportunities to raise any concerns and discuss their personal development. One staff member said "it's a great place to work – you can tell that by the number of staff that have been here for years."

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Mental Capacity Act 2005 (MCA) balances an individual's right to make decisions for themselves with their right to be protected from harm if they lack mental capacity to make decisions to protect themselves.

People's complex care needs meant that each person required constant supervision to keep them safe. This meant applications for DoLS authorisations were necessary. We saw that all the correct assessments were in place for each of the people and applications had been submitted to the Local Authority, three of which had been approved.

Staff at the home made decisions for the people who used the service which they considered be in their best interests under the Mental Capacity Act 2005. This included using people's money for holidays and to buy equipment for them, such as specialist wheelchairs. We saw that the correct process for this had been followed and each decision was documented properly.

We noted that people who used the service sometimes received alternative therapies such as reflexology and aromatherapy; staff told us they could tell the people who used the service enjoyed these sessions. The use of people's money for these sessions was not subject to best interest decisions and we indicated to the registered manager that it should be. The registered manager said that they would do this.

We saw staff gained consent from people before any care tasks were undertaken. For example, before people were assisted to move and before assisting people with food and drinks. This showed that staff were making sure people were in agreement before any care was delivered.

Two of the people using the service received food through a percutaneous endoscopic gastrostomy or PEG tube. We saw in their care plans that each person had been assessed

Good

Is the service effective?

by a specialist PEG nurse who had prescribed the amount and type of food they received. The food for these people was stored appropriately and staff said they ordered a range of flavours for variety.

The other people who used the service ate food prepared by the support staff. On the day we visited we saw the fridge was well stocked with fruit and vegetables and we watched one of the support staff make a vegetable curry from fresh ingredients. Staff told us people eating food at the home helped write menu plans and went food shopping. One relative told us, "they know what [my relative] likes and dislikes food-wise." And another said, "sometimes when I pop in I stay for a meal, the staff are very kind to me."

Food likes and dislikes were recorded in the care plans of people who ate food by mouth. We also saw people were weighed monthly to make sure any changes in their weight were identified and could be addressed if necessary.

We saw from our own observations and from care plans that people who used the service had complex health care needs which required input from a wide range of health care professionals. In the two care plans we looked at we saw individuals had been seen by a range of health care professionals including GPs, district nurses, opticians, chiropodists and specialist nurses. Visits were recorded in the daily records for each person and in care files.

One relative told us, "staff always give me feedback if [my relative] has an appointment and I can't go." And "if [my relative] needs to see a doctor or nurse they arrange it as soon as they can and let me know." Another relative said "if [my relative] needs to see a GP they always call me to let me know as soon as possible."

The service used a 'keyworker' system, whereby named staff members had additional responsibilities for a specific person at the home. We saw that these responsibilities were listed in the staff folder. We spoke to a member of staff about a person they were a keyworker for. The staff member knew the likes and dislikes of the person and how they communicated their needs; they also knew about their personal and medical history and the names of their relatives. This showed that the staff knew the people they cared for well.

The registered manager said they had a good working relationship with their local GP practice and the doctors were always happy to visit if necessary.

Good

Is the service caring?

Our findings

One relative said that all the staff were very kind and caring towards their relative who used the service. Another said "staff are aware of [my relative's] moods and respect their wishes".

We looked at visitor feedback forms; one visiting health care professional had written "this is a lovely house, everyone seems so happy" and a tradesperson working at the house wrote that, "the house feels very welcoming". A visiting therapist noted, "the clients seem very happy".

We observed the care and support given on the day we inspected the service and saw that staff were warm and friendly and interacted using humour when it was appropriate. Support staff knocked on doors before entering a person's room. One member of staff said "I always knock and say it's me so that I don't startle [the person]" and "[the person] likes it when we sing songs in the morning when we're getting ready". We saw that staff members knew how the people at the home communicated and could respond to their needs in a timely way.

We looked at the care files for two people who used the service. They contained life histories and information about people's aspirations and this information was used to personalise their care plans. For example, one person enjoyed aromatherapy, so they had scented products in their bedroom and went for pamper days.

One person using the service could communicate using certain words. We saw that their care plan did include information on words they used to communicate but not all the words staff told us they used. There was also confusion about whether one specific word meant a particular food or snacks in general. This meant that the communication support plan was not as accurate as it could have been and as a result staff may not be communicating with the person in the most effective way.

However, overall we observed staff communicating effectively with the people who used the service. The staff knew the people they supported very well and could provide detailed information about people's personal histories, their likes and dislikes and the methods they used to communicate. They could also describe people's body language and facial expressions and how people used these means of communication to express their needs and wishes.

The registered manager also described a technique they had started to use to enhance communication with one of the people who had a visual impairment called 'objects of reference'. This involves giving an object to a person prior to a certain activity so that, in time, the person can associate the object with the activity and know what is going to happen next. This demonstrated that the service had explored different methods of communication with the people who used the service to better meet their needs.

On the kitchen wall we saw a poster with photographs of people and various activities. Staff told us that this was to assist them to communicate with people using the service when deciding which activities to do. We noted that one person using the service who could mobilise independently would not be able to view the poster from their personal vantage point. The registered manager said they would consider relocating the poster to aid communication with this person.

One relative told us there could occasionally be friction between the people who used the service. They said that staff knew how to identify this and could manage the situation so that each person's wishes were respected. We observed this the day that we inspected. It showed us that staff knew the people using the service well and treated them fairly.

We saw people looked well cared for. People were dressed in clean, well-fitting clothes and their hair had been brushed or combed. One relative said the staff involved their relative who used the service in decisions about what to wear and another said "staff help [my relative] to go shopping for clothes".

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings. All of the bedrooms had been decorated in 2015 and each person had been supported by the staff to choose colours and fabrics.

Relatives told us that their relatives who used the service had been shopping for their personal items and on the day

Good

Is the service caring?

of our inspection, one person went out with staff to buy cushions. Another relative said, "when they went shopping the staff helped [my relative] to feel all the fabrics and decide which one they wanted".

Relatives we spoke with told us they were made to feel welcome and could also telephone at any time if they wanted to know about their relative's well-being. One relative said, "I can ring the manager at any time if there's anything I need to know"; another said "I can pop in any time I like and can call any time too. They told me I can call any time – day or night".

Two of the people using the services had relatives who advocated for them. The other two people each had an appointed IMCA. An IMCA, or Independent Mental Capacity Advocate, is someone who helps people who need support to make decisions to express their views and wishes and to protect their rights. Having access to an IMCA meant that the rights and independence of the people were promoted.

Good

Is the service responsive?

Our findings

We looked at the care files of two people who used the service. The files contained detailed personal histories, information on how each person liked to communicate and their likes and dislikes. We saw that this information had been used to personalise the care provided. For example, one person's communication care plan included descriptions of their facial expressions so that staff could interpret their mood and identify any requests for support. We saw a support worker bring the person a flavoured lip balm when they made a certain facial expression.

There were also detailed risk assessments for aspects such as moving and handling, pressure area care and the number of staff needed to assist each person with various tasks.

Each person also had a summary care file which contained the key documents a new staff member should read prior to supporting people.

The assessment of the number of staff needed to meet people's needs and support them with activities was used to plan the staff rota. We saw that staff numbers changed depending on what was planned each day; this showed us that the service was responsive to people's care needs.

On the day we inspected there were three support staff working. One member of staff said that it could take up to an hour for each person using the service to have a bath, due to the complex moving and handling required to do it safely. We saw that the bathroom had been modified for the people who used the service, however, it was quite small and contained the only toilet people living at the home could access. This meant that if one person was using the bathroom, no one else could use the toilet.

We discussed this with the registered manager who agreed that it was an issue the service was looking into, but that due to the size restrictions of the building it was difficult to think of options to solve the problem. One relative said, "the bathroom isn't big enough but they are looking at how to improve things". Staff said that before a person was assisted to have a bath the other people living at the home were asked if they would like to use the toilet first.

Each care file contained information about people's hopes and dreams, their religious beliefs and how these would be catered for and a circle of support. A circle of support shows who the important people are in a person's life. We noted that these circles of support did not have any people in the 'community' part of the circle in the two care files we looked at.

We discussed this with staff during the inspection and they said that it was partly due to problems using pavements and accessing shops locally with the specialist equipment individuals needed to mobilise. Staff told us that people using the service went to the supermarket and had been supported by staff to buy items for their bedrooms when they were decorated recently. One person using the service was also supported to visit the local florist to buy flowers. The registered manager said they would consider other options for broadening the community aspect of the circle of support for each of the people using the service.

We noted that each person's care file was very large and contained old information which could be archived, making it difficult for us to access relevant information. The registered manager agreed and said that each care file would be reviewed and old information would be archived.

We asked staff how people living at the home were involved in their care planning. One staff member said that people came to meetings about their care plans and that relatives were also invited. One relative said, "we have care planning meetings every year to discuss [my relative's] care and I can give feedback at those meetings". Another relative said they had been invited to care planning meetings. This meant that the service included people and their relatives in planning their care.

One of the people using the service could mobilise independently. We noted that all the flooring at the home was laminated and this helped the person to move around. Staff said that when the home used to be carpeted it was much harder to move the wheelchairs people needed to mobilise, so the smooth flooring was good for everyone. This showed us the service considered the needs of the people living in the home and had adjusted the environment to meet their needs.

Care files for each person contained information about the activities they enjoyed and were supported to take part in. We saw that people had a range of choices in the home and outside according to their preferences. A relative told us [my relative] likes to sit out on the lawn in the sun and feel the grass". Another said, "the staff take [my relative] to pop concerts and [my relative] loves it".

Good

Is the service responsive?

People were also supported to go on holiday; one relative said, “they try and arrange a holiday for [my relative] as often as they can, it was a cruise last time and [they] loved it”. Relatives said that people were also supported to take day trips, access alternative therapies and go on pamper days.

We received positive comments about the number of activities provided by the home. Relatives told us they thought their family members who used the service had enough to do. Two relatives commented that they thought their relative had a more active social life than they did. This told us that the service supported the people living at the home to take part in activities.

The service had a complaints policy in place and information about how to make complaints was displayed in an accessible format for the people who used the service. The registered manager told us that no complaints had been received concerning the care provided to the people using the service since the last inspection although one neighbour had raised concerns about noise coming from the property. The registered manager had dealt with this complaint appropriately and in a timely manner.

We asked relatives if they had ever made a complaint. They told us, “I’ve never made a complaint. I can feedback at the house meetings if there’s a problem”. Another said, “I’m confident the manager would act upon any concerns”.

Good

Is the service well-led?

Our findings

The current manager had been the registered manager for nearly three years.

Relatives we spoke to were all positive about the registered manager. One relative told us. “the manager is wonderful”; another said “they are always on the ball”. Staff we spoke to said that the registered manager was supportive; one said, “the manager is always on the end of the phone if we need them” and both support staff we spoke with said they would go straight to the registered manager if they had any concerns. This showed us that the home had an open culture.

We saw that the aims and values of the service were clearly displayed and were available in an accessible format for the people who lived at the home. The values included putting people first, transparency and going the extra mile. Documentation showed that the values were discussed at every team meeting and during staff appraisals and supervision. This meant that the service made sure its staff understood the aims and values of the company and applied them when supporting the people who used the service.

There were systems and procedures in place to monitor and assess the quality of the service. These included seeking the views of people the service supported and their relatives through regular house meetings. Relatives told us they used these meetings to feedback any issues or concerns.

Staff also had regular team meetings where they could raise any concerns and discuss the needs of the people who used the service.

We saw a range of audits took place on a monthly basis to monitor the safety of the service. These included audits of accidents/incidents, equipment, medication, cleaning, infection control and pressure area care. The registered manager met with area managers weekly to report any complaints, safeguarding concerns or issues with medicines. They also reported detailed information relating to people’s care, the upkeep of equipment and specific risk assessments monthly as part of a governance report to the service’s head office.

We saw reports by the area manager for the registered provider of the service who visited the home two to three times a year. We were told these visits would be unannounced and at random dates and times. During the visits the area manager would look at one aspect of the service, for example, care files, how well the staff understood the values of the service and whether staff knew about safeguarding, and document findings in their report. This showed that the registered provider was taking steps to ensure a quality service was being provided to the people who used the service.

During the inspection we saw that the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were displayed on the noticeboard of the home and how to meet these regulations and our role had been discussed in team meetings. This showed us that the registered manager knew what was expected of the service and had made sure that staff knew what was expected of them.