

Rotherham Doncaster and South Humber NHS Foundation Trust

10a-10b Station 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 

Overall summary

The inspection took place on 14 September 2015 and was unannounced. At the last inspection April 2014 the service was judged compliant with the regulations inspected.

10a-10b Station Road is two bungalows situated in Hatfield, Doncaster which is registered to take up to six people. The service is provided by Rotherham Doncaster and South Humber NHS Foundation Trust. At the time of

the inspection each bungalow had three people with learning disabilities. People who used the service had access to local community facilities such as shops, pubs and churches.

The service has 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 and associated Regulations about how the service is run.

Summary of findings

People we spoke with told us they felt safe while staying at the home. One person said, “I feel very safe here, staff have helped me a lot I am a lot more confident now.” Staff had a clear understanding of potential abuse which helped them recognise abuse and how they would deal with situations if they arose.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people’s needs. Procedures in relation to

recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

The registered manager was aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being placed on them.

The arrangements for handling medicines were safe and people received their medicines as prescribed.

We saw that the control and prevention of infection was managed well and that staff had been trained in infection control.

People were encouraged to make decisions about meals, and were supported to go shopping and be involved in

menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities and holidays.

People had access to a wide range of activities that were provided both in-house and in the community. One person told us they had been to the Yorkshire Wildlife park. Another person had recently enjoyed a coach trip to celebrate their birthday.

We observed good interactions between staff and people who used the service. People were happy to discuss the day’s events and two people told us about their likes and interests. One person had a keen interest in the Royal family.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

The NHS Trust management team had systems in place to assess and monitor the quality of the service and to continually review safeguarding concerns, accidents and incidents. Where action plans were in place to make improvements, these were monitored to make sure they were delivered. We saw copies of reports produced by the registered manager. The reports included any actions required and these were checked each month to determine progress.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. There were robust recruitment systems in place to ensure the right staff were employed

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Good



Is the service effective?

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people staying in the home. We observed people being given choices of what to eat and what time to eat.

Good



Is the service caring?

The service was caring.

People told us they were happy with the support they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke positively about the staff at all levels and were happy with the care.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they stayed at the home.

Good



Is the service responsive?

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to them staying at the service. A relative told us they had been consulted about the care of their relative before and during their stay at the home.

Communication with relatives was very good. One family member we spoke with told us that staff always notified them about any changes to their relatives care.

Good



Summary of findings

Relatives told us the registered manager was approachable and would respond to any questions they had about their relatives care and treatment.

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

The service was well led.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People were regularly asked for their views. Regular meetings were used to ensure continued involvement by people living at the home.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Good



10a-10b Station 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 was 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 14 September 2015 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in.

The inspection was undertaken by an adult social care inspector. At the time of the visit there were six people using the service. We spoke with two of them and we also contacted three relatives of people living at the home. We spoke with three support staff and the registered manager. We also spoke with the advocate of one of the people who used the service. An advocate is someone who speaks up on people's behalf. We observed how staff interacted and gave support to people throughout this visit.

Before our inspection, we reviewed all the information we held about the home including notifications that had been sent to us from the home. We also spoke with the local council contract monitoring officer who also undertakes periodic visits to the home.

Prior to our visit we had received a provider information return (PIR) from the provider which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People we spoke with told us they felt safe and supported at the home. One person said, “Staff support me to stay safe, I like it here it’s a nice place to live.” Another person said, “I feel safe we all get on. It’s great. I would tell staff if I was worried about anything.” Relatives told us they had no concerns about the way their family members were treated. One relative said, “I speak regularly with staff and my family member and I am confident that they are looked after very well.”

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the registered manager. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, we saw person centred plans included risk assessments to manage areas such as managing personal monies, moving and handling and the risk of falls. There was also a comprehensive incident reporting system to ensure all accidents and incidents were investigated and action taken to prevent reoccurrence.

There were emergency plans in place to ensure people’s safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records. Routine monthly checks were completed in each of the bungalows to ensure they met the Trust’s safety standards.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. The registered manager told us that they had not employed any new staff for a long period of time. The registered manager told us how they would recruit new staff if required. Staff files were held centrally by NHS Trust and the registered manager was informed when all the required checks had been received.

We checked four staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Through our observations and discussions with people who used the service, relatives and staff members, we found there were enough staff with the right experience to meet the needs of the people living in the home. The registered manager showed us the staff rotas which were consistent with the staff on duty. She told us the staffing levels were flexible to support people who used the service. For example, where people wanted to go out on trips, holidays, or shopping additional staff were available to facilitate the outings.

Medicines were stored and administered safely. Staff and some people that used the service were aware of what medicines were to be taken and when they were required. All medication was stored appropriately. Where people were unable to consent to taking their medications we saw appropriate mental capacity assessments had been undertaken. There was an audit system in place to make sure staff had followed the Trust’s medication procedure. We saw the registered manager had carried out regular checks to make sure medicines were given and recorded correctly. Staff had received training in the safe management of medicines and regular competency checks were undertaken by managers to ensure staff were adhering to policies and procedures.

We saw the support worker followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only ‘when required’, for example painkillers and medication to help with agitation. The support worker we spoke with knew how to tell when people needed these medicines and gave them correctly. We were shown protocols to assist staff when administering these types of medication.

Is the service effective?

Our findings

People were supported to live their lives in the way that they chose. The registered manager told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. People told us that staff helped them to develop their person centred plans which detailed the support they would need to undertake certain tasks. For example, assistance with personal care and the things that were important to them.

Some people who used the service were able to clearly communicate their wishes. Where people had communication difficulties staff were able to understand their needs. The support staff we spoke with told us that they had transferred from another home within the Trust. They were able to move with two of the people who used the service. This meant they were familiar with staff who knew them very well. Staff we spoke with were able to describe how they were able to recognise if the person was unhappy with something or if they needed assistance with personal care tasks. We saw that care plans contained these details making the plans person centered.

People's nutritional needs were assessed during the care and support planning process and people's needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. We saw people's likes, dislikes and any allergies had also been recorded. We spoke with people who used the service about how menus were devised. One person showed us the current menus, which used pictures to describe the meals provided. Another person we spoke with told us they had been shopping with staff and had made suggestions about the meals. We saw that speech and language therapists (SALT) had been involved for one person who required support as they had been assessed as at risk from choking.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

The staff we spoke with were clear and had received training about their role in promoting people's rights and choices. We saw that when people did not have the capacity to consent, procedures were followed to make sure decisions that were made on their behalf were in their best interests. The registered manager told us that people living in the home had received support from independent advocates and they were involved where decisions were more complex. We spoke with one person's advocate who told us they visited every two weeks. They said they were always invited to the person's review of care and felt they could represent the person's view when needed.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation. However the registered manager was aware of the changes brought about by a recent Supreme Court judgement. She told us that one DoLS application had been submitted to the supervisory body and was awaiting an outcome.

Records we looked at confirmed staff were trained to a good standard. Managers and support staff had obtained nationally recognised care certificates. The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The registered manager told us that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something.

Is the service effective?

Each person had a separate health action plan which included things medical staff should know if the person became ill and needed hospital attention. The plan was set out using a traffic light system. The red section recorded the 'things you must know about me'. The amber section recorded 'things that are important to me like family and friends'. And the green section included 'likes and dislikes'.

We saw that the control and prevention of infection was managed well. We saw evidence that care staff had been trained in infection control. They were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. We saw that care staff wore personal protective equipment (PPE) when delivering personal care and practised good hand hygiene.

Is the service caring?

Our findings

People who used the service told us they were involved in developing their person centred plans and they were happy for us to look at them. We found they were written in a way people could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, spending time with family and friends. They also told us how they needed support with hospital and other health appointments.

People told us that staff were respectful and spoke to them in a way that made them feel at home. One person we spoke with said, “Staff respect my privacy, sometimes I want to be on my own and I know I can go to my room, and watch television or play my music.

We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during their spare time and there was lots of encouragement given to people to undertake household tasks. One person told us how they liked to keep their bedroom tidy while another person said they liked to help by making their own lunch. This was usually a sandwich.

We saw that staff attended to people’s needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could.

One relative we spoke with told us that staff were caring and supportive. They said they were very satisfied with the care provided and felt involved in their care. Home visits were encouraged and relatives were invited to take part in reviews and visits.

The registered manager had developed a ‘Dignity in Care’ leaflet in an easy read format, which had been formally adopted for all community based services within the NHS trust. The leaflet included a statement that said, “We cannot give someone dignity, but we can empower them to hold on to it, or in some cases regain it. Positive relationships help enhance dignity.”

People were given choice about where and how they spent their time. We saw they had chosen how their room was decorated and the rooms reflected people’s individual style and interests. For example, one person had pictures of the royal family while another liked animals.

Advocacy services were used by the people living in the home and we spoke with one person’s advocate who said, “Staff are always welcoming and friendly. I feel the person I represent is well looked after and staff are always very respectful. I am always invited to care planning meetings and able to represent [my friends] views. I see staff supporting other service users and they offer the same respect for their wishes. I feel the staff are very good.”

Is the service responsive?

Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. We looked at three person centred plans for people who used the service. People we spoke with told us they were happy for us to look at the records and wanted to be involved in the process. The information included pictures of friends and family. One person showed us pictures of activities that they were involved in. Each person also had a separate health action plan which included things medical staff should know if the person became ill and needed hospital attention.

The plans were kept under constant review as well as a formal review each year when all health care agencies were involved. We saw a document 'My Review' which was written in an easy read format and included actual photographs to help the person understand what was being discussed.

Two people who used the service had recently transferred from another community service within the trust. They told us they were very settled and we saw their care plans included short term goals to ensure they were integrated into the local community. This included the local church, shops and places to eat and drink.

The plans also told us the activities that people were involved in, what was working well and things that may have changed. Staff told us that people were encouraged to maintain their independence to the level that they felt comfortable with.

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. One person we spoke with told us that they had chosen to go on a coach trip for their birthday.

People were provided with information about the service. This is called a 'Service User Guide'. The information was set out in an easy read format with photographs and pictures used to illustrate the main points.

We looked at minutes from a focus group meeting held in August 2015. The group included representatives from all of the community services within the trust. The last meeting looked at the easy read version of the 'Dignity in Care' document and also people could give their opinion on the 'Doncaster Health and Wellbeing strategy' proposals. People that attended had commented that the pictures used in the easy read version helped them understand the document.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. They told us they had received no formal complaints in the last 12 months. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

Is the service well-led?

Our findings

People who used the service and their relatives were actively encouraged to give feedback about the quality of the service. People told us they had regular meetings where they were encouraged to raise concerns and to talk about things like outings, holidays, activities and food.

Rotherham Doncaster and South Humber NHS Foundation Trust, who ran the service, had a clear set of values. These included involvement, compassion, dignity, respect, equality and independence for people. We spoke with several staff who said the values of the Trust and of the home were very clear and demonstrated a good understanding of these values. They said they understood because these values were in the policies and procedures, were part of their induction and on-going training, and talked about in their meetings. One staff member said the ethos was made clear right from the outset when they came for interview, as it was included in their job description.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people staying in the home. They told us the registered manager was approachable, supportive and they felt listened to. One member of staff said, "We all work as a team. Most of the staff have worked here for many years so that says we all love working with the people we support." Staff that had recently transferred from another community service within the Trust told us that they had been made welcome and knew staff at the home as they had covered shifts there. They said they thought the transition for people who had also transferred went smoothly and it had helped them all to settle into their new home.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who lived at the home. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days. We observed handover from the morning shift to the afternoon shift. This was managed professionally and the information helped to set out what was needed to make the shift run smoothly.

The NHS Trust had effective and robust systems in place to monitor and improve the quality of the service provided. Monitoring of the service included gaining the views of people living at the home and also looking at how the registered manager audited things like health and safety, infection control and medication. We saw there were clear fire risk assessments in place and regular maintenance of the fire alarm system took place to ensure equipment was well maintained.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified. We were shown how accidents or incidents were monitored to reduce the risk of their reoccurrence. The registered manager confirmed that they knew all notifications that should be reported to the Care Quality Commission.

Outcomes from quality assurance surveys were used to constantly improve the service for people who used the respite service. Questions asked how well the service was doing, for example, did staff encourage people to make their own decisions, if they felt safe, did they know how to raise concerns, were activities appropriate and about the meals. We saw from the results that people regarded the service as very good. Advocacy services [Voice Ability] were used to ensure people's views were included if they had difficulty expressing their views.