

Stockton-on-Tees Borough Council







Stockton-on-Tees Borough Council - 31 Oak Road

Inspection report

29 – 31 Oak Road
Eaglescliffe
TS16 0AT
Tel: 01642 528611

Date of inspection visit: 14 October 2015
Date of publication: 01/12/2015

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 carried out this inspection on the 14 October 2015. The inspection was unannounced which meant the staff and registered provider did not know we would be visiting.

31 Oak Road is a six bedded care home for adults with a learning disability, which is situated in a housing estate within easy reach of local amenities. It is operated by Stockton Borough Council. At the time of our inspection four people were using the service.

The home had a registered manager in place and they have been in post since April 2014 and registered with the Care Quality Commission since October 2014. 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

We found that medicines were stored and administered appropriately.

Staff we spoke with understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff said they would be confident to whistle blow (raise concerns about the home, staff practices or provider) if the need ever arose.

The registered manager had knowledge of the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. The registered manager understood when an application should be made, and how to submit one. At the time of our visit there were three people that were subject to a DoLS authorisation.

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents were too few to identify any trends.

Staff did receive relevant training and competency assessments took place.

Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager.

Staff were observed to know people well and to be caring and respected people's privacy and dignity. People who used the service said that staff were caring and kind.

People were supported to access healthcare professionals and services.

People who used the service chose what activities they would like to take part in, and we were told that one person enjoyed taking ballroom dancing classes.

People living at the service said they felt safe within the home and with the staff who cared for them.

People's care records were person centred. Person centred planning [PCP] provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. Care plans provided evidence of access to healthcare professionals and services. Care plans contained relevant risk assessments.

We found people were cared for by sufficient numbers of staff. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available.

People were provided with a meal choice and enjoyed the food on offer. People could eat when and where they wanted.

Staff were supported by the registered manager and were able to raise any concerns with them. The service had a system in place for the management of complaints although had not received any.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and water temperature checks.

The registered manager set out a monthly plan of what audits were to take place. However there was nothing documented to evidence that the audits had taken place.

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 were knowledgeable in recognising signs of potential abuse and knew how to report any concerns.

Assessments were undertaken to identify risks to people using the service and others. Risk assessments were in place.

Medicines were stored securely and administered safely.

There were sufficient numbers of staff to care for people's needs.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service.

People were supported to have their nutritional needs met.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS] and they understood their responsibilities

People were supported to access healthcare professionals and services.

Good



Is the service caring?

The service was caring.

Staff were caring and respected people's privacy and dignity.

Staff knew people who used the service well and involved people in all aspects of their care.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and their care planned, care plans were person centred.

People had access to opportunities for social stimulation or activities that met their individual needs and wishes.

A complaints and compliments process was in place although they had received no complaints.

Good



Is the service well-led?

The service was well-led.

Staff said they were supported by their registered manager and felt they were open and honest.

We saw that meetings were held with people who used the service on a monthly basis.

Good



Summary of findings

We saw documentation of what audits were to take place each month there was nothing documented to evidence these audits had taken place.	
--	--

Stockton-on-Tees Borough Council - 31 Oak 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 the 14 October 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed the information we held about the home. We looked at notifications that had been submitted by the home. This information was reviewed and used to assist with our inspection.

The provider was asked to complete a provider information return [PIR]. 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.

During the visit we spoke with four people who used the service, the registered manager, and three staff members. We also spoke over the phone with two relatives of people who used the service and gained feedback from five external healthcare professionals. We undertook general observations and reviewed relevant records. These included two people's care records, four staff files and other relevant information such as policies and procedures.

Is the service safe?

Our findings

We asked one person if they felt safe. They said, “I feel safe, I feel the building is safe.” Relatives we spoke with said they felt Oak Road was safe.

We looked at the arrangements that were in place for safeguarding vulnerable adults. The service provided a safe and secure environment to people who used the service and staff. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. We were provided with the safeguarding policy.

Staff did tell us that they felt confident in whistleblowing [telling someone] if they had any worries. Staff told us that they felt able to raise concerns with the registered manager. Staff were also aware of how to raise concerns with external agencies such as the Local Authority or CQC.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and water temperature checks. We saw evidence of Personal Emergency Evacuation Plans [PEEP] for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. One person we spoke with said, “We do fire drills, we need to go out the front when the fire alarm goes off.”

Each person’s care plan had a risk assessment that was personalised to them. Risk assessments were completed by the registered manager or staff and included the person concerned. The assessments briefly outlined the risks and described how support could be provided to minimise the risk. For example one person was at risk of neglecting their personal care. The risk highlighted warning signs, interventions and prevention. The service also used a risk rating tool. This tool highlighted whether the risk was low, moderate or high. The service promoted positive risk taking and put systems in place to support people to travel safely alone but without restricting their independence. The registered manager said, “Individual risk assessments are undertaken and regularly reviewed and updated to ensure that they allow independence without being too prescriptive or restrictive.”

Accidents and incidents were monitored each month to see if any trends were identified. At the time of our inspection the accidents and incidents were too few to identify any trends.

The service had an up to date business continuity plan. This meant if an emergency was to happen the service was prepared.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. The registered manager said staffing was flexible and if people wanted to do a group activity such as attend a show, extra staff would be brought on shift. The service worked closely with their sister service and staff worked across both services when needed.

We looked at the recruitment records for four members of staff. The majority of staff had worked at the service for a number of years some as long as 25 years. Recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. We saw they had obtained references from previous employers and we saw evidence that a Disclosure and Barring Service [DBS] check had been completed before they started work in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

The service had relevant disciplinary procedures in place. There was no one subject to a disciplinary at the time of our inspection.

We checked the management of medicines and saw people received their medicines at the time they needed them. One person who used the service was supported to self medicate. This person said, “I keep my medicines in my room, my room is locked and I have a locked cabinet in my room, the staff check it.”

Medication administration records (MAR) charts showed that staff had recorded when people received their medicines and that entries had been initialled by staff to show that they had been administered. All medicine administration was carried out by two members of staff.

There was no written guidance for the use of “when required” medicines (PRN), and when these should be

Is the service safe?

administered to people who needed them, such as for pain relief. We discussed this with the registered manager immediately, who took action to ensure these were put in place.

We saw all medicines were appropriately stored and secured within the medicines cupboard. We saw that temperatures of the storage area for medicines were recorded daily.

Medicines' training was up to date and we saw evidence of competency checks.

We saw that the service was clean and tidy and there was plenty of personal protection equipment [PPE] available.

Is the service effective?

Our findings

The registered manager and staff had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards [DoLS]. The registered manager understood when an application should be made, and how to submit one. At the time of our visit three people were subject to a DoLS authorisation. The registered manager said, "Where people have been assessed as lacking mental capacity, the appropriate deprivation of liberty safeguards are in place and reviewed regularly, removing where a person's needs change."

We found that they and the staff also understood the process for using 'best interest' decisions. Staff also understood that they needed to ensure relatives acting on behalf of people had the appropriate legal authority such as being appointed as a donee or lasting power of attorney.

We saw evidence of consent in people's care files, this were all signed by the person using the service.

We saw the training chart and matching certificates. Training was all up to date. The registered manager said, "The Support workers are trained to a minimum of level 2 QCF Diploma (Adult pathway) with Key Workers and Seniors being trained to level 3, 4 or 5 in Adult Care Diploma and Medication." And "We have our own in-house training department who commission our mandatory training from recognised providers." Staff we spoke with said, "We are well supported with training."

New staff undertake a thorough induction process which includes attendance at Stockton Borough Council corporate induction and also an in-house book to complete. All new employees 'shadow' an experienced member of staff for a minimum of two shifts before working unsupervised with a person who uses the service who presents with lower level behaviours whilst they gain suitable knowledge of people's needs.

Staff had regular supervisions and appraisals to monitor their performance and told us they felt supported by the registered manager. One staff member said, "The appraisals are great, we look at my role and if I want to do anything else such as specific training it is arranged for me. I am doing IOSH (health and safety training) next."

Staff also completed a personal development plan which discussed what went well, what went wrong, how they can improve, aims and objectives, identified training and what support was needed.

We observed a lunchtime and teatime meal. The times were flexible to suit people's needs. We saw people were provided with choice. No one living at the service had any special dietary needs. One person we spoke with preferred healthy options explaining how they were much better for you. They said, "Food here is very nice, my favourite is jacket potato and tuna." People who used the service and staff all worked in the kitchen together preparing meals. During the tea time meal there was a lot of laughter and banter coming from the kitchen. The registered manager and staff encouraged people to have a healthy lifestyle.

People had access to tea, coffee, drinks and snacks throughout the day. People could eat their meals where they wanted but they mainly sat in the dining room or the lounge. Staff also sat with them.

Health monitoring was in place such as monthly weight recording. The registered manager said that they liked to keep an eye on people's weight as one person was prone to putting on a lot of weight and another prone to losing weight. Another person who used the service liked to monitor their own weight.

People were supported to appointments with external healthcare professionals such as the community psychiatrist, GP and optician, evidence of visits were documented in their care files.

External healthcare professional's we spoke with said, "They have been very proactive in highlighting issues around deteriorating health and requesting support for the client. I find that they communicate very well and keep me up to date regularly with all medical appointments etc. whether by email or telephone." And another said, "I have established excellent communication with the staff at Oak Road in particular X and the registered manager. I am always invited to meetings of any significance regarding my client and I am well informed of their health and well-being at all times and any other activities he is involved with. I regularly communicate information to the registered manager and her team and always receive excellent responses and outcomes."

Is the service effective?

The premises were in very good condition and people had space for times they may want to be alone other than in their own rooms.

Is the service caring?

Our findings

We observed the care between staff and people who used the service. Staff knew people well and the environment was very family orientated. Many people who used the service had lived there for about 27 years.

We spoke with people who used the service they said, "It is very nice here." And "We have nice and friendly staff." Another person said, "I like to make sure the staff are alright and they are happy."

The relatives we spoke with said, "Staff are good, X [relatives name] loves it there." Another said, "Some of the staff are fantastic, exceptionally good." We questioned what they meant by 'some' of the staff, we were told that some staff offer choice such as 'do you want a shower' instead of saying 'come on let's have a shower.' They said there relative will always take the easy option if provided with choice. They also said, "If X [name of staff member] is on duty it's great, they know how to talk to my relative. X genuinely seems to care." We have passed these comments onto the registered manager.

Staff we spoke with said, "We provide a good service, the clients are happy. It has a warm friendly environment; it's like walking into your own home."

External healthcare professional's we spoke with said, "I have worked for the day service here in Stockton for six years, throughout that time I have worked with various clients who live at Oak Road, in particular I have worked closely with X a resident at Oak Road. I have only ever had positive experiences when dealing with the staff over there, they has always been good communications between the two services. My perception of the 'care' and support provided by the staff there has always been positive, and they seem to be attentive to the needs of the clients living at Oak Road." And another said, "When chatting with people everyone always seems to be happy living there and engaged in activities of their choice. Communication with Oak Road is always healthy and a good partnership I feel has developed with ourselves and Oak Road over the years."

Staff clearly cared for people and we observed them prompt people to carry out tasks for themselves to maintain and increase their independence. For example people were actively involved in the running of the home, such as cleaning, cooking and generally tidying up. One person said, "I love to Hoover and I tidy up."

Independence was fully encouraged. Staff we spoke with said, "We support them to be independent by asking what they want, communicating with them, we strengthen what strengths they have and bring in new ones." Staff explained how one person struggled with accessing the community alone so they have put systems in place such as they have the same taxi company with the same driver every week so this person feels able to go to a specific activity and to go home every weekend. This person also explained how this happens, stating "X [taxi driver] always picks me up outside and drops me off outside, they are really good."

The registered manager said, "We promote and uphold the rights of all people living at the home by treating people with dignity and respect and offering them as much independence and privacy as possible ensuring they have fulfilled lives where offering choice is key."

We saw through observation that people were treated with dignity and respect. People had their own key to their room and staff asked permission before entering.

People were able to make choices. We saw staff offer choice continuously throughout the day. Such as when someone had decided they wanted to play a board game, they were offered choice of which game this would be.

People who used the service were also very involved when a new member of staff was interviewed. They sat in on the interview and marked the person using a picture board. The manager said, "This is their home and they have to feel happy and comfortable with any new member of staff, if they did not feel comfortable we would not bring this person into their home."

Is the service responsive?

Our findings

We looked at care plans for two people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. Individual choices and decisions were documented in the care plans and they were reviewed monthly.

The care files we looked at were person centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. The files had information on what they would like to achieve in the next 12 months. Information documented here was, "go on holiday and attend new placements." We discussed these with one of the people whose file we looked at, they said, "I am going on holiday very soon, I want to go on the Coronation Street tour so that will be part of it." And "I did go to one place for activities but I was not too keen so they helped me find another one which I like better." Therefore we could see that wishes had been fulfilled within the 12 months.

Daily records were kept separately in a file to discuss at handover, these included information on what is needed for that day for example X needs money for a certain activity, who is going out, who is staying in and any specific appointments to attend.

We looked at activities. Due to one person being a lot younger than the other three people living at the service, their needs were a lot different. This person was very independent, attended college to do an employability course; they said that once this was completed they would like a job. They also enjoyed going on nights out and into town. The registered manager was aware that this person had different needs, therefore arranged for them to stop at another service they managed. This service is a short stay place and had a games room and a gym. This person had made friendships with people his own age and went for sleepovers when they were there.

One person attends the local church and a group from the church come to the service monthly, this was to sing songs or do an activity. Another person using the service attended a ballroom dancing class. They explained how they were becoming very good at dancing and how much fun it was.

One staff member we spoke with explained that they [the people who used the service] go to a group called SNAPS (special needs activities with parents support). Here they meet people from other services and people who live in their own home. Activities include karaoke, picture quizzes, dance, sports and outings to bowling or the cinema. They also have party nights and the weekend after inspection they were invited to an awards evening.

Staff we spoke with said they do a lot of activities in house such as baking, crafts, board games and gardening. One person proudly showed us a cake they had made the night before. They also attending the local park where vintage rallies often took place, or they went to the local garden centre to see the fish and enjoy coffee and cake.

We saw the complaints policy. The service had not received any complaints. People who used the service knew how to make a complaint. One person said, "I had to put in a complaint about a member of staff being nasty to me, I spoke to staff and an advocate came to talk to me as well, they were really helpful. This member of staff no longer works here."

The registered manager said, "Any concerns or complaints from people living at the home, their families or staff are taken seriously and acted upon immediately with feedback given in a timely manner. We ensure transparency and allow those using the service to have confidence in the services effectiveness and safety."

The registered manager said they used advocacy when needed. They have one situation coming up that they feel needs an advocate and would be arranging this.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since October 2014.

People who used the service were complimentary about the registered manager and staff at the home. One person we spoke with said, "X [the registered manager] is very nice."

The relative we spoke with said, "The staff are all very nice, very good." And "Staff will always ring if there are any issues." Another said, "I am always kept informed."

Staff we spoke with said, "X [the registered manager] is really supportive, gives guidance and support." And "The registered manager is a good listener, a very good manager." Another staff member said, "X [registered manager] provides support when needed and gives advice."

We asked people about the atmosphere at the home, people who used the service said, "It is really nice." And "It is fun."

External healthcare professionals we spoke with said, "We have an excellent relationship with X [the registered manager]. They are very proactive working with care management and health and link in with commissioning regularly."

We asked the registered manager how they promote the services visions and values, they said, "The aim of the service is to provide person centred support that fully adheres to the fundamental standards set out by CQC, I ensure I lead by example, acting on people's views and providing them with as much choice and control over their lives as possible."

We asked the registered manager about the arrangements for obtaining feedback from people who used the service

and their relatives. They told us that the local authority send out satisfaction surveys yearly for all staff. For people who used the service and their families the last survey had a very poor response. The registered manager said, "An electronic survey is currently being devised with our ICT department in the hope that increased response so feedback can be sought."

Meetings for people who used the service took place monthly; minutes of these meetings were shared on the noticeboard in the dining room in both written and pictorial format. We saw the recorded minutes for the last few month's meetings and topics discussed were menus, activities and what tasks they would like to do around the service.

We saw records to confirm that staff meetings had taken place every other month. Topics discussed were people who used the service and how they were feeling, what support they needed, new ideas, mobile phone use, holidays, rota and upcoming events such as Christmas.

We asked the registered manager what links they have with the community. They said, "We have links with the local church, the local pub, SNAPS and anything that is going on around the town such as the bonfire night or local festivals.

The registered manager had an action plan for monthly quality improvement. These included audits on medication, infection prevention, building safety, fire, care files and staffing. At the time of our inspection there was nothing to evidence that these had taken place. We discussed this with the registered manager who immediately updated the audit to show findings, actions required, person responsible and comments/progress.

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and they had complied with this regulation.