

Care Worldwide (Staffordshire) Limited

Hill Lodge 2

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

We inspected this service on 19 October 2015. This was an unannounced inspection. Our last inspection took place in August 2013 and at that time we found the home was meeting the regulations we looked at.

The service provides support to nine people with a learning disability. Care Worldwide also provides a service to nine people in a registered home next door to this service; Hill Lodge 1. The management arrangements and staffing provided are shared across the two services. People are able to spend time in either service and there are interconnecting doors between the two properties.

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

People were supported with their independence and knew how to keep safe. Staff supported people to understand any risks to prevent avoidable harm. Where

Summary of findings

people were concerned about their safety they knew who to speak with. Staff supported people to raise any concerns and assisted with any investigation to ensure people were protected from harm.

People kept their medicines in the bedroom and were helped to understand what their medicines were for and to take responsibility for keeping their medicines. Staff knew why people needed medicines and when these should be taken.

People were confident that there were sufficient numbers of staff to meet their needs and keep them safe. Staff received regular training that provided them with the knowledge and skills to meet people's needs.

People had access to food and drink that they liked and specialist diets were catered for. People's health and wellbeing needs were monitored and they were supported to organise and attend health appointments as required.

People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and support. Where people

were not able to make decisions for themselves; they were supported to make decisions that were in their best interests with the help of people who were important to them.

People were treated with kindness, compassion and respect and staff promoted people's independence. People liked the staff who supported them and had developed good relationships with them.

People maintained relationships with their families and friends who were invited to join in activities with them. People chose how to spend their time and participated in community activities alone, with friends or with staff support. People felt they could do the activities they wanted to at a time that suited them.

Staff listened to people's views about their care and people were able to influence the development of the service. People knew how to complain about their care and their concerns were responded to. People were involved with any investigation and knew about any changes that were made.

The provider assessed and monitored the quality of care to ensure standards were met and maintained. The provider and registered manager understood the requirements of their registration with us and informed us of information that we needed to know.

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.

People were protected from abuse and avoidable harm. People were supported to understand how to be safe and to take responsible risks. There were sufficient staff to support people to do the activities they wanted to do.

Good



Is the service effective?

The service was effective.

Staff knew how to support people and promote their independence and well-being. People were supported to make decisions and where they needed help, decisions were made in their best interests with people who were important to them.

Good



Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect. People were encouraged to be independent and made choices about their care. People's right to privacy was supported and promoted.

Good



Is the service responsive?

The service was responsive.

People were involved in the assessment and review of their care to ensure their care met their preferences and support needs. People made comments and complaints about their care and these were responded to.

Good



Is the service well-led?

The service was well-led.

Systems were in place to assess and monitor the service to improve the quality of care and support for people. People contributed to the development of the service and how the service was managed.

Good



Hill Lodge 2

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 19 October 2015 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with four people who used the service, one relative, four members of care staff and one social care professional. We did this to gain people's views about the care and to check that standards of care were being met.

We observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People told us they knew how to keep safe in their home and when out and were supported to take responsible risks. Some people went out alone or with friends. One person told us, “I always go out with staff as I need their help. They always look after me and make sure I’m okay.” Another person told us, “Sometimes people can be mean so I know where to go to keep safe. I wouldn’t go somewhere I thought I’d get hurt. If I’m worried I’ve got a mobile phone and would call the staff or the Police.” Staff had a good understanding of how to protect people and told us they knew people well and would be confident in addressing potential abuse or harm. Staff told us they would speak to senior staff or the manager immediately if they had any concerns. The staff knew the action to be taken to escalate concerns and knew about the whistleblowing procedure and how to use this.

Some people received individual support hours. One person told us, “I like it when I have the staff to myself. We get to do what I want to do and they always help me.” Staff told us the staffing levels enabled them to support people with independent living skills in the home or when out. One member of staff told us, “Sometimes people want to use the time to do things like cooking. Other times we use it to help people go to classes or college or just to go out.

Everyone is different.” We saw there were sufficient staff on duty to meet people’s needs. The staffing levels were monitored and reviewed regularly to ensure people received the support they needed.

People kept their medicines in the bedroom and were being supported to have more responsibility for taking their medicines. One person told us, “They used to keep everything in the office but it’s in my bedroom now. They remind me what the tablets are for because I forget.” The staff told us that they had changed the medicine procedure to support people to have more responsibility and to support their independence. One member of staff told, “It’s a new thing for everyone but it’s going well.” We saw medication systems and records monitored whether people had their medicines and staff understood why people needed the medicines they took.

People told us they were able to meet with potential new staff during the interview process and had an opportunity to speak with them and ask them questions. One person told us, “I like to see them to see if I like them.” We spoke with three members of staff who had been employed by the provider since our last inspection. They told us they had experienced a thorough recruitment process prior to starting to work at the service. One member of staff told us, “I had to wait before my police check came back. I couldn’t work until the records came back to make sure everything was alright.” Two recruitment records confirmed that systems were in place to ensure new staff were suitable to work with people who used the service.

Is the service effective?

Our findings

People felt that staff had the necessary skills to support them. We saw staff supporting people who had complex health needs and they told us what they would do in an emergency situation. One person told us, “Sometimes I get ill but the staff know what to do.” Staff told us that they received the training they needed to support people. One member of staff told us, “We have lots of training, sometime together and sometimes on-line training. When people need more support, the manager arranges more training so we know what to do.” Another member of staff told us, “It’s not just about training, it’s also about communication. We speak with each other all the time, so we know when things change and know when we need more support. It works really well this way.”

People told us that when new staff started working in the service they worked with other staff whilst they got to know them. The staff told us they worked with experienced staff to enable them to get to know people and provide the right support. One member of staff told us, “We went through an induction with support and training. When I started working as part of the team I felt I knew what I was doing.”

People confirmed that staff sought their consent before they provided support and people had the ability to make everyday decisions about their care and support. We saw one person was not able to make some decisions about their care. The Mental Capacity Act 2005 sets out requirements that ensure where appropriate; decisions are made in people’s best interests when they are unable to do this for themselves. Assessments and best interest decisions had been completed for this person and staff understood why these best interest decisions had been made.

One person had been assessed as not having the capacity to make a decision about how safe they were when they were in the community alone. An application had been to

lawfully restrict their liberty. The Deprivation of Liberty Safeguards (DoLS) are for people who are unable to make a decision about where or how they are supported and they need someone else to make this decision for them. Staff understood their role in relation to any restriction. They told us that whilst waiting for the authorisation to be assessed they had considered how to keep the person safe and supported them when leaving the home. The person was still supported to have as much choice and control as they were able to in all other areas of their daily life.

There was a flexible and relaxed approach to meal times. People told us they liked to eat together and discussed what meals they wanted at ‘residents meetings’. One person told us, “I like cooking and like baking cakes. The staff help me and stay with me to help me get it right.” People told us they were able to choose what to eat and we saw that people were able to have food and drinks at any time and access the kitchen independently. One person told us, “I make my own drinks all the time and make them for others too.” Staff understood the dietary needs of people who used the service and how to prepare meals accordingly. One member of staff told us, “I’ve had training for diabetes and understand the support people need. There’s always the right food here for everyone.”

People felt informed about and involved with their healthcare. People told us they were confident the staff supported them to keep well and see health care professionals when they needed support. The staff told us how they supported people to access specialist healthcare support. One person told us about receiving treatment in hospital, “I didn’t like the tests they did but I hadn’t been very well. The doctors and staff told me what was happening and I got to come home afterwards and stay in my room so the staff could look after me here and I didn’t have to stay in hospital. I feel better now.” The staff understood people’s health care needs and could describe how they supported people to maintain good health.

Is the service caring?

Our findings

People told us they were happy and liked living in their home. They told us the staff were kind and caring and were always happy to help. One person told us, “We’re one big family here.” Staff knew how people wanted to be supported and what they liked and wanted to do. One member of staff told us, “It’s people’s home here and we do everything we can so people are happy.” We saw people had good relationships with staff and were at ease in their company, sharing jokes and laughing about the day’s events.

People told us they were supported to maintain relationships with family and friends. One person told us, “My family visits me and they come to the parties here too. I can see them whenever I want.” One member of staff told us that family and friends were encouraged to be involved with people and could visit at any time. They told us, “We invite people to all our events and we are already planning Christmas. We have so many parties planned and family and friends come too. It’s my favourite time of year. I wouldn’t miss it.”

People were provided with choices and they told us they could decide how to spend their time. People told us staff provided them with information so they could make informed choices. One person who lived in Hill Lodge 1 told

us they supported people in Hill Lodge 2 to understand the role of an advocate and spoke enthusiastically about their role with an Advocacy Support group. One person told us, “[Person who used the service] tells us all about advocacy and their work. If we want one, we can have someone to help us. I don’t need one as I can tell people myself.” The staff confirmed where people needed support to make important decisions they could use an advocate to help them and therefore have impartial advice.

We saw the staff promoted people’s independence in all aspects of their lives. We saw staff recognised and valued people as individuals and showed a passionate commitment to enabling people. One member of staff told us, “I’m here to support people. We want people to live the way they want to live and enjoy their life. Everyone is different. We want people to be happy.” Another member of staff told us, “We do what we do because we care and we’re interested in people here. We all do the best we can do and work really well as a team.”

People told us their privacy and dignity was respected. One person told us, “I’m happy with how the staff support me. They don’t get in the way and I can do things in private without being bothered.” When we spoke with people, staff enabled us to speak with people in private and only provided support where people requested this, for example to support with communication.

Is the service responsive?

Our findings

People were supported to follow their interests and take part in social activities. People spoke enthusiastically about how they spent their time and how the staff supported them.. People told us they could also choose how to spend their time and some people went out independently. One person told us, “I like going to watch bands play. We go out quite a lot here and I love going to music nights.” Another person told us, “I’m looking forward to Christmas and the parties. I like fancy dress nights, and I can choose what I want to wear.”

People told us they had ‘residents meetings’ where they talked about events in the home and made decisions about any group activities. People spoke enthusiastically about their holiday. One person told us, “Last year I went on a plane. I’d not been on one before I loved it and want to go again. We all decide where we want to go and who with.” Another person told us, “We talked about what we wanted to do at one meeting and ended up going to a Charity Show in Lichfield. It was a talent competition and we had a really good night.” People showed us their holiday photographs and day trips and one person told us, “We go on loads of day trips; sometimes they get a bus so we can go. I go off on my own though as that’s what I like.”

People also had opportunities to work or to go to college or organised classes. One person told us, “I go to college with the staff. I always wanted to go and I love it there.” Another

person told us, “I like going to Church. I go to my Church and meet my friends and the staff help me to get there.” The staff told us that where people expressed an interest they worked with people to research where they could carry out any associated activity and support people to access interests and work of their choosing.

People told us they had a support plan and discussed this with staff to ensure it met their current support needs. One person told us, “I sit with staff and we talk about it. I’m happy with everything that’s there.” The staff told us that people were able to discuss how they wanted to be supported. One member of staff told us, “We have regular meetings with people and we talk about what’s in their plan and help people if they need support with reading it. If someone doesn’t like something or changes their mind we review it and discuss it as a team to make sure all the staff know about the changes.” We saw people’s support plan included reviews and support needed to work towards independence and staff were knowledgeable about people’s individual support.

People told us they knew how to complain if they needed to and were also asked if they were happy during their support meetings. One person told us, “We talk about things like this at our meetings too. I’d tell the staff if I wasn’t happy.” One member of staff told us, “We use what people say to make things better. We can always improve.” We saw where formal complaints had been made a copy was retained of any investigation and outcome.

Is the service well-led?

Our findings

The service had a registered manager and although they were not working at the time of our inspection, they were due to return to work. The provider had arranged for the deputy manager to work as the acting manager during this planned period of absence. We saw that the acting manager had a good understanding of the needs of people who used the service and how to communicate with them. One person told us, "The manager will be back but nothing has changed in the home. The deputy manager has been doing everything and they've done a good job." The staff told us they continued to be supported under the interim management arrangements and worked alongside the acting manager.

We spoke with three members of staff who told us that the provider and management team were supportive and cared about their development and how they supported people. One member of staff told us, "They are all approachable. I never hesitate to speak with staff if I want support or help. I know they care about people living here and us." Another member of staff told us, "We are involved in what happens here and they ask for our opinion. We feel good about ourselves and what we do."

We saw the acting manager and staff's values were based on respect for each other and putting people at the heart of the service. Staff demonstrated they focused on supporting people to develop and promote their skills towards independence.

The provider assessed and monitored the staffs' learning and development needs through individual meetings and competency checks. The staff told us they were assessed in their work to ensure standards were maintained. One member of staff told us, "The manager checks we still do things right. Like with medicines, they make sure we are safe."

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. The acting manager told us, "This is quite a new system but is working well."

People and staff told us that their feedback about the quality of care had been sought in the form of a satisfaction questionnaire. The provider had analysed the information and provided feedback to people on what they intended to do about any concerns or improvements. People told us they were happy with how they received this information and felt confident that any improvements would be made.

The provider understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.