

Somerset County Council (LD Services)

The Old Police House

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 Old Police House provides care and support for up to eight older people who have a learning disability and a physical disability. People require 24 hour staff support in the home and support to go out. The home is situated in a quiet residential area in the small village of Nunney.

A registered manager was responsible for the home. 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.

This inspection took place on 23 and 25 September 2015 and was unannounced. It was carried out by one inspector.

People had communication difficulties associated with their learning difficulty. We therefore used our observations of care and our discussions with people's parents and staff to help form our judgements.

Summary of findings

The home was a safe place for people. Staff understood people's needs and provided the care and support they needed. One parent said "I've no concerns about safety. The staff make sure people are always safe."

The service supported people to make as many choices about their own lives as they could. People used community facilities and their independence was encouraged. People appeared happy with the care they received and interacted well with staff.

People received very good support from health and social care professionals. Staff were skilled at communicating with people, especially if people were unable to communicate verbally.

Staff had built close, trusting relationships with people over time. The care provided and the environment was adapted to meet people's changing needs. One parent said "It's a lovely home with brilliant staff."

People, and those close to them, were involved in planning and reviewing their care and support. There was a very close relationship and good communication with people's parents. Parents felt their views were listened to and acted on.

Communication and morale throughout the staff team was good. Staff were well supported and well trained. All staff spoken with said the support they received was very good. Staff spoke highly of the care they were able to provide to people. One parent said "We are so happy with care. The care is wonderful; we couldn't ask for better."

There was a management structure in the home which provided clear lines of responsibility and accountability. The management team strived to provide the best level of care possible to people. The aims of the service were well defined and adopted by the staff team

There were effective quality assurance processes in place to monitor care and safety and plan ongoing improvements. There were systems in place to share information and seek people's views about the running of the home.

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.

Risks were identified and managed in ways that enabled people to make their own choices.

There were sufficient numbers of suitably trained staff to keep people safe. Staff recruitment was well managed.

People were supported with their medicines in a safe way by staff who had appropriate training.

Good



Is the service effective?

The service was effective. People made decisions about their day to day lives and were cared for in line with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care and treatment.

Staff had a good knowledge of each person and how to meet their needs.

Staff received on-going training and support to make sure they had the skills and knowledge to provide effective care to people.

Good



Is the service caring?

The service was caring. Staff were kind and patient and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People were supported by staff who knew them well. People were involved in their decisions about their care.

Good



Is the service responsive?

The service was responsive. People, and those close to them, were involved in planning and reviewing care. People received care and support which met their changing needs.

People chose activities they enjoyed. They used community facilities and were supported to try new activities or therapies.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service.

Good



Is the service well-led?

The service was well-led. There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

Good



Summary of findings

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

The Old Police House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 25 September 2015 and was unannounced. It was carried out by one inspector.

People had communication and language difficulties associated with their learning difficulty. We therefore used our observations of care and our discussions with people's parents and staff to help form our judgements.

We spoke with three parents. We spoke with six care staff and the registered manager. We observed care and support in communal areas and looked at three people's care records. We also looked at records that related to how the home was managed, such as quality assurance audits.

Before our inspection we reviewed all of the information we held about the home. We also reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

Is the service safe?

Our findings

People had communication difficulties associated with their learning difficulty. People's parents told us they had no concerns about the safety of their family members. Each thought it was a safe place. One parent said "I've no concerns about safety. The staff make sure people are always safe."

Staff training records confirmed all staff had received safeguarding adults training. Staff had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. The home had a policy which staff had read and there was information about safeguarding and whistleblowing available for staff. Staff spoken with said they thought the home was a safe place for people. One staff member said "It's definitely as safe place for people. Everyone who works here really does care for the people. I've never had any concerns about anything but if I did I would report them straight away."

There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. For example, people were at risk of choking on particular foods. A speech and language therapist had assessed them and provided guidelines which confirmed which foods were unsuitable and how to prepare other food to reduce the risk of people choking. Staff were knowledgeable about this and served appropriate food to people in line with these guidelines.

There were plans in place for emergency situations. People had their own plan if they needed an emergency admission to hospital or if they needed to evacuate the home in the event of a fire. The home had plans in place for failure of utilities or if people needed a safe place to go if they needed to leave the home during an emergency.

Staff confirmed they had very few accidents or significant incidents at the home. This was confirmed by the records. Staff completed an accident or incident form for every event; this was also entered on the provider's reporting system. This ensured that each incident was recorded and reviewed. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

People were supported by staffing numbers which ensured their safety. The provider employed a small team of 19 staff which ensured consistency and meant staff and people in the home got to know each other well. There were vacancies in the staff team; the provider was running a recruitment drive when we inspected. These vacancies were covered by relief staff or by permanent staff working additional hours. Staffing numbers dropped occasionally when vacant hours could not be covered. Lower staffing levels did not compromise people's safety but may affect the choices available to them.

The records we looked at showed there were effective staff recruitment and selection processes in place. Appropriate checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. This ensured staff were suitable to work in the home. One member of staff said "When I was waiting to start they did some checks on me and they had to get references. I wasn't allowed to start until these were done."

People had prescribed medicines to meet their health needs. All medicines were stored securely; each person had their own safe place to keep their medicines. People took their medicines when prompted by staff. Each person had a clear care plan which described the medicines they took, what they were for and how they preferred to take them. Staff received appropriate training before they were able to give medicines. This was confirmed in the staff training records.

Two staff helped people with their medicines; one to administer the medicines and one to check the right medicines were being given to the right person, at the right time. People went to their own rooms with staff to take their medicines; this meant staff only helped one person at a time. Staff had a good knowledge of how people preferred to take their medicines. For example, one person needed a liquid medicine thickened to prevent them choking. Staff ensured this was thickened correctly before they administered it. Medicine administration records were accurate and up to date. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Is the service safe?

There had been one recent medicine error. This had been investigated by the registered manager and the staff involved had been advised of the outcome. Appropriate steps had been taken to prevent a recurrence. There had been no other medicine errors since.

Is the service effective?

Our findings

Parents told us staff understood their family member's care needs and provided the support they needed. Staff were particularly good at picking up signs that people were unwell or in pain as often people would not be able to say. One parent said "They are really good at picking up when [their family member] is poorly. They make sure the doctor is called and they have been to hospital with them. Anything like that they are on it straight away and straight on the phone to us to let us know."

Staff training records confirmed staff had varied training opportunities which helped them understand people's needs and enabled them to provide people with appropriate support. All staff received basic training such as first aid and health and safety. Staff had been provided with specific training to meet people's care needs, such as how to move and handle people safely and caring for people who have epilepsy. One staff member said "The training is fabulous. It's really important to make sure you understand how to care for people properly and don't become complacent."

Staff confirmed they received a thorough induction when they started working in the home. This included reading people's care plans, policies and procedures and observing experienced staff. One member of staff said "My induction was really good. Staff are brilliant with new staff. They explain things to you and you shadow them."

Staff received regular formal supervision to support them in their professional development. There were regular senior team meetings, full staff meetings and a handover of important information when staff started each shift. One staff member said "Supervisions are really useful. The team meetings are really helpful as the whole team can discuss things. You can talk about anything you want to."

The staff team were supported by a wide range of health and social care professionals. People saw their GP, dentist and optician when they needed to. The service also accessed specialist support such as from a learning disability nurse, speech and language therapist, physiotherapist and district nurse. People's care was tailored to their individual needs. For example specialist hospice staff supported the team to develop and deliver end of life care of one person with a life limiting condition.

Each person had communication difficulties; people were able to respond to staff speaking with them. People used different methods to express themselves and make choices such as body language, sign language, objects and physically leading staff to show them what they wanted. Staff knew people well and were able to interpret their body language or non-verbal communication. Staff communicated at a pace which suited each person.

People's care plans contained a lot of detail about how each person communicated. For example, one person's plan explained what signs to look for which would mean the person was happy or unhappy or if they were in pain. One staff member said "You really have to know people well here as they are so complex. But it's a real eye opener how well they do communicate once you know them."

People were able to make some of their own decisions as long as they were given the right information, in the correct way and were given time to decide. People were not able to make all decisions for themselves and we therefore discussed the Mental Capacity Act 2005 (MCA) with staff. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One staff member said "The training we had makes you think how people make choices and what a choice is. We always assess people's capacity but some decisions are made in their best interests."

Staff were knowledgeable about how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. Staff knew that people's ability to make choices could fluctuate. We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. For example, one person had an Independent Mental Capacity Advocate (IMCA) as they lacked capacity to make all of their own decisions and did not have an appropriate family member or friend to represent their views. The IMCA had been involved in making decisions in this person's best interests. Other people had family members who were consulted but should people need additional support details of advocacy services were available.

Staff were knowledgeable about the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a

Is the service effective?

person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. DoLS applications had been submitted for each person following a court ruling which widened the criteria whereby a person may be considered to have been deprived of their liberty. All eight applications had been approved. Where conditions had been applied, these had been complied with.

People had a varied, balanced and healthy diet. The menu was based on people's known preferences and what foods needed to be avoided on health grounds, although staff would offer other meals if people did not want what was on the menu. We saw people having lunch on the first day of our inspection. Some people ate in the dining area; others ate in the lounge. Most people needed staff to support them with their meal. Staff sat with people and gave them

time to eat their meals. Staff spoke with people throughout; there was plenty of laughter and good humoured banter. This helped to make lunchtime a very relaxed, sociable time.

The environment had been adapted over time to meet people's changing needs. Most people used wheelchairs and other specialist seating so the kitchen and dining area had been 'opened up' to create one large space so that people could easily access this area. Some people had become less mobile therefore overhead tracking had been installed in their own rooms. This enabled a hoist to be used safely and effectively to help people transfer from their bed to their wheelchair or other specialist seating. Overhead tracking was installed in bathrooms and height adjustable baths were used to ensure people were supported with personal care in a safe way.

Is the service caring?

Our findings

Staff took time to explain to people who we were and why we were visiting. People looked happy and settled. People responded to us in mainly non-verbal ways, such as smiling, laughing and vocalising. People's parents praised the way staff cared for their family member. One parent said "We are so happy with care. The care is wonderful; we couldn't ask for better." Another told us "We are quite happy with the care. [Their family member] always seems very happy, so we are happy."

We observed a lot of kind and friendly interactions between people and staff. We saw that some people interacted with each other; there was a calm and homely atmosphere. Staff spoke with people in a polite, patient and caring way and took notice of how people responded to them. Staff paid great attention to people and often picked up on small things. For example, one member of staff thought one person's headrest on their chair was too low and the person looked a little uncomfortable. They discussed this with other staff who all agreed it should be adjusted. This was done immediately.

Staff had built close, trusting relationships with people over time. This had helped to ensure people received consistent care and created a stable, homely and relaxed atmosphere. One parent said "Some staff have been there a while. They are so good. I think they love [their family member] and he loves them." Significant events, such as people's birthdays, were celebrated. One parent said "They did a really lovely spread for [their family member's] birthday." Another parent told us "The staff make it really nice for people at Christmas."

Staff were clear that one of the main aims of the service was to provide people with a happy, stable home. Staff spoke highly of the care they were able to provide to people. One staff member said "I think the care we provide is wonderful really. We all do our best for them; try to make sure they are happy. I think we do that." Another said "The quality of care is really good. The people here are so complex but we have good training and there is good team work."

People's independence was encouraged. People who did not require support to eat or drink were encouraged to do

as much for themselves as they were able to. Hand rails had been fitted to help people who were independently mobile to walk around the home safely. Staff understood that people often did things which may appear small to others but could be significant for that person. For example, one person walked to the sensory room after finishing their lunch and enjoyed spending time in this room on their own.

Staff treated people with respect. They consulted with people about the day's routines and activities. People were asked throughout both days of the inspection what they wanted to do and chose how to spend their time.

People were supported to maintain their privacy. Each person had their own room so they could spend time alone when they wished to. Staff always knocked on people's bedroom doors before they entered the room. Bedroom and bathroom doors were kept shut when people were supported with personal care. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Each person had a safe place to keep their records containing confidential information.

The PIR stated the service "Encouraged regular family visits, service users will go home for part of Christmas, and families and friends are invited to coffee mornings." At this inspection we found people were supported to maintain relationships with the people who were important to them, such as their parents. People were encouraged to visit as often as they wished; some people visited their relations regularly. One parent said "They make you so welcome when you visit. Staff always chat to you. It seems like such a lovely home." Another parent said "We fetch [their family member] and bring them home to us once a week, usually on a Sunday. She always seems very happy."

Due to the age of people who lived at the home, staff had begun to support people to decide on what care they wished to receive when they were nearing the end of their lives. Others close to people, such as parents or other family members had also been consulted. For example two people were not to be resuscitated and another person had a funeral plan in place.

Is the service responsive?

Our findings

Parents felt staff understood people's needs and adapted care and support if needs changed over time. Staff were keen to adopt new practices or try new things to enrich or enhance the quality of people's lives. For example the use of 'sensory diets' (a carefully designed, personalised activity plan that provided the sensory input a person needed) had been introduced for some people. One parent said "They had never seen [their family member] so calm and relaxed. This is down to his sensory diet" in their opinion.

Each person was well supported; they had one to one staffing at times. People were able to plan their day with staff. Some activities were pre planned whilst others were more 'ad hoc'. The current staff vacancies did not affect people's safety or personal care but did occasionally affect their opportunities to go out. One staff member said "Trips out depends on staffing. We can't always get people out as much as we would like although planned activities like hydrotherapy are never cancelled."

During our inspection people did go out. People also spent time engaged in sensory and physiotherapy activities as well as relaxing at home. Records showed people attended hydrotherapy and atmospherics sessions; an aromatherapist also visited the home. People went shopping and went on holiday. Staff had access to one vehicle to take people out in. The home also has a sensory room which people could use when they wished.

Parents said their family members chose to do things which suited them. They told us people were supported in choosing activities and outings they enjoyed. One parent said "They take [their family member out, do lots of things he enjoys and they take him on holiday which he loves." Another parent said staff helped their family member do the things they enjoyed "which we think is really good."

People's participation in the assessment and planning of their care was limited. Others close to them, such as their parents or other professionals involved in their care, were therefore consulted. One relative said "We are always involved. We talk to all the staff and they do listen to what we say." We read three people's last review notes. Each review was very positive about the care and support provided by staff.

We looked at three people's care records. Care plans included people's interests, likes and dislikes, communication and support needs. Some plans were very detailed, such as what equipment staff needed to use, how people needed to be positioned whilst seated and included photographs to guide staff practice. The PIR stated "Care and support plans reviewed regularly and updated where necessary." Each care plan we saw had been updated regularly and reflected people's current needs.

There was a complaints policy and procedure; an 'easy read' version was included in the brochures given to people when they arrived at the service. There had been no complaints made in the last 12 months. People would not be able to use the complaints procedure independently; they would need staff to help them or others to raise concerns or complaints on their behalf.

Parents spoken with did not raise any concerns with us; they knew they could complain if they needed to and knew who to complain to. One parent said "If we ever had any worries we would say. We've never needed to though." Another parent said "We've never had to complain but we did mention one small issue a while ago" and this was resolved to their satisfaction.

Is the service well-led?

Our findings

People's parents and the care staff all spoke very highly of the service and of the registered manager. Comments included: "It's a lovely home with brilliant staff", "They are a lovely team", "The staff are good and the care is good."

A registered manager was responsible for the service. They were supported by four senior members of the team. The stated aims of the service included offering person centred care, making sure people had choices and control over their own lives and to live as part of their community. The PIR stated "Team culture is discussed at team meetings and in supervision." Records showed these aims were reinforced at staff supervisions, team meetings and each day at staff handover meetings. Staff understood the aims of the service and worked in ways which promoted them. One staff member said "We are aware we are coming into their home. We need to help make this a home like any of own homes."

The registered manager said they had a good staff team who understood people's needs. Care staff were helpful, committed and keen to put forward ideas and suggestions. Staff were very positive about the registered manager. One staff member said "She is the best manager I have had. She always supports you." Another staff member said "She is very fair and easy to talk to. She will always help us out on the floor if we need a hand."

People were part of their local community. They were supported to use community facilities, such as local shops, cafes and pubs. People went into town with staff during our inspection. One staff member said "People do go out. The home is well known in the village. It's nice for people to be part of their community."

People shared their views on the service. People could not discuss their views due to their communication difficulties; they showed their satisfaction in how they responded to the care and support being provided or by using non verbal communication. People's parents were consulted and they said they were listened to. One parent said "We are always asked our opinion and kept informed." The provider's annual staff survey had just been carried out; the results of this survey were not yet available. There were no formal surveys to gather other people's views but staff did encourage all visitors to the home to complete a feedback card.

The home had developed strong links with health and social care professionals. A close working relationship had been built with the local team who supported people with learning difficulties and the district nursing team. This enabled people to access specialist support to meet their needs and staff to access guidance on current best practice.

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. The registered manager audited the service every month. This audit covered areas such as care plans, staff supervision, training, accident, incidents and health and safety to identify any concerns or where the home was not meeting legal requirements. One of the provider's senior managers visited the home to evaluate the service based primarily on the information contained in the manager's monthly audits. Any standards which were not met were put into an action plan which was then worked through.

The PIR had identified areas where the service could improve. These included : requiring new equipment to meet people's changing needs, some people requiring greater sensory stimulation, staff needing better knowledge of the MCA and DoLs and introducing questionnaires to monitor the knowledge of the team and the quality of the services provided. All of these planned improvements had been carried out.

The provider had recently commissioned an independent advocacy service to review a number of their services including this home. Their report concluded people were well supported, were in control of their own lives, part of the local community and recognised the close and important relationship between staff and people's parents or other relations. There were many positive comments from people's family members included in their report such as "Fantastic. Staff are brilliant; couldn't wish for better" and "Wonderful staff. He's looked after brilliantly."

Accidents and other significant incidents were checked by the registered manager and then entered on the provider's reporting system. Risks to people were discussed at team meetings so staff were always aware of them and ensured they worked in ways which reduced risks and the chance of accidents occurring. Staff ensured the environment remained safe by carrying out regular tests and checks

Is the service well-led?

such as fire safety checks and testing hot water temperatures. The PIR confirmed tests were also carried out by contractors in line with relevant legislation such as electrical checks and potable electrical appliance testing.

The provider ran their own annual care awards scheme. One staff member from the home had been nominated for

an individual award for 'going the extra mile' and the home's staff team had been nominated for the team award for the quality of care provided to people who lived at the home. The awards ceremony was due to be held in October 2015.