

Kingston upon Hull City Council

Kingston upon Hull City Council - 220 Preston Road

Inspection report

220 Preston Road
Kingston-upon-Hull
Humberside
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Date of inspection visit:
05 April 2019

Date of publication:
21 May 2019

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: 220 Preston Road is a residential care home that was providing, at the time of the inspection, personal care to nine young adults with autism or a learning disability. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service: The management team were extremely good at planning and delivering care that was tailored to people's individual needs and preferences. People's care plans truly reflected their individual needs, interests, wishes and aspirations. This was a huge improvement from the last inspection, where care plans were disjointed and information was difficult to find. The end of life care for one person was delivered in a very compassionate way, which responded to their needs and the needs of relatives and friends. There was a thoughtful and inclusive approach to organising interesting and meaningful occupations and activities for people, which enhanced the quality of their lives.

People lived in a safe environment. Staff knew how to protect people from abuse and harm; risk assessments were completed, which helped staff minimise risk whilst ensuring this was not overly restrictive. Staff were recruited safely and there was enough staff deployed to meet people's needs. Staff received training and supervision, which provided them with the skills and knowledge to support people safely and effectively.

People's health and nutritional needs were met. Staff supported people to access health professionals when required; people received their medicines as prescribed. The menus offered people choices and alternatives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The staff approach was kind and caring. They respected people's privacy and dignity and supported them to be as independent as possible.

There was a quality monitoring system which consisted of audits, meetings and questionnaires to make sure people's views were obtained and action could be taken when shortfalls were identified. People felt able to raise concerns or make a complaint. Information about how to complain was in an accessible format.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection: Requires Improvement (the last report was published on 11 April 2018)

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This consisted of one inspector.

Service and service type: 220 Preston Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events, which the service is required to send us by law.

During inspection: we spoke with one person who used the service. We observed how staff interacted with people. We spoke with the registered manager, the deputy manager, a care leader and two care workers. We

also spoke with the activity coordinator and the chef. We looked at the care records for three people who used the service and medication administration records for all nine people. We looked at a range of documentation used for the management of the service such as staff rotas, training and supervision, quality audits, cleaning schedules, records of meetings and maintenance of equipment. We completed a check of the environment.

After the site visit we spoke with two relatives of people who used the service and received information from a health care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff had received training in how to safeguard people from the risk of abuse. In discussions, they could describe the different types of abuse and how to raise concerns with the registered manager and relevant agencies.
- One person we spoke with said they felt safe in the service and they would talk to staff if they had any concerns.
- Relatives told us they felt the service was safe and people were happy and well cared for.

Assessing risk, safety monitoring and management.

- At the last inspection, there were shortfalls in how risk was assessed and managed in the service. At this inspection, we found improvements had been made and it was a safe place for people.
- People had risk assessments in place. These helped to guide staff in the measures to take to minimise risk.
- Staff had completed personal emergency evacuation plans for people; these provided guidance on the level of support people needed to exit the building in an emergency.
- Equipment used in the service was checked and maintained, which helped to ensure it was safe to use. There was a system for staff to identify repairs or maintenance issues, so they could be addressed.

Staffing and recruitment.

- The recruitment process was not inspected as it was found to be robust at the last inspection and there had not been any new staff since then. The local authority, as provider, ensured that full employment checks were in place before staff started to work in the service. The registered manager had a system for checking disclosure and barring service (DBS) records to ensure these were updated every three years.
- There was enough staff to meet people's assessed needs. There was a range of ancillary staff, which meant care staff could focus their attention on delivering care to people. One person told us staff were always around if they were needed.

Using medicines safely.

- People received their medicines as prescribed. There was a good system of medicines management, which included, ordering, recording, storing, administration and returning those medicines not required. One person who used the service told us staff gave them painkillers when they asked for them.

Preventing and controlling infection.

- At the last inspection, we found areas of the service required cleaning and attention to address potential infection control hazards. At this inspection, we found huge improvements. Cleaning schedules had been fully introduced and monitored. The service was exceptionally clean and tidy.

- Staff had access to personal, protective equipment to help control the spread of infection.

Learning lessons when things go wrong.

- Any accidents or incidents that occurred were analysed to look for patterns or trends and to ensure action could be taken to prevent a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care.

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- People had assessments of their needs completed, which provided information about whether those needs could be met in the service, the level of support people required and how this was to be delivered. A relative told us. "They really know how to look after [Name]."
- The registered manager and staff team worked with other agencies to ensure people's needs were met. A health care professional said, "The service is very effective in meeting needs and will request input and advice if they have any issues with clients in their care."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- People's nutritional and health care needs were met. The menus were devised by the local authority catering section. They provided people with a well-balanced diet with choices and alternatives available. The cook told us they sent a list of people's likes to the catering section and these were included in the menus. They also said they could alter the menu daily if people wanted something different. The cook received information about people's dietary needs from the management team to enable them to respond to changes in need. One person who used the service said, "The food is alright. They do things I like to eat."
- People's health care needs were met. Records showed they had access to a range of health care professionals. Since the last inspection, staff had completed a health action plan for each person, which identified all health issues in one area and made it easier for staff to monitor. A health care professional said, "They maintain health appointments and outpatient appointments."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider acted within mental capacity legislation. All nine people who used the service had assessments of capacity completed and DoLS authorised. Staff had completed MCA training.
- Staff had a good understanding of consent and gave examples of how they ensured consent was obtained from people before carrying out tasks.
- A health care professional said, "They are flexible and make changes using best interest protocols for the benefit of their service users."

Staff support: induction, training, skills and experience.

- Staff had access to a range of training suitable for their role, facilitated by the local authority's training department. The training record identified who had completed training and when, so that updates could be booked when required. As well as essential training, management had identified other important training for staff such as dignity and promoting the positive sexuality of people with a learning disability. The management team all had appropriate qualifications and had completed training in how to supervise staff; the deputy manager had developed an agenda for supervision meetings to aid the discussion.
- Staff received supervision and support from the management team. In discussions, staff confirmed the training they received enabled them to feel confident in supporting people and meeting their needs. Comments included, "We have supervision monthly and performance development plans. It's good" and "The managers are good and we are supported as we can see them at any time."
- A health care professional said, "The staff are well-informed about the patients and assist with any assessments and management plans."

Adapting service, design, decoration to meet people's needs.

- The design of the service was suitable for people's needs. There was equipment in place to assist people with mobility issues. There had been a rail installed for one person to complete exercises with a physiotherapist. The service consisted of two units connected by corridors on both upper and lower floors. Each unit had its own communal lounge, dining room, kitchenette and bath/shower facilities. There was a sensory room in one of the units and a main kitchen, laundry and activity room for the service. People could access both sides of the unit but mainly kept to their 'own' side. The registered manager told us they were looking at ways of reorganising this so people could be more fully integrated with each other.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People received good care and support from staff. One person who used the service gave positive feedback about the staff team. They confirmed staff spoke to them in a nice way and said they got on well with all the staff.
- Relatives said, "I'm very happy that [Name] is there as the staff are very kind and open, I have a good relationship with the staff" and "I am happy that [Name] is there."
- Staff had developed good relationships with people. They knew them well and could talk to them about their interests, families and friends.
- Staff told us they encouraged people to keep in contact with relatives by supporting home visits and facilitating telephone calls. Relatives confirmed this and said, "The staff bring them to see us in the minibus" and "They bring [Name] home to see mum every two months. They also sent a Mother's Day card from [Name] to mum."
- Staff had completed training in equality, diversity and human rights. In discussions it was clear they understood the need to treat people as individuals and respect their diverse needs.

Supporting people to express their views and be involved in making decisions about their care.

- People were included in decisions about their care and encouraged to make choices. One person who used the service confirmed staff listened to their views and they said they were able to get up and go to bed at times of their own choosing. They also said they often stayed up late and attended local discos with staff. People had advocates to help them make decisions about their care.
- People's care plans detailed their preferences for care and support and evidenced they or their relatives had been involved in providing information for them. People had reviews of their care plan to check they were still accurate and up to date.
- A relative told us they had been asked to check their family member's care plan. They said, "Staff have listened to and involved me, which has added value to his care." They went on to say, "They really care about [Name] and I think they are well looked after. They keep in touch and send us a monthly bulletin."
- A health care professional said, "The staff offer clients several options regarding community activities, which are deliverable and can be done either individually or in small groups. Clients are not pressurised to make decisions but are given time to make choices."

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity were respected by staff and they were supported to maintain their independence as much as possible. In discussions, staff provided examples of how this was achieved.
- One person told us staff were supporting them with their goal of moving to more independent living. They confirmed staff knocked on their door before entering their bedroom and respected their privacy.

- All the bedrooms were for single occupancy, which afforded people privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- At the last inspection, the service was rated 'requires improvement' in this key question and a recommendation was made about introducing a more streamlined approach to planning care for people. Since then, there has been a huge improvement in the way people's care needs were described in plans, which has given staff much clearer guidance in how to support people.
- There was a culture within the service of putting people at the heart of care planning and delivery. People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. The assessments were completed by local authority staff. The staff within the service wrote very detailed 'one-page profiles' that included what was important to the person and how they wished to be supported to achieve their goals. The one-page profiles were completed with information from the person, their relatives and observations of staff.
- The information from assessments and one-page profiles was used to write care plans. These were extremely thorough and included guidance to staff on how to meet people's need in the way they preferred. They identified in positive ways, what each person could do independently, what tasks they needed minimal support with and what they required full staff support to achieve. Staff knew people's needs, likes and preferences very well and could describe them to us in detail during discussions.
- Relatives told us staff were very responsive to people's changing needs. One relative said, "They are doing everything they can to help [Name]. I can't ask for anymore and am very happy with the service."
- A health care professional had extremely positive comments about the responsiveness of staff within the service. They said, "Staff contact me immediately when any changes are noted, and they contact the GP immediately with regard to any physical issues, making appointments as soon as possible" and "The staff offer clients several options regarding community activities, which are deliverable and can be done either individually or in small groups. Clients are not pressurised to make decisions but are given time to make choices."
- Staff had supported one person through a very difficult time in their life. This enabled the person to remain safe, improve their general and mental health and re-engage with health care professionals.
- Staff described how they supported one person to have a smooth transition into the service, which also helped other people who used the service to become familiar with them. This involved a thorough assessment before admission, ensuring all assessments had been received from professionals and staff had discussions with them about the person's needs. The person visited the service to spend time with other people. They left a photograph of themselves so other people would recognise them, and staff spoke about the person to other people who used the service, every day. This helped people to accept a new person into their home.
- The staff had made a significant impact on the quality of life for people who used the service. For example, one person loved animals and was supported by staff to be a volunteer at a local canine rescue centre. They

really enjoyed taking the dogs for walks and helping to look after them. Another person had a set routine where they enjoyed purchasing coffee from a local shop every day. This was written into their care plan and every member of staff knew about it. We observed this activity took place on the day of inspection. One person enjoyed making specific purchases from charity shops. Staff told us this was very important to the person and had been built into their weekly routine. The person's bedroom reflected their interest and their purchases were on display. Staff had built up relationships with volunteers from the local charity shop who knew the person by name and saved items for them, so they had a choice of purchases. This made visits to the shop extra special for them and it had become their favourite activity.

- Members of staff had also developed relationships with staff in a local café. The staff in the café knew people by their first names and who to serve as a priority should they become anxious in a queue.
- Staff entered a competition and won a large piece of art work completed by the art department learners of Hull Prison; this was installed in one of the lounges. This prompted staff to liaise with the organisers and ask for another work of art to be completed for the second lounge. Staff also completed wall art in one of the stairwells to make it bright and cheerful.
- The activity coordinators had developed a creative variety of meaningful activities for people. This included accessing local community facilities; a small sample was swimming, cycling, trampolining, bowling, attending discos and a community farm. The activities helped people to be part of their local community at the same time fulfilling preferences detailed in their one-page profiles. Several people had participated in painting the shed and raised planters in bright and cheerful colours of their choice.
- We observed people coming and going during the inspection, as they went out for various activities, walks to the shops or an outing in the minibus.
- Staff completed a learning log for each person following their participation in activities or visits to facilities. This enabled staff to discuss and gauge enjoyment for people who were unable to communicate verbally what they liked about the activity.

End of life care and support.

- People could remain at 220 Preston Road for end of life care and had plans in place to reflect their wishes. Staff described the care they had delivered to one person at the end of their life, which was exceptional, extremely thoughtful and caring. This included staff presence at hospital appointments when difficult news was given to the person. Staff ensured appropriate health care professionals were also present and requested easy read information guides to discuss the implications of their diagnosis in ways that could be understood by the person.
- The person had completed life story books, which included decisions about end of life care. Staff used these and worked in consultation with other people and professionals to develop an end of life care plan, which included input from their GP about resuscitation. This supported the person with their wishes and included a close family member. Staff ensured the person's friends were supported to say goodbye. They also ensured the person was not alone, was pain free and had someone holding their hand when they died. A health care professional said, "They have had a death within the past year which was quite sudden from diagnosis to death and the care they gave this individual was excellent ensuring the individual passed away with dignity and minimising the possible negative impact upon other service users."
- The registered manager and deputy manager attended two training forums provided by Macmillan on palliative care and Respect training. They told us the information was shared with the rest of the team and gave them more knowledge and a better understanding of end of life care in practice.
- The service received very positive comments from the person who completed an independent Learning Disabilities Death Review (LeDeR). This was completed to check that everything possible was done for the person at the end of their life to see if any lessons could be learned.

Improving care quality in response to complaints or concerns.

- There was a policy and procedure on display in an easy to read format, which explained to people how to make complaints. Staff recorded any complaints so that improvements could be made. The registered manager spoke of using complaints as a way of reflecting on issues raised and improving care. The service received very few complaints and those concerns that were raised were dealt with swiftly.
- One person who used the service and two relatives told us they felt able to raise concerns and complaints, and they were listened to. One person said, "I would tell the staff if I needed to [complain]." A relative told us, "I would talk to the staff or mention it [concern or complaint] to the manager."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The provider's aims and objectives for the service demonstrated there was a culture of putting people first, respecting their diverse needs and creating opportunities for new experiences. We saw that this happened in practice.
- The management team considered the range of needs people had when planning and delivering consistently high-quality care. For example, people had comprehensive positive behaviour support plans completed in consultation with the person, their relatives, staff and health care professionals. A consultant psychiatrist stated, "They have always been person-centred, which is crucial when managing patients with autistic spectrum disorders."
- The registered manager was aware of their responsibilities in notifying the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- Since the last inspection, the quality monitoring system had improved, which helped identify shortfalls, lessons to be learned and the quality of care to be improved. For example, audits of the environment had led to improvements in cleaning routines, décor and maintenance.
- There was a schedule of audits throughout the year, which included daily, weekly and monthly checks. Action plans were produced when shortfalls were identified.
- The provider's organisational structure included senior managers who completed visits to the service to complete quality checks. Any areas for improvement were included in an action plan for the registered manager to complete. The registered manager told us senior managers were very supportive and consistently involved in the service.
- The registered manager continued to follow current evidence-based practice such as the National Institute for Health and Care Excellence (NICE) Guidance.
- The service had gained a healthy options award for their menu choices.
- The management team analysed accidents and incidents and updated people's care plans and risk assessments when required. Team meeting records showed incidents were discussed and an action plan agreed to help minimise them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People who used the service and their relatives were involved in decisions about the service and their

views were obtained from discussions and questionnaires. There were positive comments in questionnaires, for example some comments from relatives included, "Always like home from home", "Phone calls are regular and home visits" and "I'm more than pleased with their [staff] efforts and they are keen to listen to my views concerning [Name's] care."

- People had reviews of their care and relevant people were included either in attendance or consulted via the telephone.
- There were staff meetings for people to share ideas and make suggestions.

Working in partnership with others

- The registered manager and staff team had developed good working relationships with health and social care professionals involved in people's care. One health care professional said, "It was clear that the staff at 220 Preston Road had acted on the recommendations straight after the review and took pride in ensuring their documentation was to a good standard. Likewise, the staff were open to feedback and accommodating of my follow up visit. They were able to see the importance of collecting evidence to reflect the support they provide and willing to work within a multiagency way to ensure [Name] receives a good standard of care." In a recent survey, a consultant psychiatrist stated, "The staff are aware of other professionals involved and carry out any instructions given."