

Worcestershire County Council

Worth Crescent

Inspection report

35 Worth Crescent
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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 ●

Summary of findings

Overall summary

This inspection took place on 3 and 5 March 2016 and was unannounced.

The provider is registered to provide accommodation for personal care for a maximum of 10 people. The home provides periods of replacement or respite care and the number of people staying at the home varies day to day. There were 10 people staying when we visited on 5 March 2016.

At the time of our inspection there was a registered manager in post. 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 we spoke with who were staying at the home told us that they felt safe and well cared for during their stay. Staff were able to tell us about how they kept people safe and the action they would take if they felt people were at risk of harm or abuse. People's medicines were looked after by staff at the home and their medicines were recorded to show when they had received them. Records showed the medicines people arrived and left with.

People gave their consent to staff before care and support was provided. Staff ensured they asked people before assisting them and waited for a response. People received care from staff that had been trained and were knowledgeable about a range care needs. People had their own healthcare professionals that provided treatment and the home had recorded those involved. These were then contacted if required during a person's stay. People told us they enjoyed the food and were able to assist in making them if they wanted. Staff knew the meals people liked and where people had certain nutritional requirements.

The atmosphere in the lounge was calm and people relaxed in the company of staff. People's requests for assistance were answered by staff and staff recognised people's needs by looking at visual clues. Relatives said that they were very happy with the care of their family member and were pleased with the overall service offered.

People's needs were met and recorded in care plans. These had been developed with the person and their relative to detail the care and support needed when staying at Worth Crescent. Staff told us they updated the records as needed and they were reviewed every year. People, their relatives and staff told us that they would raise concerns with the staff or the management team and were confident that any issues they highlighted were responded to.

The management team had kept their knowledge current and they led by example. The management team were approachable and people knew them. The provider ensured regular checks were completed to monitor the quality of the care that people received and look at where improvements may be needed and change things if needed.

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.

People were supported by sufficient numbers of staff to meet their care and welfare needs in a timely way. People felt safe and looked after by staff. People's risk had been considered and had received their medicines where needed.

Is the service effective?

Good ●

The service was effective.

People's consent had been obtained and recorded. People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good ●

The service was caring.

People received care that met their needs. When staff provided care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Is the service responsive?

Good ●

The service was responsive.

People had been supported to make everyday choices and were engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff.

Is the service well-led?

Good ●

The service was well-led.

The provider had monitored the quality of care provided. Effective procedures were in place to identify areas of concern.

People and staff were complimentary about the overall service and had their views listened to and acted on.

Worth Crescent

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 3 and 5 March 2016. The inspection was completed by one inspector. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with six people who used the service. We spoke with two care staff, two shift leaders, the deputy manager and the registered manager.

We looked at three records about people's care, medicine records, medicine audits, care plan audits, provider improvement plans, falls and incidents reports and checks completed by the provider.

Is the service safe?

Our findings

All people that we spoke with said that when they came to stay at Worth Crescent they felt safe and had no concerns about their stay. Relatives told they were happy to leave their family member in the care of the staff and were assured they were safe. One relative said that they were confident that if their family member was unhappy during their stay the staff would call them. They said, "They would not leave them upset".

All staff that we spoke with told us they completed training in how to recognise and respond to potential signs of abuse. Staff told us they always reported and passed any concerns to senior staff or management. They also told us the types of concerns they would record and report and we saw that one person staying at the home was supported by the deputy manager to raise some concerns they had. The registered manager knew when and how to raise safeguarding concerns to the local authority.

People we spoke with knew where and when they needed support from care staff to reduce their risks regarding health and safety in the home. For example, cooking in the kitchen or going out shopping. Care staff ensured people did as much as they were able on their own. All staff we spoke with told us about people's risks which included physical and emotional risks. They were able to tell us about the types of support they offered people with positive encouragement and promoting people to complete tasks. Plans were in place to prevent or minimise any identified risks for people and provided care staff with information about what they could do. Staff told they looked at these plans at the start of a person's stay.

Where people had an incident or accident these had been recorded and then seen by the registered manager. Any action needed to change a person's care was taken. For example, how staff provide support to a person. The provider reviewed all incidents and accidents over time to ensure there were no reoccurring patterns or concerns. The registered manager told us that any advice was provided from their internal health and safety team.

People we spoke with told us that staff were always available when they came to stay and never had to wait for anything. They were able to go out and about if they wanted with staff support. We saw that staff had time to sit and respond to people's request whilst others were supported to go out. People were also reminded of which staff were on later and had a notice board with staff pictures on, which they were able to look at.

Three people told us how they enjoyed all the staff that supported them and they saw the same staff. The registered manager told us thought was given to allocating staff to work with each person to make sure there were sufficient staff with the right skills, experience and understanding of people to meet their needs. Staff confirmed there was flexibility in the staffing levels to make adjustments so staff could work individually with people when needed or provide additional help when people were taking part in social events. One staff told us about staffing, "It does vary through the week, it depends on who is staying and what their plans are".

Three people described how they were supported with their medicines by staff. People's medicines were

stored securely during their stay. Key staff had been trained in the administration and management of medicines so they could give people their medicines. Staff were competent through observation of their practice, refresher training and mentoring. Staff told us they followed the written guidance if a person required medicines 'when required'. People's medicines were recorded when they arrived and were checked daily by staff to ensure people had their medicines as prescribed.

Is the service effective?

Our findings

People told us they felt staff understood their care and support needs. Three staff that we spoke with felt their training reflected the care needs of the people who stayed at the home. They demonstrated an understanding of people's conditions and how to respond to these. For example, the help and guidance people needed when they became agitated or anxious. We saw that staff used these skills during the day to support people with their emotional well-being. The registered manager had an overview of the training staff had received and when it required updating.

We spoke with three staff and they told us that they felt supported in their role and had regular meetings with senior staff. Staff said everyone worked well together as a good supportive team and this helped them provide effective care and support. Care practices were discussed at monthly one to one supervision meetings and team meetings and records of meeting we saw reflected this. Staff told us this also gave them the opportunity to identify and discuss any changes or ideas to providing care in different ways when the person next came to stay.

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 were supported to make choices with staff ensuring that people were happy with any help or assistance they offered. People said staff offered suggestions or made sure they agreed before providing the support. We saw that staff listened to people requests and they were happy for staff to assist them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People that we using the service mostly spent short period at the home. The registered manager had sought further advice and training in how best to identify and apply for a DoL that would be in place during a person's stay. There were currently no DoL in place for people using the service.

Three of the people we spoke with told us they enjoyed the food and were able to assist with making their own meals when they wanted. Staff told us about the food people liked, disliked and confirmed who received any specialised diets or known allergies. One staff member told us a menu was flexible and people could choose something else. Where people had weight loss plans in place these were completed and followed by staff to ensure consistency during their stay.

Due to the type of service they had minimal involvement in supporting people to arrange or attend health appointments. When people were staying at the home, their medical contacts had been recorded. The

registered manager told us that if they had concerns about a person they would contact the person's doctor for advice. Staff told us that they reported concerns about people's health to the senior on duty, who then took the appropriate action. Where immediate action was needed then the appropriate emergency service would be contacted. For example, the NHS 111 service.

Is the service caring?

Our findings

All people that we spoke with enjoyed the company of the staff and knew them well. They told us they had regular periods of staying at the home so they got to know the group of staff. People happily chatted to staff about their week and what they had done. People were confident in the home and approached staff readily to make requests or chat about what they wanted to do for the day. One person told us, "I love coming here" and one person said, "Its home from home".

People's communication was supported by staff that were able to look and respond with visual and emotional signs to understand a person's needs.

The staff knew the people who were staying and for how long. During our conversations staff had a detailed understanding of each person's individual needs. Staff recognised the contributions people made during their stay, valued their individual interests and took pride in people's achievements. One staff member told us, "We get to know them. The more they stay the more we find out". One person spoke enthusiastically of the staff who supported them and said, "I like them all". Throughout our inspection people had positive relationships with staff and where needed supported people's wellbeing and encouraged their independence.

Three people we spoke with told us they were involved in their own care and treatment and felt that care staff listened to them. People were encouraged to remain independent about their own care. One person said, "They (staff) leave me to get on with it". Where people asked for support this was provided, with staff checking how much assistance the person wanted. People received care from staff who were caring, respectful and knowledgeable about the people they cared for. One person said, "I mostly do things on my own". All staff that we spoke with felt the support they provided focussed on people and their care during their stay.

People were supported by staff in ways designed to ensure their privacy and dignity was respected. People were able to lock their doors and one person told us they had a key to their room when staying and would lock their room when they were not using it. Staff supported people's privacy when we were in their home and respected their privacy to remain on their own or spend time with us during the inspection. Personal conversations where staff discussed people's needs or people requested personal care were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

The registered manager felt the service had supported people to become more independent. One member of staff told us that one person was now able to prepare sandwiches on their own. Staff also felt that as people became more familiar with staff and the home, people's anxiety levels reduced and built their confidence in being independent. When people started using the service they were able to attend short periods of time to become familiar. One family we spoke said that their loved one had visited several times and was now preparing to stay overnight. They said this had a positive outcome and the person was happy to come to the home.

Is the service responsive?

Our findings

All people and relatives that we spoke with told us the care and support matched what was needed. People had been supported to be independent and enabled to make their own choices when planning their care and support. For example, their routines and preferences had been recorded so staff would know what people liked. One member of staff said, "It is important for some people to have their routine and for it to continue while they are here".

All staff knew each person well, their families and histories. Staff were able to tell us about the level of support people required. For example, how they supported their emotional and health needs. Staff were provided with information about each person and information was recorded. All staff we spoke with told they would read each person's care plan on the day they came to stay.

People's care and treatment had been planned and included their views about their care and treatment. People we spoke with were able to tell us how they were involved in the care they needed. People were supported to maintain and manage their health needs. For example, the daily routines they liked or how to manage and maintain their person care.

We looked at two people's records which had been kept under review and updated regularly to reflect people's current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, how a person may respond to certain daily task and how staff should approach this. One the first day of each visit people and their families were asked if there were any changes or updates they needed to know about. These were recorded and used to update care plans if needed.

People made choices about how they spent their time. Each person had an individual social lives, hobbies and interests, For example, staff supported people to go out for lunch, go to the shops or visits to the local areas of interest. Two people spent time with the deputy manager enjoying a craft activity. One person had been out and purchased several items of interest and staff were seen to help out and show an interest in the person's hobby. People were involved in planning trips and one person was supported to plan a trip to the cinema. One staff told us, "It's their (people) choice, if we can do it we will".

People approached staff, including the deputy manager and registered manager and spoke about their concerns, worries or plans for the day or longer term. Staff responded with answers to questions, or supportive advice and guidance and listened with interest. Staff were patient and consistent where people needed to constant reassurance with their concerns.

Staff we spoke with told us they were happy to raise concerns on people's behalf and that the registered manager would listen and respond. We saw that the deputy manager was actively supporting one person with their concerns with other services. One person also said they would tell staff and if, "Something is not right, it gets sorted". There was a formal complaints procedure in place which explained the process and the expectations for the person making a complaint.

Is the service well-led?

Our findings

People told us they enjoyed coming to stay at the home and whilst there they felt supported and involved. They knew that staff and the registered manager at the home would help them and answer their questions at any time. The provider had sent questionnaire to people, families, professionals and staff to gain their views on their overall experience and opinions of the care. The outcomes of the surveys were positive, however the registered manager was working to develop the service and an improvement plan was in place.

All of the staff we spoke with told us the home was well organised and supported the people when they stayed there. The registered manager and deputy manager worked well together and were keen to listen and improve people's lives. The registered manager said, "It's a good staff team that reflect and learn if something went not so well". Monthly team meetings were held and staff told us they raise concerns or comments about people's care. Other meetings were held to discuss how staff felt the home was performing and these looked at staffing arrangements, health and safety, maintenance and catering. Three staff also told us that the registered manager and deputy manager spent time with people and alongside staff as well as managing the home.

The staff team told us they were fully involved in contributing towards the development of the service. Staff told us that both the deputy manager and registered manager were keen to listen and try new ideas in relation to people's care.

The management team and staff were aware of their responsibilities in relation to the care and support needs of people. They were aware of current best practice in terms of supporting people with their day to day care. They had used this to recognise that alternative training techniques involving people at the home may improve understanding and independence. The management team skills and knowledge were supported by reviews and discussions with their regional manager. They also met with registered manager from the provider's other locations. They felt this support led them to recognise and deliver high quality care to people through staff in line with current best practice guidelines.

The registered manager carried out regular checks of the home and gaps identified from these checks were actioned and recorded. For example, looking to see if care plans had been completed as expected. In addition, the provider regularly visited the service and worked closely with the registered manager to ensure that people received care and treatment that met their needs. The provider audits had been designed to look at CQC's five key questions and Key Lines of Enquiry (KLoE). The registered manager said this helped to ensure people received care in line with the fundamental standards.

The registered manager told us about the support they received in order to understand best practice and knew where and how to access information. They told us their skills and knowledge enabled them to drive improvements. The provider shared information and good practice regionally. Registered managers from all the provider's other homes met regionally to discuss their homes and what had worked well.