

Kidsgrove Care Solutions CIC

Kidsgrove Care Solutions - Arbour Street

Inspection report

52 Arbour Street
Talke Pits
Stoke On Trent
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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

What life is like for people using this service:

People were supported by safely recruited staff who had the skills and knowledge to provide safe and effective support. People were supported safely to manage their risks, whilst promoting their independence. Effective care planning was in place which guided staff to provide support that met people's needs and in line with their preferences.

People consented to their care and were supported in their best interests. Staff were kind and caring towards people and promoted choices in a way that people understood. People's right to privacy was upheld.

People were supported to be involved in hobbies and interests that were important to them. People and their relatives were involved in the planning of their care, which meant people were supported in line with their preferences. Complaints systems were in place, which people and relatives knew how to use.

Systems were in place to monitor the service, which ensured that people's risks were mitigated and lessons were learnt when things went wrong. There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care. The provider continually looked for ways to improve the service people received.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection: Requires Improvement (report published 26 May 2017)

About the service:

Kidsgrove Care Solutions – 52 Arbour Street is a residential care home that accommodates up to four people living with learning disabilities or autistic spectrum disorder. People use this service for short breaks. The service also provides personal care support in people's own homes. At the time of our inspection there were two people using the service for a short break and one person was receiving care in their own home.

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 'Registering the Right Support' CQC policy.

Why we inspected:

This was a planned inspection based on the rating of Requires Improvement at the last inspection. We found the service had improved to meet the characteristics of Good in all areas.

Follow up:

We will continue to monitor the service through the information we receive.

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?

Good ●

The service was 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.

Kidsgrove Care Solutions - Arbour Street

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Kidsgrove Care Solutions – 52 Arbour Street is a care home that accommodates up to four people living with learning disabilities or autistic spectrum disorder. People use this service for short breaks. People in care homes receive accommodation and nursing or personal care, as a single package under one contractual agreement .. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Kidsgrove Care Solutions – 52 Arbour Street also provides personal care to people living in their own houses and flats. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. 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 announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that people would be using the service when we visited.

What we did:

We used the information we held about the service to formulate our inspection plan. This included information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. Before the inspection we contacted commissioners to gain their experience of working with the service.

We spoke with two people who used the service and one relative. We observed care and support in communal areas to assess how people were supported by staff. We spoke with one member of staff and the registered manager.

We viewed one person's care records to confirm what we had observed and what staff had told us. We looked at how medicines were stored, administered and recorded for one person. We also looked at documents that showed how the home was managed which included training and induction records for staff and records that showed how the service was monitored by the registered manager and provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Systems and processes:

- People and their relatives told us they felt safe being supported by staff. One person said, "Staff know what they are doing, I always feel safe".
- Staff understood how to recognise and report suspected abuse. The registered manager had systems in place to investigate and report suspected abuse to the local authority when required.

Assessing risk, safety monitoring and management:

- People's risks were assessed before they used the service and risk management plans were in place to keep them safe. Staff ensured people's independence was promoted and maintained whilst maintaining their safety in line with their plans of care.
- Adaptations had been made at the service to ensure people were safe. For example; grabrails and specialist equipment were available for people who had reduced mobility.

Staffing levels:

- People and relatives told us there were enough staff available. One person said, "I have never had a problem. Staff arrive on time and I have never been left without support".
- Staff told us there was always enough staff available to ensure people were safe. The registered manager had a system in place to continually monitor staffing levels within the service, which were increased when required.

Using medicines safely:

- People received their medicines as prescribed by staff that had been trained in the safe administration of medicines.
- Guidance was available for staff when administering 'as required' medicines. There were systems in place to check medicines were recorded, stored and administered safely.

Preventing and controlling infection:

- The service was clean and there were no mal odours present at the inspection.
- Staff used gloves and aprons when they supported people, which meant systems were in place to ensure the risks of infection were reduced.

Learning lessons when things go wrong:

- Incidents that had occurred at the service were recorded. The registered manager analysed the incidents and ensured action had been taken to lower the risk of further occurrences. Staff were updated of changes to people's support as a result of this, which ensured lessons were learnt when things went wrong.

Is the service effective?

Our findings

Effective – this means 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.

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).

- At the last inspection we asked the provider to make improvements to the way people's consent was gained and the systems in place to assess people's ability to make informed decisions. At this inspection improvements had been made.
- People told us they made choices about their care and records showed people's ability to consent to their care had been assessed.
- Staff and the registered manager had received training in the MCA and understood their responsibilities to ensure people were supported in their best interests.
- At the time of the inspection people who used the service were able to make decisions about their care and there were no restrictions in place.

Supporting people to eat and drink enough with choice in a balanced diet:

- People told us they enjoyed the food and they were involved in the planning of the menus. One person said, "I like the food. I choose what I want". We saw weekly meetings were held to discuss what people wanted to eat.
- People's nutritional risks were managed and monitored. For example; one person was at risk of choking. Staff understood this person's needs and monitored them during meals for signs of choking. This was in line with guidance received from the Speech and Language Team.

People are supported to have healthier lives and have access to healthcare services

- People were supported to access healthcare professionals. One person said, "Staff help me to make appointments if I feel unwell and come with me".
- Advice provided by healthcare professionals was followed by staff. This ensured people were supported to maintain their health and wellbeing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs:

- People's needs were assessed each time they used the service for a short break. This ensured people received support that was up to date and met their changing needs.
- Support plans had been developed with people and their relatives which ensured their preferences and needs were met in all areas of their support.
- Staff understood people's diverse needs and explained how they supported people in all aspects of their lives. However, the records we viewed did not always include people's protected characteristics under the Equalities Act 2010 such as religion and sexual orientation. We fed this back to the registered manager who immediately ensured this information was recorded.
- The layout of the service enabled people to move around the service freely. People's private rooms were decorated in line with their personal tastes. People's individual rooms were identified using a picture. This helped people understand which was their bedroom and enabled them to access their rooms independently.
- The service had been adapted to ensure people remained safe. Equipment was in place to ensure people were safe whilst promoting their independence within the service.

Staff skills, knowledge and experience:

- Staff received a detailed induction and training before they provided support. Staff told us the training they received helped them to provide support in line with people's needs. One staff member said, "I have received lots of training, which has helped me understand the people I support. The autism and challenging behaviour training was really helpful".
- Staff told us they received a supervision with the registered manager, which gave them an opportunity to discuss their role and any support they needed.

Staff providing consistent, effective, timely care:

- Staff attended a handover meeting at the beginning and end of each shift. This was used to highlight any immediate changes in people's needs, which ensured people received a consistent level of support.
- People had a 'hospital passport' which included details of people's medication and support needs. This was used to ensure that people received a consistent level of support if they needed to visit the hospital.

Is the service caring?

Our findings

Caring – this means 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:

- People were supported by staff in a caring and kind way. One person said, "I like it here, the staff are very nice". Another person said, "The staff are all lovely. They speak to me in a nice way and make sure I am okay".
- We observed caring interactions between people and staff. For example; people were comfortable approaching staff and enjoyed chatting about their day. People were seen laughing and smiling with staff.

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

- People made choices in how they received their care. One person said, "Staff ask me what I need and listen to what I want".
- Staff understood people's individual methods of communication and plans were in place to provide guidance. We saw staff speaking with people in a way that promoted their understanding. For example; staff spoke clearly and used short sentences to help people understand. The registered manager had also devised a communication book, which contained pictures of activities to assist staff if people had difficulty understanding questions. This enabled people to make choices about their care.
- A guest advocacy service had been developed within the service. The advocate was a person who used the service who was available for people to talk with if they had any issues. The registered manager told us this was developed to ensure people felt comfortable raising concerns and enabled people to express their views.

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

- People were treated with dignity and respect. One person said, "The staff always treat me in a respectful way". Staff supported people with personal care in privacy and respected people's wishes when they wanted to spend time in the privacy of their own rooms.
- People were encouraged to maintain their independence. Staff were seen encouraging people to make their own drinks and make decisions about how they wanted to spend their time.
- The registered manager had started to implement pictures throughout the service. For example; pictures were placed on cupboards within the kitchen so people knew what was in each cupboard, which aided their independent living skills.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care:

- People told us they had opportunities to access interests and hobbies that were important to them. One person said, "I like going to the groups. My favourite is the dancing classes". Another person explained the support they received from staff meant they were able to work and stated this was important to them.
- Records showed people had participated in yoga, dancing, art sessions and accessing the wider community such as shopping trips, snooker and swimming dependent on people's preferences. One person had been involved in a group dance competition at a local theatre and a gardening group within the community to help maintain the town.
- One relative told us the importance of their relative staying at 52 Arbour Street for short breaks. They explained that their relative knew staff because they also accessed the community groups that Kidsgrove Care Solutions ran. This ensured people settled easily during their short breaks at the service and staff had a good understanding of their needs and preferences.
- People and their relatives were involved in the planning and reviewing of their support when they accessed the service for short breaks. This ensured people were supported in line with their changing needs and wishes.
- Staff knew people well and supported people in line with their preferences. The support plans detailed people's preferences which were followed by staff.

Improving care quality in response to complaints or concerns:

- People understood how to make a complaint if they needed to. One person said, "I would ring [registered manager's name] if I had any concerns I wanted to discuss".
- The provider had a complaints policy in place. At the time of the inspection there had been no complaints received at the service. However, there was a system in place to ensure complaints were investigated and responded to.

End of life care and support:

- At the time of the inspection there was no one who was receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means 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.

Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- At the last inspection improvements were needed to ensure records were up to date and there were effective systems in place to monitor the service. At this inspection improvements had been made.
- There was a quality assurance system in place, which the registered manager followed in practice. Where the quality audits had identified an issue, the registered manager had taken action to ensure improvements were made. Discussions were held with staff to ensure they were aware of any changes in people's support needs.
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to us as required by law and the rating of the last inspection was on display.
- The provider had systems in place to ensure the registered manager was undertaking their role effectively and working in line with regulatory requirements.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- People and relatives felt able to approach the registered manager. One relative said, "My experience with the registered manager has been very good. They are professional and friendly towards myself and my relative". We observed people approached the registered manager, who gave them their time and listened to what they wanted.
- Staff we spoke with were positive about the registered manager and the provider. One staff member said, "The registered manager is very approachable and supportive. I can go to them if I have any concerns. I find the provider approachable and helpful too".
- The registered manager promoted the values of the service, which the staff followed in practice.

Engaging and involving people using the service, the public and staff:

- Feedback was gained from people during weekly meetings and through questionnaires. This was used to make improvements to the service people received.
- Relatives completed questionnaires which were analysed by the registered manager. Details of the actions taken as a result of the feedback was made available to people and their relatives.

- Staff meetings were held regularly. Staff told us the registered manager listened to any suggestions made to improve the service. One staff member said, "The registered manager takes any suggestions I make seriously. They encourage me to be involved in any changes I have suggested. This makes me feel that I can make a difference to the service provided".

Continuous learning and improving care:

- Staff told us they had opportunities to undertake further development and the registered manager actively sought condition specific training as people's needs changed. This meant people received effective support because staff were supported to continually develop their skills and knowledge.
- The provider continually sought ways to make improvements to the service people receive. The business plan showed how the provider planned to become involved in initiatives that would benefit people who used the service. For example; the running of the Talke Pitts library in February 2019, which will provide work experience opportunities for people and an additional community setting for people to meet with friends etc.
- The registered manager attended meetings to share and receive good practice initiatives with other providers and professionals. This showed the registered manager continually sought to improve the service they provided.

Working in partnership with others:

- The registered manager worked with other professionals, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.
- The provider had been involved in the 2018/2019 parliamentary review. Organisations were chosen to showcase best practice as a learning tool to the public and the private sector. The provider had been invited to the House of Commons for a celebratory evening in March 2019.