

Community Integrated Care Whitby Drive

Inspection report

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Date of inspection visit:
22 May 2017
26 May 2017

Date of publication:
26 July 2017

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

Whitby Drive is a residential care home for six people with a learning disability. At the time of our inspection there were six people living at the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Relatives were happy with their family member's care and support. They also said staff were kind and caring. Relatives and staff felt the home was safe and that there were enough staff on duty to meet people's needs.

Staff knew about safeguarding and the whistle blowing procedure including how to report concerns.

The provider had effective recruitment procedures in place to ensure only suitable staff worked at the home.

Medicines were managed safely. Only trained staff administered people's medicines and accurate records were maintained.

The provider carried regular health and safety checks and there were up to date procedures to deal with emergency situations.

Staff were well supported and received appropriate training.

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.

People were supported to meet their nutritional and healthcare needs.

People's needs had been assessed and the information gathered was used to develop personalised care plans. These were kept up to date to accurately reflect people's current needs.

People had opportunities to participate in their preferred activities, such as indoor bowling, pamper nights, massage and sensory activities.

Although relatives gave us good feedback about their family member's care, they also knew how to raise concerns if required.

The home had an established registered manager. Relatives and staff said the registered manager was approachable.

There were opportunities for staff to provide feedback about the home and people's care, such as one to

one supervision and staff meetings.

The provider carried out a range of internal and external quality assurance checks to help ensure people received a good standard of care.

The provider had received compliments about the home from relatives and visitors.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Whitby Drive

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 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. This was a comprehensive inspection.

This inspection took place on 22 and 26 May 2017 and was unannounced. One inspector carried out this inspection.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

The provider completed a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

People had limited communication which meant they were unable to tell us about their experiences of living at the home. We spoke with two relatives and observed care whilst in communal areas of the home. We also spoke with the registered manager, senior support worker and two support workers. We looked at the care records for two people who used the service, medicines records for six people and recruitment records for two staff. We also looked at a range of records related to the running of the service.

Is the service safe?

Our findings

Relatives told us they thought the home was safe. One relative commented, "Definitely safe. It is just like a home. It is like coming into a family home." Staff also said the home was safe. One staff member said, "Yes, safe, I think so with the staff we have. There is extra support if needed." Another staff member commented, "The front door is always locked and we ask for ID (when people visit). We make sure the people we support are safe and don't have any falls or accidents."

Staff were aware of the whistle blowing procedure and said they would not hesitate to use it if required. One staff member said, "I am here for the people we support and if I thought there was anything the manager needed to be aware of I would raise it. These people are the first priority." Another staff member commented, "I have no worries about using it (whistle blowing procedure)." Staff also showed a good understanding of safeguarding including how to raise concerns. One staff member told us, "I would go straight to the manager and report it and document everything." There had been no recent safeguarding concerns about the home.

Relatives and staff said there were enough staff to meet people's needs in a timely manner. One relative commented, "Sometimes they are rushed off their feet because they are so caring." One staff member told us, "It is almost one to one as there are four staff on duty." Another staff member said, "Staffing levels are good, we all work as a team." We observed staff were always available to offer support and assistance to people when required.

The provider carried out a range of pre-employment checks before new staff started working with people using the service. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The provider had systems in place for the safe management of medicines. Staff completed relevant training and had their competency checked annually. Medicines related records were accurate, such as for medicines administration records (MARs) and records for the receipt and disposal of medicines. Medicines care plans had been written for each person. These described the support people needed from staff to ensure they had their medicines safely. Medicines were stored securely.

We found the home was well decorated and very clean. Relatives told us this was usual for the home. One relative said, "(The home) is always spotlessly clean." We saw the decoration in people's bedrooms had been personalised to their individual tastes. For example, one person had a particular interest in buses and transport. This was reflected in the wallpaper used in their bedroom.

Regular health and safety checks and risk assessments were carried out to help keep the premises safe for people. These were up to date when we inspected the home. There were also emergency evacuation procedures in place to help ensure people continued to receive care in an emergency situation. Detailed records were kept of any incidents and accidents that took place in the home. These confirmed incidents

were thoroughly investigated to ensure people were safe.

Is the service effective?

Our findings

Staff received the training and support they needed to be effective in their role. One staff member told us, "On a daily basis [registered manager] gets in touch with me. I am supported with personal development because I want to do level 5 (advanced training in care). It is a good company to work for." Another staff member commented, "We are pretty well supported, we have a senior now. Training is no problem." A third staff member said, "I am well supported by staff, manager and senior." Records we viewed during the inspection confirmed supervisions, appraisals and training were up to date.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service were unable to consent to living at the home. We found the appropriate DoLS authorisations were in place for each person.

People were supported and encouraged to make choices about their care. We observed at lunchtime that one person didn't sit at the table with the other people. Relatives and staff told us this was their choice. One relative said, "[Family member] is sitting in the chair because they don't like coming to the table. It is what [family member] chooses." Staff also described the various strategies they used to support choice and decision making with people using the service. This included an iPad for one person and picture cards for another person. One staff member commented, "We show them their choice of clothes, people will either point or say no. With food we give people an option. We have an idea of what people like because we have worked with them a long time."

People were supported to meet their nutritional needs. We observed over lunchtime and saw people received the support they needed. For example, where people required one to one support from staff this was provided without interruption. We overheard a staff member providing regular prompts to one person to help them eat their lunch safely. People were also provided with any specialist equipment they needed, such as adapted cutlery and crockery. Staff sat with people and shared lunch to create a social experience. One relative commented, "The food is very good, the food is 100%. If they are having something they don't like or don't want they give them something else."

People were supported to access health care when required. Records showed people regularly attended appointments or had input from a range of health professionals. This included GPs, specialist nurses, speech and language therapists (SALT) and dietitians. Where specific guidance had been provided this was incorporated into people's care plans.

Is the service caring?

Our findings

Relatives told us they were happy with their family member's care. One relative commented, "I cannot fault them. It is the best thing that ever happened (moving to Whitby Drive)."

Staff members were kind, considerate and caring. One relative said, "The staff are all excellent from top to bottom. They have oodles of patience. Interaction with [family member] is great." We observed warm and friendly interaction between people and staff. We noted staff always spoke to people in a calm and relaxed manner.

Staff described how they adapted their care practice to maintain people's dignity and respect. This included knocking on doors before entering people's rooms, always seeking consent before providing care, explaining what they were going to do and keeping people included. People's preferences were also incorporated into their individual care. For example, one person liked to have music playing in the background when being supported by staff. Staff told us dignity and respect was discussed regularly in team meetings.

Relatives described how their family member's independence had developed as a result of the care and support provided at the home. One relative told us, "[Family member] has come out of them self and listens (to staff). [Family member] is loved a lot. [Family member] is a lot more focused now. They are bringing the best out of [family member]." They went on to describe how their family member was doing a lot more independently, such as choosing the clothes they want to wear and doing lunch.

Staff also confirmed promoting independence was a priority within the service. They told us about how they encouraged people to answer the phone and the front door. They said other people helped out with food preparation, doing the laundry and some housework. We observed this in practice throughout our inspection. For example, we saw one person was supported to count out their money as part of a regular check of their finances.

Care records were very personalised and included information about people's care preferences and their likes and dislikes. There was a focus on people's personal qualities and how support should be adapted to their individual needs. For example, for one person this meant ensuring they were always in control of what was happening. A life history had been developed with involvement from relatives where possible. This meant information was available to help staff get to know people better.

Is the service responsive?

Our findings

People's needs had been assessed to identify the care and support they needed. The information gathered was used to develop personalised care plans. These clearly described the support each person needed from staff. People's preferred daily routines were described in detail to help ensure they received consistent care that met their preferences. Care plans included prompts to remind staff about important aspects of people's care. For example, one person needed to have a shower twice a day as part of a skin care regime and another person used pictures and photos to aid communication.

There were regular reviews of people's care. Records of these reviews were detailed. The focus of reviews was to consider what was working well for people and identifying areas for improvement. Records confirmed that relative had the opportunity to be involved in these reviews. Questions posed during the review included what new experiences had been tried that month and what had been learned from the experience. New outcomes or actions from the review were documented, such as monitoring one person's weight and purchasing specific items that relatives had requested.

People were supported to participate in their preferred activities. Guidance about what people liked to do was available for staff to refer to. For example, when the weather wasn't so good one person liked to spend time in the 'ball pit', watching TV or listening to music. When the weather was fine they liked to go out to a pub or restaurant for lunch. One relative told us, "[Family member] is out quite a bit during the week. He does arts and crafts." One staff member said, "People go out on activities and we do activities in the house. Indoor bowling, pamper nights, massage, the ball pit and sensory activities." We observed a staff member ask one person if they would like to go out. They offered suggestions about possible activities to which the person replied they would like to go to the cinema.

Relatives gave only positive feedback about people's care. They told us they knew how to raise concerns if required. One relative commented, "There is not a concern at all." Information about how to make a complaint had been made available in adapted formats specifically for people living at the home, such as easy read and pictorial. There had been no complaints made about the home.

Is the service well-led?

Our findings

The home had an established registered manager. 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.

The registered manager had been proactive in submitting the required notifications to the Care Quality Commission. Relatives and staff told us the registered manager was approachable. One relative said, "The registered manager is smashing. We feel like we are in with the family. We can approach her at any point or anytime. We have a mobile number." One staff member told us, "If I had concerns I could go and speak to [registered manager] no problem."

Staff members described the home as having a positive atmosphere. One staff member said, "There is a loving atmosphere. It is an enjoyable experience to come into work." Another staff member said, "A lovely atmosphere, everyone is friendly."

There were opportunities for staff to provide feedback about the home and people's care. One staff member said, "We can just go into the office. We have staff meetings where we can discuss things."

The provider had an effective system of quality assurance checks. These were done consistently and covered a range of areas including medicines management, incidents and accidents, training, supervision and appraisals. Senior management also carried out checks on the home. These usually found the home to be meeting the expected standards with some minor suggestions made. For example, improving the accuracy of some records.

Compliments had been received from relatives and some visitors to the home. These described the home as 'welcoming', 'friendly' and a 'very homely environment.' Staff were described as 'extremely polite' and 'welcoming'.