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Telegraph House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 1 April 2016 and was announced. Forty eight hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

Telegraph House provides personal care for people with a learning disability in their own home. There were five people using the service at the time of our inspection.

The registered provider was leading the service. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were kind and caring to people and treated them with dignity and respect at all times. People were supported to be as independent as they could be, with everyone involved in the running of the service.

The registered provider was leading the staff team and had oversight of the service. Staff felt supported by them and were motivated. The registered provider was always available and was approachable. They had a clear vision of the service which they shared with staff.

There were enough staff, who knew people well, to meet their needs at all times. The registered provider had considered people's needs and staff skills when deciding which staff would support people. Staff were clear about their roles and responsibilities and worked as a team to support people to achieve what they wanted.

Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training they needed to provide safe and effective care and support to people. They were supported to provide good quality care. Most staff held recognised qualifications in care. The registered provider met regularly with staff to discuss their role and practice.

People's care and support was planned and reviewed with them, to keep them safe and help them be independent. People's personal goals were supported including travelling abroad. Possible risks to people had been identified and people were supported to stay as safe as possible, while remaining independent.

Plans were in place to keep people safe in an emergency. Staff knew the signs of abuse and were confident to raise any concerns they had with the registered provider. Systems were in place to manage complaints received.

People were supported to attend regular health checks when they chose. They were supported to take the medicines they needed to keep them safe and well. People were offered advice and guidance about a healthy diet. People who needed assistance were supported to prepare their own meals.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered provider understood their responsibilities in relation to DoLS. People were not restricted and went out when they wanted to.

The requirements of the Mental Capacity Act 2005 (MCA) had been met. The registered provider knew when assessments of people's capacity to make decisions were needed. Staff assumed people had capacity and respected the decisions they made. When people needed help to make a particular decision staff helped them. Decisions were made in people's best interests with people who knew them well.

The registered provider worked alongside staff and checked that the quality of the service was to the required standard. Any shortfalls found were addressed quickly to prevent them from happening again. People and their relatives were asked about their experiences of the care.

Accurate records were kept about the day to day running of the service, care and the support people received. These provided staff with the information they needed to provide safe and consistent care to people.

Systems were in operation to regularly assess the quality of the service. People and their relatives were asked for their feedback about the quality of the service they received.

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 worked with staff to identify any risks to them. They agreed with staff the support they would be offered to keep them safe and well.

People and staff knew about abuse and how to raise any concerns they had. They were confident the registered provider would take action to keep them safe.

There were enough staff who knew people well, to provide the support people needed at all times.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were supported to take the medicines they needed.

Is the service effective?

Good 

The service was effective.

Staff gave people information to help them make decisions and choices about all areas of their life. When people could not make a decision, staff worked with them and other people who knew them well to make a decision in their best interest.

Staff had the skills they required to provide the care and support people needed.

Staff helped people understand about a healthy diet and respected the choices they made. People agreed any support they needed with staff.

People were offered regular health checks and attend healthcare appointments.

Is the service caring?

Good 

The service was caring.

People told us the staff were kind and caring to them.

People were given privacy and were treated with dignity and respect.

Staff had the skills to communicate with people in ways that they understood.

People were supported to be independent.

Is the service responsive?

Good ●

The service was responsive.

People planned their care and support with staff and told us staff gave them the support they wanted.

Personal goals and aspirations were supported.

Systems were in place to resolve any concerns people had to their satisfaction.

Is the service well-led?

Good ●

The service was well-led.

There was a clear set of aims at the service including supporting people to be as independent as possible.

Staff were motivated and led by the registered provider. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed. People and their relatives shared their experiences of the service.

Telegraph House

Detailed findings

Background to this inspection

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

This inspection took place on 1 April 2016 and was announced. Forty eight hours' notice of the inspection was given because we needed to be sure that people who wanted to speak to us were available during the inspection.

The inspection team consisted of one inspector. Before the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also looked at the feedback we had received from six staff and three people's relatives who had completed questionnaires we sent them about the quality of the service. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we met all the people who used the service. Three people chose to talk with us, we also spoke to the registered provider and staff. We looked at three people's care and support records, associated risk assessments and medicine records. We looked at management records including staff recruitment, training and support records and staff meeting minutes. We observed people spending time with staff.

We last inspected Telegraph House in February 2014. At that time we found that the registered provider was complying with the regulations.

Is the service safe?

Our findings

People appeared relaxed and happy in the company of each other and staff. People told us they were 'not scared' at the service and felt safe all the time.

Abuse was discussed with people using the service to help them remain safe and raise any concerns they had. Staff were developing a guide about abuse to help people remember what had been discussed. Staff knew about different types and signs of abuse and how to report any concerns. They had completed training and the registered provider regularly checked they knew how to identify and raise concerns. Information about abuse and keeping people safe was available for staff to refer to. Staff were confident that any concerns they raised to the registered provider would be listened to and acted on. The registered provider was aware of their safeguarding responsibilities.

People had looked at any possible risks to them with staff and agreed the support staff would offer to keep them as safe as possible while they developed independent living skills. For example, one person told us staff stayed outside of the bathroom while they had a bath and regularly spoke to them to make sure they were safe. The person was happy that staff checked on them and they were able to bath in private. Staff told us they always looked for the 'least restrictive' way to keep people safe.

Guidance was provided to staff about how to keep people safe. One person's care plan stated they could not concentrate for long periods of time. Staff knew the person was at risk of injuring them self and stayed with them while they prepared meals. They supported the person to concentrate on what they were doing. Accidents happened rarely. Staff had completed first aid training and helped people if they had an accident. Any accidents or incidents were recorded and monitored by the registered provider so she could identify any patterns or trends and take action to prevent further incidents.

Staff were informed of changes in the way risks to people were managed at the beginning of each shift. Changes in the support that people needed were recorded in their records and the communication book so staff could catch up on changes following leave or days off.

Each person had a fire evacuation plan to help them remain safe in an emergency. Practice drills were held monthly so everyone got to practice leaving the building in an emergency. People left very quickly and knew the safe place to wait for staff. Staff had completed practical fire safety training including the use of firefighting equipment.

Staffing was planned around people's needs, appointments and activities. If more staff were needed to support people's changing or increasing needs, there were more staff on duty. Staff told us they were happy with the staff levels and thought there was enough staff on duty. Cover for sickness or holidays was provided by the staff team or one agency staff member who knew people well. The registered provider introduced new agency staff to people before they worked at the service to help people get to know them. The registered provider was on call out of hours to give advice and support.

The registered provider talked to people and staff about the staffing levels at weekly meetings and kept them under review. Each shift was planned with staff allocated to support people with different activities. Systems were in place, including staff photographs on rotas, to help people know who would be supporting them at different times of the day and the following day. This helped people not to worry about who would be supporting them. People told us who was helping them on the day of the inspection and the following day. Most staff had been working at the service for several years and knew people very well. Staff were available when people needed them. Nobody had to wait for support and staff had time to spend time with people doing things at their speed.

Checks had been completed on staff to make sure they were honest, trustworthy and reliable before they were employed. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. New staff did not begin working at the service until all the checks had been completed. Staff declared any health issues that may need to be supported.

There were policies and procedures in place to make sure that people were supported to take their medicines safely and on time. People were supported by staff who were trained in safe medicines management. The registered provider completed regular checks on staff to make sure they were still supporting people safely.

People were able to choose where their medicines were stored and they were kept securely. Some people ordered their repeat medicines on line from their doctor with support from staff. People knew what medicines they took and told us staff helped them to take their medicines at the right time.

Staff supported people to attend regular medicines reviews with their doctor to make sure they were still suitable. Guidelines were in place for staff to refer to about 'homely remedies' for each person, such as pain relief, to make sure people got the maximum benefit from them. Regular checks were carried out on medicines and the records to make sure they were correct.

Is the service effective?

Our findings

People were supported to make choices about the care and support they received, including how they spent their time and what they ate. During our inspection we observed people being given information in ways they understood to help them make decisions. Staff respected the choices people made and supported them when they asked for help. Staff knew people very well.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

Everyone living at the service was able to make straightforward day to day decisions, such as planning their weekly shop, what they wanted to do each day and how they wanted to spend their money. When people were unable to make complex decisions, the registered provider worked with them and people who knew the person well, including their family and care manager, to make a decision in their best interests.

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 are called the Deprivation of Liberty Safeguards (DoLS). The registered provider was aware of their responsibilities under DoLS. People were not restricted and told us they went out whenever they wanted to. People were out during some of our inspection and told us where they were going the following day.

Staff supported people to maintain good health. People had health action plans in place to tell staff and health care professionals about their health care needs. They included information about how people told staff what they needed and how staff could tell if the person was in pain. Staff knew the signs that people were becoming unwell and how to support them to remain well. People were supported to see their doctor when they needed to. Staff supported people to follow the advice and guidance given by health care professionals, including doctors, to keep them as well as possible.

People were supported by staff who knew them well or a family member to attend health care appointments, including health checks and outpatient appointments. This helped people understand what was going to happen and supported them to tell their health care professional how they were feeling. Staff supported people to follow any recommendations made when they returned home. People were prompted to have regular health care checks, including dental check-ups and eye tests, if they wanted them.

Staff were supported to develop the skills, knowledge and qualifications necessary to offer people the support they needed. Staff received an induction when they started work at the service to get to know people, the care and support they needed and to understand their role and responsibilities. New staff completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily

working life. New staff worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. New staff did not work alone with people, until they had completed all the required training and had been assessed as competent to complete specific tasks. One new staff member told us, "I have only recently joined Telegraph House and the training I received was excellent, with everything I needed or wanted to know fully explained. I was introduced to all the service users and spent several weeks 'shadowing' work colleagues before working on my own. All my colleagues are contactable at any time if I should have any questions or concerns".

There was an on-going programme of training which included face to face training, mentoring, and online training. Completed training was tracked and further training was arranged when needed. The range of subjects covered by training included skills and knowledge related to peoples' needs including Autism awareness, epilepsy and diabetes. The registered provider considered staff's compatibility with people, including any shared interests and hobbies, when allocating staff to support people with activities.

Staff spoke with knowledge about people's wide ranging needs and were knowledgeable about people's health conditions. The registered provider reviewed the effectiveness of the training by observing staff and discussing their practice with them. Feedback from their observations was given to staff immediately and discussed at regular one to one meetings with them. Any changes needed to staff practice were discussed at these meetings and the registered provider supported and coached staff to provide good care. The one to one meetings were planned in advance so that staff could prepare and enabled the registered provider to track staff's progress towards their objectives.

Staff had a yearly appraisal so they could discuss their training needs and career ambitions for the next year. The staff team was small and apart from one new staff member, all staff had been at the service a long time. They knew each other and the people they supported well. All the staff told us they received regular supervision and appraisal which enhanced their skills and learning.

People ate and drank when they wanted to. People planned weekly menus, with staff support when required, and shopped for the items they needed. Staff offered people advice about healthy eating. Some people did not always want to eat healthily and staff respected the choices they made. Other people had agreed ways of helping them to eat sensibly with staff. For example, separating their food into days of the week, as they were tempted on occasions, to eat more than they had planned. People prepared their own meals and described to us how they prepared their own breakfast and lunches. They took turns in preparing the evening meal as they found this was more economical. Some people enjoyed following recipes and preparing complicated dishes, other people were supported by staff to prepare simple meals safely.

Is the service caring?

Our findings

Most of the people had lived together for a long time and everyone appeared happy and relaxed in each other's company. People told us the staff were "Kind", "Nice" and "Helpful". One person told us, "I like my carers". Another person said, "I really enjoy it here with my carer". A third person said, "The staff want us treated nicely". One person's relative told us, "The staff are welcoming and friendly" and "The staff dedication, professional attitude and professional relationship means that (my relative) learns and has made huge achievements above and beyond our expectations".

Staff spoke with people, and each other, with kindness, respect and patience. They described people to us in a positive way, including what they were able to do for themselves and things they were interested in. The atmosphere was relaxed and staff responded appropriately to the questions people asked them. There was lots of laughter as people shared jokes with each other and staff.

Staff supported people at their request and encouraged them to be independent. Staff assumed people were able to do everything for themselves and only offered them support when they needed it. They told us people's support started with observation and increased to doing a task with someone only when they were unable to do it themselves.

One person wanted the registered provider with them when they chatted to the inspector, other people told staff they were confident to speak to the inspector on their own. People were encouraged and supported to do as much for themselves as possible so they maintained and developed their independence. People offered to show the inspectors their bedrooms, which were personalised and decorated to people's taste.

People made decisions about their support at regular meetings and review meetings. Staff supported people to invite their care manager, family and friends who were involved in helping them to achieve their future goals, to their review meetings. Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions. People were supported to be involved in making decisions about the service at weekly 'house' meetings. Their views would be listened to and suggestions they made were put in place.

Information was presented to people in ways they could understand which helped them to make choices and have control over making decisions. For example, one person used pictures of items they used regularly to make their weekly shopping list. This helped the person to concentrate when they were shopping and stopped them from becoming anxious.

Staff understood how people communicated, including sign language and responded to their questions and requests. They knew when people may not tell staff about care and support they needed and how to respond. For example, one person did not tell staff, on occasions, if they were unwell or in pain. Staff looked for changes in the person's behaviour to help them understand the support the person needed.

People's privacy and dignity were respected. Signs on people's bedroom doors reminded staff and other

people to 'Stop and wait' and only enter the room when they were asked. People told us that staff reminded other people not to enter their room without their agreement and they were pleased about this. Staff knew when people wanted some privacy or space and made sure this happened.

Staff were aware of the need for confidentiality and personal information was kept securely. Meetings with people or when people's needs were discussed were carried out in private. There was good communication between staff members with handover meetings held between shifts and a detailed communication book that noted any changes for staff to be aware of.

Is the service responsive?

Our findings

People had been fully involved in planning their care and support. One person's relative told us, "The staff promote and encourage [person's name]'s independence. I feel it is always being developed and strengthened to suit his needs and abilities and we have seen significant changes to prove this".

People who were interested in receiving a service from Telegraph House met the staff and people before they decided to start using the service. They were able to spend time with people and receive support more often until they were confident about the service they received. This introduction period lasted up to six months while people and staff got to know each other.

Staff knew people's routines and provided the support they needed in the way they preferred. People's relatives told us they were informed about changes in their relative's support needs and this was important to them and their relative.

Each person had a person centred plan which they had created with staff and kept in their bedroom. The plans included pictures and photographs of people, activities and other things that were important to the person. People offered to show the inspector their person centred plans and explained them to us. People reviewed the plan with staff every year or more often if they wanted to and arranged their own review meetings. People used their person centred plan to tell staff, their social worker and other people what was important to them and what they wanted to achieve. Personal goals and aspirations were recorded, and people had been supported to achieve their goals for example, one person was supported holiday in Las Vegas.

Staff told us about what each person was able to do for themselves and what help they needed. This information was included in people's care plans for staff and people to refer to. For example, one person's plan stated, 'I can do my own zips and buttons but on occasions I will need help with this'. Information was included about all areas of their life, including their daily routines and how they liked to spend their time. Some people needed help to wash or bath. People told us staff encouraged them to do what they were able to do for themselves and helped them to do other things. One person told us, "The staff help me wash my hair, I can do everything else myself".

Detailed guidance was provided to staff about how to support people, to ensure that it was consistent. The guidance included pictures of the person and symbols to demonstrate the type of support they needed, such as eyes, when staff needed to observe the person. This helped people remember the support they had agreed with staff and reduced the risk of them becoming confused.

People reviewed their care plans regularly with their keyworker, to make sure they remained current. The reviews were recorded and included the same pictures and symbols as their care plans. The pictures and symbols were printed on to stickers which people were able to choose and include in the review record, to help them tell staff if they wanted their support provided in a different way. People's care plans were then changed to reflect the changes in the support people had agreed with staff.

People had enough to do during the day and had regular opportunities to follow their interests and take part in social or physical activities. People told us they took part in a variety of activities they enjoyed, including learning new skills at college, day services and doing voluntary work. They told us were members of a local gym and joined in fitness sessions at a local leisure centre. People were involved in day to day household activities including cleaning and laundry. On the day of our inspection one person was looking forward to taking the services' vehicle to the garage with a member of staff. People had activity plans, including pictures and symbols, to help them remember what they were doing on each day.

People were supported to raise any concerns or complaints they had. There was a complaints policy and procedure in place with an 'easy read' version to help people understand how to raise any concerns they had. Staff were aware of the process to follow should anyone make a complaint. Complaints received had been fully investigated. The registered provider spoke to the complainant during the investigation and made sure they were satisfied with the response they received.

Is the service well-led?

Our findings

One person's relative told us, "The service is well managed". A staff member said, "The staff are happier than anywhere I have worked and it's a pleasure to work for Telegraph House".

Staff told us that the registered provider was supportive and always available either in person or by phone to give advice and support. The registered provider had managed the service for several years and knew the staff and people there very well. She led by example and supported staff, giving them feedback about how they might improve their practice. The registered provider understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were experienced and qualified and were supported by a consultant.

Staff told us the culture of the service was to provide people with a good quality service and this included supporting them to be as independent as possible, respecting their choices, privacy and dignity and supporting people in the way they wanted. The registered provider discussed the culture of the service at weekly team meetings to remind staff of the quality of service people should receive.

Staff and the provider spoke to each other and to people in a respectful and kind way. The registered provider had a clear vision of the quality of service which was shared by staff. Staff were motivated and enjoyed working at the service. One staff member told "We have much higher standards of care and support than any organised care home I have worked in. The staff put the people first in every aspect and the people are happy. Whenever they have an issue or problem it is dealt with quickly and efficiently".

Staff understood their roles and knew what was expected of them. They had regular team meetings to discuss the service being provided. Staff were able to add items to the agenda before the meeting. Actions from the previous meeting were discussed at the next team meeting to track the progress of actions and identify areas where staff may need additional support. Staff were able to share their views and make suggestions about the service with the registered provider. The registered provider had an 'open door policy' and staff spoke to her about any suggestions or concerns when they needed to.

The provider had developed their delegation skills and each staff member was responsible for leading an area of the service, such as safety checks. Roles were allocated depending on staff's skills and experience. Staff were reminded at staff meetings about the tasks they must complete and if any were not fully completed, such as a missed record.

A keyworker system was in operation at the service. A key worker is a member of staff who is allocated to take the lead in co-ordinating someone's care. Each person had a member of care staff who were responsible for planning their care and support with them. Before our inspection the provider told us they were planning to provide stickers for people to use during their keyworker meetings to support them to share their views more effectively. These were in place at the time of the inspection.

People and their relatives were asked for their feedback about the service regularly. People could also share

their views at regular 'house' meetings. Staff were not currently surveyed so they did not have an opportunity to give their views anonymously if they wished to. The provider said they would include staff in the next quality survey.

Checks and audits were carried out regularly on all areas of the service including records, staff training and the support being provided. Action plans were developed and completed actions were recorded. The action plans were effective and any shortfalls were quickly resolved. Senior care staff responsible for completing checks and audits met with the provider each month to discuss the checks and action plans. The provider visited the service unannounced at different times of the day and evening, including weekends, to check that people received a good service all the time.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The registered provider was aware that they had to inform CQC of significant events.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people.