

Worcestershire County Council

Exmoor Drive

Inspection report

1-7 Exmoor Drive
Bromsgrove
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Date of inspection visit:
08 February 2023

Date of publication:
07 March 2023

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Exmoor Drive is a residential care home and is registered to provide personal care for up to 12 people with a learning disability. At the time of our inspection visit there were 10 people living at the home.

Accommodation is provided across 3 connecting bungalows with access to a communal room and a spacious garden.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were recruited safely and in line with the provider's policy.

Right Care:

People received personalised care from staff who knew them well and ensured their rights and dignity were promoted and protected. Relatives had no concerns about their family members safety and staff understood their responsibilities to keep people safe and protect them from harm.

Right Culture:

The registered manager promoted a positive culture where support and care of people was the highest priority. The staff team worked in partnership with other professionals to achieve good outcomes for people. Staff felt valued and supported by the provider.

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

Rating at last inspection

The last rating for this service was good (published 16 March 2018).

Why we inspected

The inspection was prompted due to concerns received in relation to staffing levels, administration of medicines and the safety of people using the service. As a result, we undertook a focused inspection to review the key questions safe and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Exmoor Drive on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Exmoor Drive

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspectors visited the service and the Expert by Experience gathered feedback about the service from relatives via the telephone.

Service and service type

Exmoor Drive is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Exmoor Drive is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC and sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who lived at Exmoor Drive and 6 people's relatives to find out what it was like to live at the home and to gather their experiences of the care provided. We spoke with 6 members of staff including the registered manager, team leader, senior carer and support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including 3 people's care records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management;

- Lessons had been learnt. We found the registered manager had taken action to address the concerns shared with us prior to our inspection. This ensured people received safe support when eating and drinking in line with recommendations made by health care professionals.
- People's care and support needs were assessed before the service started to ensure these could be met safely. Relatives were positive about the support people received. One relative said, "Staff are well trained and pick up on any changes in [Person]." Another relative told us, "[Person] has done very well since moving there, staff are very aware of their needs and how they respond to things."
- Risks associated with people's care were assessed and well managed. Risk assessments informed staff how to provide safe care and were regularly reviewed.
- Staff recorded incidents and accidents, and these were reviewed by the registered manager and action taken to prevent reoccurrence.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff have received MCA training and demonstrated how they worked within the principles of the Act. One staff member told us, "I always ask first and give people time to give their consent, make their own choices, we can't force them." Relatives agreed. One relative explained, "[Person] expresses themselves with actions and can say a few words. Staff include them in every aspect of their day to day life and always ask [Person] what they want."

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person said, "I feel safe here." A relative told us, "I do think [Person] is safe, there are enough staff and I think they're all great."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the registered manager. Staff were confident their concerns would be followed up.
- The registered manager understood their responsibility to report any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated.

Staffing and recruitment

- Staff were available when people needed them and people's requests for assistance were responded to promptly. Relatives told us, "Staffing levels are better than it was," and "There has always been enough staff when we visit."
- The registered manager described staff recruitment and retention as an ongoing challenge. Cover for staff vacancies was provided by the registered manager, permanent and regular agency staff. The registered manager told us this provided continuity for people which was important. Active recruitment was taking place.
- Staff were recruited safely in line with the providers procedure.

Using medicines safely

- Medicines were managed and administered safely. We observed staff giving medicines to people in a way which was sensitive to their needs. Staff explained what they were giving and ensured the medicines had been taken.
- People's medicines were stored securely, and medicine records were fully completed and up to date.
- Staff completed training to administer medicines and competency assessments were completed to confirm they did so safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. As some shelving and kitchen cupboards doors were chipped. The registered manager told us; this had been reported to the maintenance team for repair.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no visiting restrictions in place at the time of the inspection.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.
- The provider and registered manager used a range of quality audits and checks to monitor the service and drive forward improvements, where shortfalls were identified action was taken to address these, including the mealtime experience. This demonstrated lessons had been learnt.
- Staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings. One staff member told us, "I like the vision the manager has, they challenge staff to learn and think about quality improvement." Another staff member told us, "I find the manager approachable and supportive; we work as a team."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were happy with the service provided and the way the service was managed. Comments included, "I like living at Exmoor Drive," "[Person] is very happy and settled living there. As a family we are happy with the care the staff provide," and "The manager is good, very keen to get things right for [Person] to ensure their happiness,," and "I have the highest regard for the staff they are phenomenal."
- People were encouraged to provide feedback during 'informal chats' with the registered manager and annual surveys were sent out to relatives to gather their views about the service. Recent feedback from people led to the garden being landscaped making it accessible for everyone.
- The providers' policies and procedures prompted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010.
- Staff completed equality and diversity training and discussion with people demonstrated staff understood the importance of treating people with respect and as individuals. One person told us, "I prefer being looked after by women." This preference was recorded in their care plan and respected by staff.

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing as seen in the records we viewed.
- The registered manager understood the need to be open and honest when things went wrong in line with

the responsibilities under the duty of candour.