Worcestershire County Council

Exmoor Drive

Inspection report

1-7 Exmoor Drive
Bromsgrove
Worcestershire
B61 0TW

Tel: 01527576591
Website: www.worcestershire.gov.uk

Date of inspection visit:
22 February 2018

Date of publication:
16 March 2018

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

Exmoor Drive is a residential care home for up to 12 people with a learning disability/and may be living with dementia. At the time of our inspection 10 people were living at the home. Accommodation was provided in three bungalows. There was also a large room for activities and a quiet room.

Rating at last inspection.

At our last inspection on 14 October 2015 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on- going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated as Good.

People received care and from staff who knew how to keep them safe. Staff knew what they would do to protect a person from the risk of harm and how to report any concerns. People got the assistance they asked for or staff ensured they were available to help them when needed.

People received their medicines as prescribed and by staff whose competency had been checked to administer their medicines safely.

Staff had a good understanding of infection control, so could help people stay fit and well.

People's care was provided by staff that had been trained to understand their needs and were supported in their role. People's decisions about their care and treatment had been recorded and staff showed they listened and responded to people's choice to choose or decline care.

The provider was following the principles of the Mental Capacity Act. People are 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 support this practice.

People were offered choices of food and drinks. Support was provided where needed and alternative diets had been prepared to meet people's nutritional needs. People were supported to access health and social care professionals with regular appointments when needed and were supported by staff to attend these appointments.

People were comfortable and said they liked the staff that supported them. People were happy to chat and relate with them. Staff knew people's individual care needs and respected people's dignity and had been supported to maintain relationships with their families.

People were offered a range of interesting things to do and follow their interests.

People and their relatives knew how to make a complaint or raise a concern.

The registered manager was available, approachable and known by people and relatives. Staff also felt confident to raise any concerns on behalf of people. The provider ensured regular checks were completed to monitor the quality of the care delivered. The management team had kept their knowledge current and they led by example.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service improved to Good.	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Exmoor 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 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 22 February 2018 and was unannounced. The inspection was conducted by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We also reviewed information we held about the home, this included notifications received from the provider about deaths, accidents/incidents, safeguarding alerts which they are required to send us by law. We contacted Healthwatch to see if they had any information to share with us about the home. Healthwatch are an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the communal areas of the home. We spoke with three people living at the home, four staff, the registered manager and the interim provider services manager. We spoke with two relatives. We also used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We looked at a range of documents and written records including two people's care records, staff training and recruitment records and minutes of meetings with staff. We saw the checks made by senior staff on the administration of people's medicines. In addition, we looked how complaints processes were promoted and managed.

We also looked at information about how the registered manager monitored the quality of the service provided and the actions they took to develop the service people received further. These included quality

questionnaires completed by people and their relatives, and checks made on the care planned for people and the suitability and safety of the home.

We looked at a range of documents and written records including two people's care records, staff training and recruitment records and minutes of meetings with staff. We saw the checks made by senior staff on the administration of people's medicines. In addition, we looked how complaints processes were promoted and managed.

Good

Is the service safe?

Our findings

People continued to tell us they felt safe living at the home. One person said. "The staff are very kind and nice." A relative told us, "I know [person's name] is safer living here, staff know how to manage their seizures so it's a worry off my mind."

Staff told us they had completed training in how to keep people safe and staff said they had been provided with relevant guidance about abuse. Staff we spoke with had a good understanding of the signs of potential abuse and how to report this to support people's safety. One staff member told us, "I am absolutely confident if I report any concerns of possible abuse then the registered manager would deal with it." We saw from safeguarding records and conversations with the registered manager they understood their responsibilities to record and report any safeguarding notifications to the local authority and the Care Quality Commission.

We saw from people's support plans risks to people's safety and wellbeing had been assessed, managed and reviewed in order to keep people safe. For example guidance for staff to follow, on how to use people's specialist lifting equipment in order to help them stay safe.

Relatives and staff told us sufficient staff were available to meet people's needs. However the provider was in the process of transforming the service to accommodate people with more complex needs. The interim provider service manager explained the provider was in the process of staff consultation and thought there would be a need to significantly increase the amount of care staff required. The recruitment process was about to start but in the interim had supplemented the staffing levels with agency staff to cover some shifts. One staff member told us, "We've all helped out picking up extra shifts to cover."

The provider followed robust recruitment procedures. Recruitment records demonstrated prospective staff had completed a thorough recruitment process. Checks into people's backgrounds had been completed before staff were appointed. These included Disclosure and Barring Service checks (DBS) and two reference checks. DBS checks return information about any convictions and cautions, which help employers, make safer recruitment decisions and prevented unsuitable people from working with people who lived at the home.

We saw people's medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example people's medicines were stored in a locked medicine cupboard. We saw written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored. We saw daily medicine counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines so action could take place promptly if necessary to reduce risks to people's health and welfare. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures.

We saw the provider had taken into account infection control and prevention measures in order to keep

people safe. For example when staff delivered personal care they used disposable aprons and gloves.

We looked at the way the provider recorded any accidents and incidents that occurred in the home. We saw the provider kept a record of any accidents and incidents, so any patterns or themes could be identified to see where lessons could be learned to prevent a further occurrence.

Good

Is the service effective?

Our findings

At our last inspection we found improvements were required with regards to the applications to deprive people of their liberty. At this inspection we found the applications had been made to the local authority. Therefore we have changed the rating to Good.

People and their relatives told us staff had the skills and knowledge needed to care for them. One person said, "Staff are very good at their jobs." Throughout the inspection we saw staff knew people well and how to support people with their physical and social requirements.

Staff spoke positively about the training they received to help them fulfil their roles. One staff member described their induction as being over a three week period which included shadowing experienced staff. Each new staff member was required to complete the care certificate. This sets out common induction standards for social care staff and the provider had incorporated it into their induction process for newly recruited care staff.

Staff were also encouraged to study for nationally recognised qualifications in care. Staff described how they felt the registered manager supported them with this aspect of their personal development. Staff told us they were given further opportunities to reflect on their practice and identify further training requirements through regular individual supervisions and staff group meetings.

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). We checked and found the provider had applied for authorisation of DoLS to help people stay safe. For example authorisations had been sought where people were required to have constant staff support. We saw staff members were all very encouraging, helpful and positive with people and each other, the staff asked consent from people before supporting them with their particular needs.

We found staff knew if people had any dietary requirements and provided snacks and meals throughout the day which reflected people's needs so they would remain well. Staff said they had consulted with people and professionals about people's nutritional needs and preferences. Staff we spoke with understood the links between people's nutrition and health and where they had concerns action was taken to care for people. For example one person was supported by staff to eat food that was soft in consistency and encouraged to eat slowly to avoid the risk of choking. People told us if they did not want to eat what was on the menu an alternative choice of meal was offered. We also saw people were assisted by staff at mealtimes where they needed this, and people's meal times were not rushed. Where people had limited communication skills staff told us they tried to still offer choices. For example, one staff member told us, "I always get two boxes of different cereals out and ask the person to choose which they prefer. They are able to point to which one they want."

People's bedrooms were adapted to ensure they supported each individual person's needs and abilities.

This was considered to be the person's private space and reflected their personalities accordingly. One person told us their favourite colour was pink so they had been assisted to decorate their room in that colour. The person wanted to show us their room and proudly picked out their favourite possessions to show us. From their body language and smiles we could see they really liked their room.

Good

Is the service caring?

Our findings

People that lived at the home spoke positively about the staff. One person told us staff are "Really caring and really kind." A relative told us staff appeared "Very kind and helpful". We saw staff supported people in a kind and respectful manner.

We saw staff knew what was important to each person for example one person liked their own teapot and cup. We saw this was facilitated. We saw that staff respected and supported people's choices. One person told us, they chose what time they got up and went to bed. Another person told us staff supported them to choose what clothes they wore. Two people showed us their bedrooms we saw rooms were decorated to reflect people's interests and tastes and had various personal effects. One person told us their room was furnished and decorated as they wished. One person told us how they had visited the local furniture shop to choose their wardrobe.

We saw people had access to independent advocacy services if requested. Information was available in the home, although no one was currently being supported by an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes.

We saw people's dignity and privacy was respected and promoted by staff. Staff knew the importance of knocking and waiting before entering people's bedrooms. A staff member described how they always ensured a person was wearing their dressing gown when helping them move between the bathroom and their bedroom to protect their dignity.

People's religious and spiritual needs were respected. People's different cultures were recognised and celebrated during events held at the home. Representatives from different faiths visited the home which supported people to practice their chosen religions and acknowledge events important to people.

We saw the provider respected people's right to privacy and confidentiality. People's care plans were stored away in a locked cupboard and any personal information stored on the computer was password protected.

Good

Is the service responsive?

Our findings

People told us they and their relatives' views were taken into account when people's care and risks were planned. One relative told us, "Before [person' name] came to live here we had a meeting with the registered manger to go through all [person's name] likes and dislikes. They asked us about their history and routines."

We saw from people's care plans information had been gathered about their life prior to moving into the home. This included information about their childhood memories, family and previous personal histories. Staff told us this information assisted them to have conversations with people. Staff described the care plans as informative and easy to follow.

We saw staff shared current information about people and their care needs through staff handovers at the start of their care shift so they were able to keep up-to date if a person's physical or wellbeing had changed. Staff told us care plans were reviewed as and when anything changed or a minimum of three monthly periods to ensure all information was kept current.

People were offered a number of activities to do in the home, such as singers, puppet shows and animal experiences. The registered manager told us these were under review and hoped to bring in more external entertainment for people and offer more outdoor activities when the weather improved.

We looked at how the provider helped people with communication difficulties. For example some people had a hearing deficiency, so the provider had sent a staff member to learn sign language to help each person communicate.

We looked at how the provider managed complaints. No complaints had been received in the last twelve months. People and their relatives were aware of the complaints procedures but had not felt the need to make use of it.

We looked at how the provider assisted people with their end of life care. People's wishes were recorded and the registered manager told us they worked closely with the local district nursing team as and when required, to assist people to have a pain free peaceful death.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection. 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, relatives and staff all spoke very positively about the registered manager and the calm atmosphere they had developed in the home. All the staff we spoke described the registered manager as, " Very supportive and approachable." We saw the registered manager had an active presence around the home talking to people living there as they went about their duties. Relatives told us they were able to have discussions with him as and when they needed.

The registered manager explained that the staff had been encouraged to raise any concerns they had and that the whistle blowing policy had been shared. Staff we spoke with also confirmed they were aware of the policy and were aware that they could report any concerns they had.

The registered manager told us they kept up-to date with current best practice through local community forums and manager's meetings. The registered manager looked to continue to develop the service further by working closely with members of the community learning disabilities team, so the best outcomes for people were achieved.

The registered manager tried to improve the quality of the care provided through having regular feedback meetings with people who lived at the home, their relatives and through survey questionnaires. We saw how suggestions from these meetings had listened to and acted upon. For example some people had enjoyed the "Puppet man" so further sessions were booked.

We saw the registered manager and provider had completed checks to make sure people's medicines were administered safely, health action plans and people's support plans were reviewed so they reflected people's current support requirements.