

Rotherham Doncaster and South Humber NHS Foundation Trust

88 Travis Gardens

Inspection report

Hexthorpe
Doncaster
South Yorkshire
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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 9 January 2018 and was unannounced. The last comprehensive inspection took place in September 2015 when the registered provider was meeting the regulations. You can read the report from our last inspections, by selecting the 'all reports' link for '88 Travis Gardens' on our website at www.cqc.org.uk.

88 Travis Gardens is a care home for people living with a learning disability. The home is situated in Hexthorpe near Doncaster. The service can accommodate up to eight people. The service is provided by Rotherham, Doncaster and South Humber NHS Foundation Trust.

At the time of our inspection there was a registered manager in post. 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 were safe from the risk of harm and staff had the knowledge to recognise abuse. Risks associated with people's care were identified and actions had been put in place to help reduce any hazards. The service had a safe recruitment procedure in place to ensure appropriate staff were employed. There were sufficient staff available to meet people's needs in a timely manner. People's medicines were managed in a safe way. People received their medicines as prescribed.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. Snacks and drinks were available throughout the day. Staff were trained to carry out their role and felt they had the necessary skills to do their job. Healthcare professionals were accessed as required. The service was meeting the principles of the Mental Capacity Act 2005.

We observed staff interacting with people who used the service and found they treated people with kindness, respect and compassion. Staff were extremely caring and offered appropriate support to express their views and make decisions about their care. People's privacy and dignity was maintained and their independence was promoted. Staff used a range of communication skills to ensure people were able to express their views and feel involved in their care.

People received personalised care which was based on their individual needs. A range of social activities and stimulation was provided. The registered provider had a complaints procedure which was displayed in the home.

Audits took place to ensure the service was working in line with the registered providers policies and procedures. A range of meetings took place to enable people to voice their opinions and be involved in the development of the service.

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 remains Good.	Good ●
Is the service caring? The service remains Outstanding.	Outstanding ☆
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

88 Travis Gardens

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.

The inspection took place on 9 January 2018 and was unannounced. At the time of our inspection there were seven people using the service.

The inspection was carried out by an adult social care inspector 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.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We used a number of different methods to help us understand the experiences of people who used the service. We observed care and support in communal areas and looked at the environment. We spoke with people and their relatives and observed care and support being provided by staff. Some people we spoke with had limited verbal communication. Other people had complex needs and we were unable to verbally seek their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with two care workers, a senior care worker, and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people's relatives and they felt their family member was safe living at the home. One relative said, "We are delighted with the support [our relative] gets here. They [the people who used the service] are really well looked after. We know that we can leave [our relative] there and not worry." Another relative said, "I feel [relative] is perfectly safe in the house. They had a few falls and the couple a little incidents, but that's because of their condition as she moves really quickly these things happen. However I am informed and updated if there are any issues, they [the staff] are honest and let me know."

The service had a procedure in place to ensure people were protected from the risk of abuse. Staff received training in this area and knew what to do if they suspected abuse was taking place. One care worker said, "I would report any safeguarding issue to my manager and would follow this up to make sure something had been done. I am aware that I can contact the safeguarding team directly."

Care records we looked at contained a 'stay safe observation plan.' This was in place to protect people from harm and exploitation. This was written in line with safeguarding procedures and provided guidance to staff. For example, the plan informed the reader to observe for signs of distress or changes in behaviour or signs of appearing withdrawn. Any concerns had to be reported to the registered manager without delay.

During our inspection we spent time observing staff interacting with people who used the service. We found there were enough staff available to respond to people's individual needs in a timely manner. One relative we spoke with said, "I feel the staffing levels are adequate, I'm not aware of any staffing shortages or use of agency staff certainly not to my knowledge."

We spoke with staff who felt there were enough staff working with them. Staff told us they worked well as a team and our observations confirmed this.

We found that people's medicines were managed in a safe way and administered as prescribed. We observed medicines being administered; this was delivered in respectful way. Staff checked to make sure the medicines had been taken.

We looked at records relating to medicine management and found they were informative, clear and concise. Each person had a Medication Administration Record (MAR) in place which showed that people had been given their medicines as prescribed. We found that medicines were stored appropriately in a locked room. A fridge was available to store medicines which required cool storage. Room and fridge temperatures were taken on a daily basis to ensure the medicines were stored at the recommended temperatures.

The service had appropriate arrangements in place for storing controlled drugs (CD's). CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. At the time of our inspection there was no one using the service who required this type of medicine.

We looked at people's care plans and found they included a plan of care regarding medicines and how

people liked to take them and any allergies. We saw that protocols had been developed for people who were prescribed medicines on an 'as and when required' basis (PRN). These showed what dose was prescribed, how often it could be given and when to administer it.

Care records we looked at contained risk assessments. These were documents which highlighted risks associated with people's care. They also gave information about how to reduce the risk from occurring. When staff completed risk assessments they considered the safety of people whilst balancing this against the rights of positive risk taking. Risk assessments were in place for things such as bathing, safety outside the home, falls and choking.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

We looked at three staff recruitment files and found they contained all the relevant checks. We also spoke with staff who confirmed they had to wait for the checks to be returned prior to them starting their new role. Staff told us that they completed an induction when they commenced work for the registered provider. This included training and working alongside experienced staff while they got to know people who used the service.

Is the service effective?

Our findings

Relatives we spoke with felt the staff were appropriately trained and supported their family member well. One relative said, "[Relative] is happy here. We can tell when they are happy. This is the great knowledge and experience the staff have here. They know [relative] really well, when [relative] is having their ups and downs, they [the staff] are able to manage the situation." Another relative said, "These people [staff] know my [relative]. We are confident with everything that they do to support [relative] with day-to-day living. They [the staff] give [relative] a good life, but they work hard at making that happen, it doesn't just happen. The skills and knowledge they have from working with people, enables that good life." Another relative said, "They [the staff] know their stuff, they are marvellous, they know [our relative] inside out, they know everything about her."

We spoke with staff and they told us they were supported by the management team. Staff told us they received regular supervision sessions. These were individual meetings with their line manager to discuss work related issues. Staff also told us they received effective training which supported them to carry out their role. Staff told us they completed mandatory training which included subjects such as safeguarding, moving and handling, food hygiene, fire safety and equality and diversity. Staff also told us they could request other training to develop their knowledge in specific areas.

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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found consent to care was sought in line with the law and relevant guidance. Staff told us they had received training in this subject and showed they had knowledge about the Mental Capacity Act 2005 through their interactions with people. For example, staff involved people in their interactions and ensured people had agreed to tasks prior to completing them.

We found that people received enough food and nutrition to ensure a balanced diet. People were involved in making choices about what meals they would like on the menu. We saw fresh fruit and vegetables were available. We observed the lunch time meal being served and found the meal looked appetising. Staff were well organised during the meal and ensured it ran smoothly and was an enjoyable occasion. Staff were incredibly calm, any possible disruptions were diffused. People who needed support to eat were assisted by staff that showed respect and dignity towards them.

Staff had a passion in making meal times a pleasant experience and had adapted really interesting ways to

get people to try new foods that made it fun. For example, one care worker told us that the people who used the service quite enjoy having food like pizza, but some individuals within the setting find this difficult to not only chew but to digestive. Therefore the staff made a cauliflower based, home-made pizza; they used creative ways of including everyone in the treat. We also saw advertised, an egg tasting session. This was so people had the opportunity to try different eggs and methods of cooking them. For example, trying quail, goose and duck eggs and cooked poached, boiled and scrambled. These small but important details gave us a picture of how each person was considered and included.

People were supported to live a healthy life and had access to healthcare services if they required their support. Staff spoke about the importance of accessing the right healthcare support. For example, the GP visits some people at the home as they find a visit to the surgery too difficult. Staff recognised that individuals with autism or severe anxiety, visiting strange setting is too traumatic. Therefore the solution was for staff to facilitate professionals so they could support people in a place they find safe and familiar. People who preferred to visit the surgery were supported by staff to do this.

The service ensured people had yearly health checks. People had access to dentists who they visited as required. The optician visited the home, but people could choose if they wanted this service or if they preferred to visit the opticians.

Individual's needs were met by the design, adaptation and decoration of the premises. The home was very clean and pleasant. We saw people's bedrooms were personalised, incredibly tidy and very clean. The rooms had pictures of the individuals and their family members around the room, this include favourite teddies, matching wallpaper and curtains, they also had nice furniture, big comfy leather chairs, they were all differently laid out.

The bathrooms were personalised with local pictures, and made to look quite homely and not clinical. All of the corridors had various different types of interaction sensory equipment for people to touch and use whilst walking on the corridor. All the communal areas and rooms that we were shown were clutter free, and accessible to everyone.

Is the service caring?

Our findings

We spoke with people's relatives and they all told us the staff were extremely caring. One relative said, "I'm happy where [my relative] is. I know they get very well looked after there. Everything runs really well, everything about the place is really good. [My relatives] clothes are always really nice, and they always look lovely." Another relative said, "We are very very happy with all the support [our relative] gets. We feel they are very safe here. I genuinely feel [our relative] is happy at the home, they [the staff] make it her home. It all ways feels like you're visiting her home if that makes sense." Another relative said, "I'm invited to go to lots of things, although given my ill-health I don't get to as many things as I would like. They [the staff] will often bring [my relative] over to my house, like birthdays or mother's day. They will arrange taxis to pick me up, so I can visit, and then they will often give me a lift back in the bus."

We observed staff interacting with people who used the service and found they dedicated to support people in a person centred way. The staff ensured people's preferences were maintained and sought ways of achieving this. For example, one person required their hair styling by a hairdresser who had the skills to dress hair for a particular ethnic origin. Staff found a hairdresser who could offer this service and ensured the person was supported to visit the hairdresser. Staff took pride in ensuring people were presented in the way they wanted to be. For example, some people liked their nails shaped and varnished and this was completed to a high standard.

The staff interacted with people in a calm and professional way, which was delivered seamlessly and appeared effortless. They showed impressive skills in team working and managed potentially challenging situations by using distraction techniques and positive prevention strategies. This meant they were able to defused possible incidents before they became troublesome. For example, one person was tapping the table and another person became anxious about it and told the staff they were noisy. The staff responded by saying, "They are enjoying themselves aren't they. Shall we go and sort this washing out." The person was happy to do this. This showed the staff were able to diffuse situations and had the ability to ensure the atmosphere remained calm, whilst meeting everyone's needs.

We saw that staff had an incredible knowledge about people and were therefore able to ensure their preferences were considered. They applied friendly warm tones when speaking with people and created calmness. This remained in the home from the beginning of the inspection to the end. There was continuity from all staff involved. At no point did it feel like they was any need for one person to take charge, it was a joint team effort, with no need for negative verbal prompts/intervention from anyone. An individual who was unwell, was continuously reassured and supported by staff as they acknowledged their concerns repeatedly, despite it being the same concern for the whole time we were there, they were shown compassion. The level of support was the same from each and every member of staff despite the individual or the situation.

The service ensured that people were supported to express their views and be actively involved in making decisions about their care. Most people who used the service had limited verbal communication. Staff were committed to find ways to communicate effectively with people so that they were able to contribute to their

care and support and to the running of the service. Staff explained that they used pictures and objects to communicate. The staff explained that this took time and patience but they were committed to ensuring people's views were heard. Care records included information about what body language people displayed to communicate their needs. For example, one care plan informed the reader that the person may push people or pull their hair if they became angry with them.

Is the service responsive?

Our findings

We spoke with relatives of people who used the service and they felt the staff were good at listening to them and meeting their relative's needs. One relative said, "My [relative] has very complex needs. I'm very happy with the support that this home gives to my [relative], some of the staff have known [my relative] a long time and they developed what I call the six sense. They know what's wrong and if they need extra support. I trust them [the staff]."

Another relative said, "They [the staff] are very organised, they all work together as a team. We are fully informed about appointments, and anything they need to tell us about. We are kept informed about her every day health, anything they feel we should know they contact us. We feel very involved with [our relatives] life. The staff support her really well, we are really very very happy with the way she is cared for. They [the staff] are really brilliant and they do a really good job."

We looked at selection of care records belonging to people who used the service and found they were reflective of people's current needs. For example, one person's care plan informed the reader that they only liked to spend short lengths of time in the presence of other people. Provision had been made so that the person had the option of choosing to sit in the main area, in a quiet area or in their own room. Staff ensured they supported the person to sit where they were most comfortable.

People were supported to engage in a range of social activities and stimulation. The home held themed weeks, evenings, days and weekends. People had the opportunity to celebrate and have fun using imagination around food and coupling this up with activities. For example, Halloween, bonfire night, and Christmas. The home held a back to the 1960's week, where each of the dishes were planned to take people back to the sixties. Whilst eating the food, sixties music was played, followed by sixties films. All this was creatively researched by staff and made really authentic.

The home also had a Jamaican weekend, which was Caribbean themed. The service hired a hot tub for the weekend and served huge fruits platters and a barbecue. Other events included a lazy pyjama day Sunday, which consists of, bacon sandwiches for breakfast, music, light lunch, afternoon films, and perhaps instead of a Sunday dinner, a takeaway evening.

Following the events the staff took pictures and produce PowerPoint slideshows for people and their families to enjoy and reflect on the activity. Staff produced flyers to put around the house so the residents are aware of what's happening, they would often get dressed up, encourage individuals to dress up. They took part by singing on the karaoke with individuals. The opportunities and activities that they offered to the individuals, was delivered with the same team spirit that they put in place when delivering their care.

Relatives we spoke with were happy with the activities provided by the service. One relative said, "They [the staff] take [my relative] shopping. They are always out and about doing things."

Staff acknowledged that some people who used the service wouldn't manage a change in their environment

such as going on holiday and staying in a different place. Some people preferred to stay within familiar settings. For these people staff provided day trips out and about in the community.

The service had a complaints procedure which was displayed within the service and available in an easy to read format. Relatives we spoke with felt comfortable to raise concerns but told us they had never had need to. They felt any concerns raised would be dealt with effectively by the management team.

One relative said, "I've never had any reason to complain. I've pointed one or two things out that may need changing and this has been dealt with." Another relative said, "If I have any concerns I just phone up, I feel confident in approaching staff if I had any issues."

Is the service well-led?

Our findings

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

We spoke with people's relatives and they were complimentary about the management team. One relative said, "The manager is really good you can speak to her any time, although we speak to all the staff. We have no concerns or worries about [our relatives] support."

The registered manager was able to lead the team and people approached and interacted with her and knew her well. Staff were comfortable around her and although at some points of the day, she was giving guidance or suggestions to other team members, she was completely part of the team.

We saw a range of audits had been completed by the management team to ensure policies and procedures were followed. These included areas such as care records, environment, maintenance, staffing, complaints and feedback, accidents and incidents and health and safety. Any issues identified were placed on an action plan and addressed.

The registered provider sought feedback from people who used the service and their relatives. One relative said, "I have had surveys from time to time with questions and answers on which I fill in and I'm quite happy with the way the house runs. I believe the manager is really good I've only met her a few times. I have a good relationship with [community homes manager] who manages all the homes [this provider runs in this area], and can ring her any time."

Meetings took place with people who used the service. These were to involve people in the service and gave people the opportunity to voice their opinions. Minutes from the meeting were made available to people in an easy to read format using pictures.