

Staffordshire County Council

Staffordshire County

Council - 114 Douglas Road

Inspection report

114 Douglas Road
Newcastle Under Lyme
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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 was an unannounced inspection on 7 December 2018 carried out by one inspector. Staffordshire County Council - 114 Douglas Road provides respite care for people with a learning disability. The service has accommodation for up to 13 people; 87 people currently use the service throughout the year for respite services. There were five people receiving a service at the time of our inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in July 2016 we rated this service as 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 ongoing 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.

Staffordshire County Council – 114 Douglas Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service was not developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. However, the service was managed to ensure these values were displayed including choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People continued to receive safe care. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People were protected against the risk of abuse, as checks were made to confirm staff were of good character and suitable to work in a care environment. There were sufficient staff available to support people. Medicines were managed safely and people were supported to take their medicine as prescribed.

People continued to receive effective care. Staff were supported and trained to ensure that they had the skills to support people effectively. People receiving respite care had access to health care facilities and the staff knew about any care and treatment that was being provided. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and people were helped to make decisions which were in their best interests. Where restrictions were identified, applications were

sought to ensure these were lawful.

The service remained caring. People were supported by staff who were caring and kind and who knew their needs, preferences and what was important to them. Staff understood how people communicated and they promoted different ways of communicating. Staff respected people's privacy and dignity, encouraged people with making choices, and promoted independence. Relatives and health and care professionals were involved with how care and support needed to be provided. People continued to have relationships with people who were important to them.

The service remained responsive. People's care was reviewed at each period of respite care to ensure it reflected any changing support needs. People received support from staff to enable them to be involved with activities and do the things they enjoyed. People were encouraged and supported to express their views about the care and support provided and staff were responsive to their comments and any concerns.

The service remained well led. There were systems in place to monitor the quality of the service and enable the provider to drive improvement. Staff felt supported and people knew who the registered manager was; relatives had confidence in the management team. The provider had an ongoing action plan that showed how the service was continually improving.

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 remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

Staffordshire County Council - 114 Douglas Road

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 was 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. At our last inspection in July 2016 we rated this service as Good and on this inspection, we found the service remained Good.

Staffordshire County Council – 114 Douglas Road is a care home. People in homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We produced an inspection plan to assist us to conduct the inspection visit.

Some people who were receiving respite care had limited levels of verbal communication to be able to give us their feedback of the care they received. Therefore, we observed the interaction between people and the staff who supported them throughout the inspection visit. We spoke with two people who used the service and spoke with four relatives about their experience of the care that the people who used the service. We spoke with four staff and the registered manager.

We reviewed care plans for three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People felt there was enough staff available to provide support for them and enable them to do what they enjoyed being involved with. One relative told us, "[Name] is always happy with how they get their support and go out on every stay. It's good they get to enjoy themselves and have never complained about not getting support." Staffing was organised flexibly and the number of staff on duty was dependent upon how many people received a service and their individual needs.

People were supported to take responsible risks and when receiving respite care. They had opportunities for some positive risk taking balanced against the need to keep them safe from harm. Care plans included information about how to help people to stay safe and how to minimise any risks in the home and when out. The staff spoke knowledgeably about the risk management systems that were in place. For example, they understood what may cause some people to behave in a way which could cause distress to themselves or others and understood that some people may be anxious when starting to receive respite care. They described the arrangements that some people had in place to have help express themselves, including pictures to describe feelings and emotions. One member of staff told us, "It's important we listen to what people are telling us to help understand how they are feeling. We use different forms of communication, we don't just rely on what people are telling us. This helps to understand why they may be feeling a certain way."

Staff knew people well and described how they may recognise possible abuse or neglect. The staff understood the procedure to follow to report concerns and staff told us they were confident these would be dealt with.

Medicines were stored and managed safely. Prior to each respite stay, up to date information was obtained about what medicines people needed. Staff were clear that any changes needed to be authorised by a doctor and would not be administered without clear prescription details. Some people had medicines they needed to take in an emergency or as required; we saw there was specific guidance available to guide staff as when people needed these. The staff told us they had received training for medicines and had been re-assessed to ensure they remained skilled and competent. The staff demonstrated a good knowledge of what medicines people needed and why they were required.

The staff were responsible for ensuring that all areas of the home were kept clean. We saw that staff and people had access to personal protective equipment and infection control standards were maintained. The home was clean and there were no mal odours.

Recruitment checks were in place to ensure new staff were suitable to work with people. The recruitment included requesting and checking references of their characters and their suitability to work with the people who used the service. People who used the service were invited to take part in the interview process to help to decide who was suitable to provide their care.

There were systems in place to review the service when things go wrong to ensure that lessons were learnt

and that action was taken to minimise the re-occurrence. For example, the registered manager reviewed accidents and incidents and where any safeguarding concerns had been identified. These were used to reviewed how the service was managed and where necessary, make any improvements.

Is the service effective?

Our findings

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. When people started using the service, a comprehensive assessment was completed with health and social care professionals and capacity was considered. People and those who were important to them, helped to develop their plan and this included how people could be helped to make decisions. Where it had been identified at assessment that people may lack capacity and subject to restrictions, the registered manager had made DoLS application to ensure restrictions were lawful. Some people needed constant monitoring to ensure their safety during the night and the home had cameras and door sensors in place. We saw these restrictions had been considered the least restrictive and were recorded within the DoLS.

People continued to access health care services such as GPs, and community nursing whilst receiving respite care. Where people had health concerns, this was recorded in the care plan and staff knew people well and knew what on-going treatment they received. For example, where people had a specific diagnosis, there was information available to help staff understand any condition. Where people had epilepsy, the support plan included information about what may happen before any seizure and people's behaviour during a seizure. Some people had support from health care specialists to develop the care plan which identified when they may have a seizure and how they should be supported.

People could access all areas of the home and there was a lift to enable all people to access the first floor. There were small lounges on both floors and a sensory room on the ground floor. This has been developed to ensure all people could access this room and included a ceiling track so people could move out of their wheelchair into the soft furnishings. One lounge had a small kitchen and staff reported that this could be used to assess how people were developing independent living skills and to enable them to cook and prepare food when they were receiving respite care.

People chose what they wanted to eat and drink and helped with the shopping and preparation of their meals. Staff explained that as they knew people well, they also knew what food they liked to eat, so food was purchased before people came to stay. Where people needed a specialist diet, information was recorded how meals were to be prepared and presented to ensure people ate safely. The speech and language team had supported prepared information for some people to record high risk foods and the reason people needed to be supported with a softer diet. Adapted equipment and cutlery was available for people to remain independent.

Staff received training to develop the skills and knowledge to meet people's needs and promote their wellbeing and independence. Staff explained they had received training to support people to have their food and medicines through a tube in their stomach. There were protocols in place to follow and only staff who had received this specific training and considered competent in this area, supported people to ensure this was carried out safely. One member of staff told us, "Care staff have received the training too and we will give support and check everything is right. I found this really helpful and has made me feel a lot more comfortable and confident when supporting people."

The provider used best practice guidance and care was delivered in line with current legislation. Assessment of people's needs, included the protected characteristics under the Equality Act and these were considered in people's care plans. For example, people's needs in relation to any disability, age, religion and language were identified. This helped to ensure people did not experience any discrimination.

Is the service caring?

Our findings

People were encouraged to express their views and staff listened to their responses. The staff were patient with people when they provided support and we saw them speaking and engaging with people in a positive way. People were supported to share their respite experiences with family and after each stay, a member of staff contacted the family to share what they had been involved with. One relative told us, "Communication is very good. They always share what has been happening or how they have been feeling. This is invaluable; we have a good relationship with all the staff."

The staff did not discriminate based on sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People were recognised and valued as adults and one relative told us, "One of the good things about each stay, is that they can meet with their friends and do things that they enjoy doing. They have grown up a lot and it's lovely to hear about being involved in activities they should be doing at their age, even if this is just going out for a drink." When staff spoke about people they did so in a kind and respectful way and ensured people's right to privacy and dignity was respected.

People were supported to take responsibility for the home and they were provided with opportunities to develop independent living skills. One lounge had a small kitchen and staff explained people were encouraged to participate in learning how to cook and gaining new skills.

People were happy with the staff that supported them and told us the staff kind and caring and listened to what they had to say. One relative told us, "[Name] gets on so well with the staff and looks forward to going there. If there were any problems they would soon let us know." Another relative told us, "The staff are always there to listen to what we have to say if we are worried about anything. We only have to call them, they are very caring and understanding."

Is the service responsive?

Our findings

People chose where to go and how to spend their time and we saw people were asked what they wanted to do. Where people lived in the local area they could continue to attend local day services. Staff reported where this was important for people who lived further away, they could attend the local day care provision if they wanted to.

Whilst receiving respite care, people continued to be supported to follow their interests and take part in social activities. We saw people could choose how they spent their time and we saw one person went shopping with staff to buy personal items and presents for family members. Staff were not rushed and when people wanted their attention this was given and staff took their time when engaging with all activities.

Staff reported that people enjoyed going out for meals, swimming and shopping. One member of staff told us, "We organise activities according to people's interests. We are always on the lookout for new things to do. We are sometimes limited by transport as a lot of the time we use taxi's but where we can, we also go out on day trips. We've been to the coast and to Matlock Bath which people enjoyed."

People had a care plan and with their family and those who were important to them, they had been involved in how this was developed. We saw these had been written and agreed with the level of support they wanted. The support plans were personalised to each individual and contained information to assist staff to provide support. The plan included information about what was important to people, what people admired about them and their likes and dislikes. Staff knew people well and could tell us about the things that were important to people.

People and relatives knew how to raise issues or make a complaint. They told us they felt confident that any issues raised would be listened to and addressed. There had been no complaints raised although the registered manager knew these would need to be addressed, investigated and responded to.

At the time of this inspection the provider was not supporting people with end of life care; therefore, we have not reported on this.

Is the service well-led?

Our findings

The service had a registered manager. The staff felt the registered manager provided leadership, guidance and the support they needed to provide good care for people. The registered manager assessed and monitored staff learning and development needs through regular meetings and working alongside them.

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where concerns were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed. Monthly audits covered any incidents and accidents, complaints, medicines management and infection control. We saw the registered manager checked for any patterns and trends to ensure actions could be taken as needed. There was a monthly safety tour of the home where the cleanliness and maintenance of the home was reviewed. The provider completed an unannounced visit to the service to review quality. We saw the last visit focused on how the service was safe and effective and included a review of how checks had been completed on equipment, medicines management and whether risk assessments were up to date. Where any concerns were identified, these were recorded for planned improvements.

The registered manager and staff worked in partnership with other professionals and agencies to ensure people received positive outcomes. We saw these relationships were reflected in people's support plans which contained guidance to assist people to receive the care they needed. Where changes were made we saw staff had good communication systems in place to share information about people's needs.

People views were sought in the form of a satisfaction survey about how they felt their care was delivered, whether staff communicated with them in a suitable way and whether they identified any improvements were needed. Once the completed, surveys were received, the provider collated the information and produced a report of the findings. We saw within the last review that people spoke positively about the service and comments included; 'It's lovely to see someone go the extra mile to engage, encourage an interact with people.' and 'The staff are always very friendly and helpful.'

People felt the management team and staff were approachable and that they could talk to them at any time. They said that the management team was always open to suggestions and that they listened to everybody. Relatives of people who used the service told us that they would recommend the service to anyone looking for residential respite care. One relative told us, "This service is a life saver to us. It makes such a difference to have this service but also to know that they are safe."

Staff knew how to raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they wouldn't hesitate to report any concerns they had about care practices. They told us they would ensure people using the service were protected from potential harm or abuse and would be supported by the management team.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be

informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.