

Leonard Cheshire Disability

Stadon Road - Care Home Physical Disabilities

Inspection report

42 Stadon Road
Anstey
Leicester
Leicestershire
LE7 7AY

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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

Stadon Road is a 'care home' for up to seven people with disabilities. There were seven people living in the home when we visited. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection on 30 June 2016 we rated the service as 'Good' in all areas. At this inspection we found the evidence continued to support a 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.

There was not a registered manager in post at the time of the inspection. There was however an acting registered manager in post, who was proceeding with an application to register with CQC at the time of our visit. 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 cared for safely. Staff had a good understanding of abuse and the safeguarding procedures to report any incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence. Medicines were administered safely.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Good staffing levels were in place.

Staff were well trained and supported to maintain effective care for people. Staff were all positive about the management in place, and were happy with the support they received.

Staff had developed caring and understanding relationships with the people they supported and knew their routines and preferences well. People's independence was respected and promoted where possible and staff enjoyed working with people.

People's consent was gained before any care was provided. 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 supported this practice

People were involved in their own care planning and were able to contribute to the way in which they were supported. A process was in place which ensured people could raise any complaints or concerns, which

were acted upon promptly.

People participated in activities, hobbies and events that they enjoyed. Information around the home was in an accessible format to help people understand information and make choices.

Audits and quality checks had been completed and had consistently identified where improvements were needed. Risks were known by staff and were mitigated against. Care records were up to date and person centred.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Stadon Road - Care Home Physical Disabilities

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 comprehensive inspection took place on 29 November 2018 and was unannounced.

The inspection was carried out by one inspector.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. 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 contacted a commissioner of people's care, who purchased care on behalf of a person at the home.

During our inspection we spoke with four people living at Stadon Road. Some people were not able to tell us what they thought of living at the home; therefore we used different methods to gather experiences of what it was like to live there. For example, we saw how staff supported people throughout the inspection to help us understand peoples' experiences of living at the home. As part of our observations we also used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During our inspection we reviewed three people's care records to ensure they were reflective of their needs, and other documents relating to the management of the service such as quality audits, people's feedback, and meeting minutes.

Is the service safe?

Our findings

At the last inspection in June 2016 the provider was rated as 'Good' under the key question, is the service safe? At this inspection we found the service remained 'Good'.

People looked happy living at the home and were comfortable with staff who were supporting them. People said, "The staff are lovely" and, "I feel safe here." There were processes and equipment in place to keep people safe, such as regular checks of fire safety equipment and mobility aids to help people move around safely.

Staff we spoke with had a good working knowledge of the types of abuse people were at risk from and how to report any concerns. All staff had completed recent safeguarding training and one member of staff told us, "I would report any concerns to the acting registered manager or senior."

The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role. All the staff confirmed these checks took place before they were able to start work at the service.

Staff knew people well and had been working with people for several years. They had developed a good understanding of the risks to people and the steps they needed to take to reduce these risks. For example, people had risk mitigation plans on how to move safely, what equipment they needed and how to use equipment. Staff followed these plans.

There were sufficient staff to keep people safe and to support people's needs. One member of staff told us, "The staffing is good, we have enough staff to really spend time with people".

People received medication at the right time on a consistent basis. Medication records showed people received their medicines as prescribed. People had their medicines stored in their room, and people were supported to administer their own medicines where they could. Staff were trained and their competency was checked to ensure they had the right skills to administer medicines safely. Some people had been prescribed medication to take 'as and when required' and in these cases, protocols were in place to help staff judge whether medicines were needed.

The building was clean and tidy, and the staff took pride in the environment they worked in. Regular cleaning took place, and staff were trained in infection control. The service had been awarded a five-star food hygiene rating.

Accidents and incidents were recorded appropriately, and actions were created and communicated to the staff team to ensure that lessons were learnt from these. No recent serious accidents had taken place.

Is the service effective?

Our findings

At the last inspection in June 2016 the provider was rated as 'Good' under the key question, is the service Effective? At this inspection we found the service remained 'Good'.

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 service was working within the principles of the MCA. Staff understood the need to seek verbal consent from people prior to supporting them, and put this into practice. No-one had an application in place to deprive them of their liberty, as the manager assured us everyone currently had the capacity to consent to any restrictions placed on their care.

When people began using the service, they and their family members, were involved in assessing their needs and planning their care. This involved assessing people's support needs, their nutritional needs and whether they required support to maintain their health. People's needs were regularly reviewed to ensure the placement was right for them, and that their needs were being met and effective outcomes could be reached.

All the staff had received the training they required to effectively do their jobs, and were regularly supervised by management to monitor their competency, and discuss any concerns. One staff member said, "We are also encouraged to take recognised qualifications to develop our skills."

People were supported to eat and drink enough and maintain a balanced diet. During mealtimes people were offered a choice of different meals. Those that required it, were given assistance by staff to eat, and staff were aware of people who had dietary requirements, for example, when a person required foods of a softer texture due to swallowing difficulties. People told us they enjoyed the food on offer.

People had access to the healthcare professionals they required. We saw that medical professionals regularly visited the service to ensure people's health was maintained. This included speech and language therapists, district nurses, and podiatrists. People's care plans contained the detail about any medical requirements they had, as well as a log of contact with any professionals or appointments attended. A health care professional told us, "I have only ever had positive experiences with the home. Staff know people well and are always available for me to speak to them. In my opinion, the staff go above and beyond to support people."

The premises and environment met the needs of people who used the service, because it was a purpose-

built home. Corridors and doorways were wide, and people were able to use their wheelchairs to access the garden.

Is the service caring?

Our findings

At the last inspection in June 2016 the provider was rated as 'Good' under the key question, is the service Caring? At this inspection we found the service remained 'Good'.

People we spoke with felt well cared for. One person told us, "The staff are lovely, I get on with them all." Another person said, "I can't fault them really." One staff member said, "I love my job, people here always come first."

Our observations during our inspection were that staff communicated with people in a warm and friendly manner, and gave people the time they required to communicate. Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff check with several people if they needed a snack, and drink or if they were in pain.

People living in the home could not always use verbal communication to express their wishes but staff were skilled in looking out for other noises and body language which people used to communicate their preferences. Care files had good communication profiles which detailed how each individual communicated which meant that staff had a consistent understanding of how they communicated with people.

People's independence was promoted and respected where possible. For example, people did their own laundry and went out and about with friends when they were able.

People were encouraged to be involved in making decisions about care and support. Care plans were regularly reviewed and changes were made when required. People told us that staff would regularly check with them if their care was satisfactory. Staff all felt they had time to spend with people so that care and support could be provided in a meaningful way and they could listen to people's views and opinions.

People felt their privacy and dignity was respected. All the people we spoke with confirmed that staff respected their privacy, knocked on doors before entering, and conducted personal care with dignity and respect.

Is the service responsive?

Our findings

At the last inspection in June 2016 the provider was rated as 'Good' under the key question, is the service Responsive? At this inspection we found the service remained 'Good'.

People's preferences had been gathered and support was delivered in line with their wishes. People's care plans contained information that was personalised, providing staff with information about how people liked their care to be delivered. Staff and management had a good knowledge of people's personalities, and personal history, and were able to tell us the specific things that certain people enjoyed doing.

People were provided with meaningful activities, and were encouraged to take part in sociable events. One person said, "The new manager has made a difference here, social activities and promoting our choices has been the priority." A member of staff said, "We are doing activities on a daily basis, what people want to do. It's a joy to come to work."

People's personal beliefs and backgrounds were respected by staff. We saw that people who practiced religion, were supported to do so. People's cultural choices were discussed with them, so that staff knew how to support them.

People received information in accessible formats and the manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

People had communication care plans to instruct staff on how best to communicate with them. Where people had specific disabilities that affected their communication, the provider used a range of techniques to communicate with people effectively. This included electronic equipment, foreign language packages, hearing aids and visual aids, pictures and large print documents.

People told us they knew how to raise concerns or complaints if they had any. The provider had a complaints policy on display around the home. We looked at records and saw that there had been no complaints in the last 12 months. People attended regular meetings at the home to make sure everything was running smoothly.

People's choices for their end of life care were recorded in their care plan, where they wished to share this with the provider.

Is the service well-led?

Our findings

At the last inspection in June 2016 the provider was rated as 'Good' under the key question, is the service Well-led? At this inspection we found the service remained 'Good'.

There was not a registered manager in post at the time of our inspection visit. However, the provider had appointed an acting registered manager who started work immediately after the previous registered manager had left the home. The acting manager was proceeding with their registration with CQC at the time of our visit. 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.

The manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

Staff and relatives told us they were happy with how the service was led by the acting registered manager. One member of staff told us, "If you have any problems, you can tell them and they respond to any problems."

The provider and manager had a clear vision and strategy to provide positive care for people, that was tailored to them, and helped them to remain independent. The management team and staff all supported this vision. One person said, "They know me well, and respect my decisions and choices."

The staff were happy that they had the support of management. One staff member told us, "We can approach the manager at any time." Another staff member said, "There is an 'open door' policy and managers are definitely approachable if you have any concerns."

The home was supported by the provider, by providing services from their head office to support Staddon Road. These included regular quality monitoring and audit checks, support from the property and finances team, and human resources. This ensured the manager was able to access advice and expertise. The manager was also supported by an area operations manager who visited the home regularly.

The manager conducted regular audits to check that people received good quality care. This included audits on the medication administration, infection control, and any accidents and incidents that occurred. We saw that when errors were discovered, improvements were actioned. The manager and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as the local authority, and community health care professionals.

People had the opportunity to feedback on the quality of the service. Quality questionnaires were sent out to people to comment on the care they received, suggestion boxes were available on site, and people were encouraged to raise any issues or concerns at care review meetings, and house meetings. One person said,

"When we raise things they get sorted out."

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. In a recent meeting staff had raised that twelve-hour shift patterns were tiring. The provider had listened, people were consulted, and shift patterns were being changed.

The latest CQC inspection report rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.