Extel Limited

Daventry Road

Inspection report

55 Daventry Road
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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

We inspected this service on 8 March 2018. The inspection was unannounced. Since our previous inspection in January 2016 we have reviewed and refined our assessment framework, which was published in October 2017. Under the new framework certain key areas have moved, such as support for people when behaviour challenges, which has moved from effective to safe. Therefore, for this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

Daventry Road is a residential care home for up to 16 younger adults who live with learning disabilities or autistic spectrum disorder. People in care 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.

The accommodation is provided in three separate houses, set in their own communal grounds. At the time of this inspection, fourteen people were living at Daventry Road.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen: Registering the Right Support CQC policy.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 protected from the risks of abuse because staff were trained in recognising and reporting any safeguarding concerns. The registered manager checked staff were suitable for their role before they started working at the home. There were enough suitably skilled, qualified and experienced staff to support people safely.

Risks to people's individual health and wellbeing were assessed, using recognised risk assessment tools. People's care and support was planned to promote their independence while minimising their individual risks. The registered manager regularly checked the premises, essential supplies and equipment were well maintained and safe for people to use. Medicines were stored, administered and managed safely.

People's individual and diverse needs were assessed and staff were trained in subjects that matched people's needs. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences.

People were supported to maintain their health and to obtain specialist healthcare advice when their health needs changed. People continued to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and staff felt well cared for and were supported to develop their skills. Staff understood people's diverse needs, interests and preferences and supported them to develop their independence. Staff respected people's right to privacy and supported people to maintain their dignity.

People were supported and encouraged to socialise with each other at home and in the local community. People were encouraged to maintain their personal interests and hobbies. People had no complaints about the service.

People knew the registered manager well and were invited to share their views of the service through conversations and regular meetings. Staff identified the registered manager as a role model to aspire to. The registered manager and staff regularly checked the quality of the service to make sure people's needs were met safely and effectively.

Further information is in the detailed findings below.

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 Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Daventry 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 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 8 March 2018 and was unannounced. One inspector and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). 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 used information the provider sent us in the PIR in our inspection planning.

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection visit we spoke with nine people who lived at the home about how they were supported. We spoke with the registered manager, the assistant manager, two deputy managers, a team leader and a support worker about what it was like to work at the service.

We observed how people were cared for and supported in the communal areas, and how staff engaged and interacted with people. We reviewed three people's care plans and daily records, staff recruitment records and management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Good

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at our previous inspection in January 2016. The rating continues to be Good.

People and relatives showed us they felt safe at the home, through their interactions with staff. We saw people were relaxed and comfortable with staff and actively sought their company throughout the day. One person who was sat close to a member of staff, reached out and touched the staff member's hand every now and then. Their facial expression relaxed with the reassurance that the staff member was still close beside them.

Staff received training in safeguarding and understood the provider's policies and procedures for safeguarding and whistleblowing. Staff told us they reported any concerns about risks to people's safety or wellbeing and were confident any concerns were investigated. Staff were trained in how to defuse a situation, if people showed signs of becoming agitated with each other. The registered manager notified us when they made referrals to the local safeguarding team.

The provider continued to operate a safe recruitment process, as required by the Regulations, to make sure staff were suitable to work with people in a care environment. They checked staff's identification and obtained references from previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for all the checks to be completed, before they could work independently with people.

We saw there were enough staff to support everyone according to their individual needs and plans for the day. The assistant manager told us the level of care and amount of staff was dependent on and agreed with the commissioners for one-to-one or shared support, plus one additional member of staff.

People's care plans included risk assessments related to their individual and diverse needs and abilities and promoted their independence. There were sensors on people's bedroom doors at night, which meant night staff were alerted when people were awake and up, without the need to disturb them by opening their bedroom door unnecessarily. One person showed us their personal 'alarm' that they carried with them outside the home. Care plans explained the equipment and the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing. Care plans explained the triggers and signs support workers should check for, that might indicate a person was becoming agitated. Risk assessments and care plans were regularly reviewed and were updated when people's needs or abilities changed.

The provider's policies to keep people safe included regular risk assessments of the premises and testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. People's care plans included a personal emergency evacuation plan. A deputy manager told us, "Fire safety includes weekly checks of fire doors and a monthly fire drill and test. [Names of two people] don't like the noise of the fire bell, but they

get out of the house – practice helps."

The registered manager had contingency plans in the event of an emergency. The deputy manager told us they felt prepared, because they had plans and emergency telephone numbers for the gas, plumber, electrician and maintenance services. For example, when a boiler had stopped working in one of the three houses, people had been supported to bath, shower and spend time in the neighbouring house, and portable heaters were used to keep the house warm.

Medicines were managed and administered safely, and in accordance with people's prescriptions. Medicines were stored in locked cupboards or locked medicines' fridges, in line with the manufacturer's instructions. Medicines were delivered in 'bio-dose' packs with all the medicines that should be administered at the same times of day, in colour-coded pots. Only trained and competent staff administered medicines. Staff recorded when medicines were administered on individual medicines administration records (MAR). A second member of staff observed the first and witnessed their signature, which minimised the risk of errors. The MAR sheets we reviewed showed medicines were signed for as 'administered' in accordance with people's prescriptions. Staff used body maps to record when and where they applied prescribed creams. Staff told us no-one was administered medicines covertly, that is without their knowledge. They said, if a person had difficulties in swallowing medicines, they checked with the person's GP and the pharmacist for advice about the suitability of administering medicines with food.

The provider's policies and practices protected people from the risks of infection. Staff attended training in infection prevention and control. The registered manager had issued guidance to staff about the frequency for cleaning each room and equipment. Team leaders and deputy managers checked that the guidance was followed and that the home was clean. Staff told us they used colour coded cloths, mops, buckets and bags for cleaning and laundry, which minimised the risks of cross-contamination. We saw staff used personal protective equipment appropriately, such as aprons and gloves, to prevent the risks of infection. The home was clean and the décor was well maintained, which made it easier to keep clean.

The registered manager recorded, collated and analysed accidents and incidents, to identify themes, trends and 'lessons learnt'. A team leader told us, "We record and do incidents' analysis. We include the circumstances prior to incident, timing and who else was in the room to identify triggers." Actions taken by the registered manager to improve how risks were minimised, included meetings with staff and updating a person's care plan to include the use of equipment to support the person up and down the stairs. The updated guidance for staff was to ensure all staff were allocated duties at the beginning of each shift, to ensure the person was supported by a member of staff at all times.

The registered manager told us, "We are honest with any mistakes that we make, communicate to and discuss these with people and their representatives, and learn from them. We are confident that we exercise a duty of candour."

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in January 2016. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People told us staff supported them to live their lives as independently as possible, according to people's individual abilities. People's needs were assessed before they moved into the home, to ensure staff understood them as individuals and were able to promote their independence effectively. The care plans we reviewed described people's abilities and their preferred morning and daily routines. This ensured staff were able to support people effectively, regardless of whether the person was able to communicate their needs at the time they were supported. A team leader told us, "Keyworkers and people discuss their care plans together. We write it down and read it through to the person and ask if they agree. We make suggestions for changes, or we ask staff who know people well. We discuss needs and preferences."

Staff worked with the same people regularly so they understood them well. The assistant manager told us, "We match people with staff, by their rapport and the person's choice. Their behaviour shows their level of contentment with chosen support staff." Staff shared information about how people were and any changes in their needs in individual daily records and during the staff handover meeting when the shifts changed. Staff told us everyone had a diary and that staff kept a 'communication' book, which ensured any changes in people's needs and any appointments were known to all staff.

Staff told us they read people's care plans, had an induction to the service and worked alongside experienced staff before they worked independently with people. They told us they felt well prepared for their role, because they had training that was relevant to people's needs. For example, staff had training in supporting people when they displayed behaviour that challenged others and person centred care, which enabled them to be effective in their role.

New staff attended training in the Care Certificate which covers the fundamental standards of care expected of all health and social care staff. All staff were encouraged and supported to study for nationally recognised qualifications in health and social care. Staff told us they felt supported because they had opportunities to discuss their practice and their development needs at regular supervision meetings with their line manager, and at any time they needed between formal meetings. A member of staff told us, "I have regular supervision with [Name of staff]. I can say what I think, any key points or suggestions for improvements." The registered manager ensured staff attended refresher training, and staff told us they attended specialist training, such as in autism and mental health awareness, to make sure they were able to support people's individual needs.

People told us the food was good and they always had a choice. We saw people were supported to have a drink whenever they wanted one. People's care plans included their food likes, dislikes, preferences and any allergies, cultural or other specific dietary needs, including their needs for assistance to eat. The 4-week

rolling menu included a choice every day. Staff told us people took turns to choose the main meal of the day. A member of staff told us, "The menu book includes pictures and we show them to people. They can have something else if they don't want the options for the day." Records showed people chose a different meal and pudding, if they did not want the planned meal of the day. People told us they were supported to cook their favourite meals and cakes if they wanted to.

Most people went out during the day, so the main meal was served at tea time. In one house, we saw people ate their main meal in the dining room with staff, which enabled staff to engage with and support people and check whether they ate well. We heard laughter during the meal time, which demonstrated it was a social occasion.

People told us they were supported to attend appointments with healthcare professionals when needed. Staff monitored people's appetites and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. People's care plans included health action plans with details of their medical history and their current medical risks and needs, to enable staff to identify any signs of ill health. Records showed staff made sure people saw their GPs to check whether changes in their mood or appetite were signs of changes in their health. Staff had training in subjects related to people's specific health care needs, such as diabetes awareness, insulin administration and stoma care, which ensured people were supported to maintain their health effectively.

People's care plans included hospital passports, which included their communication needs. Staff told us they accompanied people to healthcare appointments, which ensured they were supported to share information about their concerns and receive advice from the healthcare professional effectively. A member of staff told us it was important for them to accompany people, because they might need to speak up on the person's behalf and staff were able to support and reassure people if they had to wait in a busy waiting room. One person told us they made a 'get-well' card and had been supported by staff to visit their friend when they had to spend time in hospital.

The three houses were adapted, decorated and furnished to meet people's needs. Everyone had their own bedroom and en-suite shower room, which protected their privacy. People had been encouraged and supported to furnish and decorate their bedrooms in a style that reflected their individual tastes and interests. The lounges and dining rooms in each house were furnished and arranged in a style to support people to socialise with each other or their visitors in a domestic style and scale environment. Two houses had a stair lift, which promoted people's independence, when their ability to walk safely decreased. The layout and design of the home enabled people to visit each other across the three houses safely and independently. People told us they enjoyed visiting friends in the other houses.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities under the Act, and when necessary for people's safety, applications had been made to the local authority to deprive people of their liberty. Records showed the manager involved people's representatives when decisions needed to be made in their best interests. The registered manager worked with the commissioners in assessing the risks of people going out alone, to make sure people were supported to be as independent as safely as possible.

People told us they made their own decisions about their day-to-day care and support, and staff respected their right to decide. We saw staff offered people choices and sought their consent before they supported them. Staff had training in and understood the principles of the Mental Capacity Act 2005 and when it was appropriate to restrict a person's liberty. Staff had training in physical restraint and were able to describe the 'least restrictive' actions they would take if a person needed to be restrained in their best interest for their safety.

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection in January 2016, because they felt staff cared about them. The rating continues to be Good.

Staff were compassionate and caring. We saw staff were kind and thoughtful in their interactions with people. They smiled and spoke to people by name and touched people's hands, arms or shoulders to reassure them. Staff demonstrated the values of person centred care, in their attitude, behaviour and conversations with us. Staff told us, "It is person centred. We support and care and help people to make decisions and families have a lot of input" and "It's about them, their lives. We are like a family."

Staff we spoke with had an extensive knowledge of people's life and family history, method of communication and likes and dislikes, which were recorded in their care plans. Care plans included communication passports to guide staff in communicating according to the person's individual abilities. The registered manager told us staff used 'object references' to communicate choice, such as showing a person car keys when they talked about going out. Staff told us they used their knowledge of people's ability to understand and weigh information when offering them choices. For example, staff offered one person a more limited choice of 'this or that', to decide what to wear, so the person was not overloaded with information.

The registered manager and staff told us that knowing the person and building good relationships with them was central to supporting them well. Staff were observed in practice to assess their knowledge and to check their response matched each person's individual abilities, needs and concerns. People had allocated key workers and co-workers, which enabled a continuous relationship of trust.

Staff used positive behaviour support to help people work on strategies to improve their self-management. One person told us they had a certificate from staff for managing upsets and incidents. They told us, "I talk more now and try not to worry as much."

The registered manager had appointed a 'Dignity Champion'. The staff member had pledged to uphold the ten 'dignity do's', which included, stand up and challenge disrespectful behaviour, act as a good role model, speak up about dignity to improve the way that services are organised and delivered, influence and inform colleagues and listen and understand the views and experiences of citizens. A member of staff told us, "I treat our people how I would want to be treated. They need to know that we actually care and are passionate and motivated."

The registered manager recruited staff for their attitude and behaviour, regardless of their race, gender, religion or sexual orientation. They told us, "Our organisation ensures that all characteristics protected by the Equality Act 2010 are respected and defended."

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection in January 2016. The rating continues to be Good.

People told us staff promoted their independence. Different people told us, for example, staff supported them to apply to go to college, to help with preparing meals, to care for a pet and to care for themselves, in line with their interests and abilities. The registered manager told us, "We have promoted staff internally, which allowed us to stabilise our staff team and ensure consistent staff, which is very important to people."

Staff knew people's preferences for how they spent their time and understood how to support people's diverse needs. People's care plans included information about their life history, their important relationships, things they enjoyed or disliked doing and any cultural or religious beliefs and traditions. People told us they went out where and when they wanted, with the support of staff. People went to pottery classes, to the cinema, to the local pub and out for meals. Staff had researched how to maximise people's opportunities to enjoy their lives and had supported one person to obtain discount and money saving cards for the cinema and bus travel. Staff had supported people to go on holidays together and were planning a summer holiday for a group of like-minded people.

During our inspection visit, some people had gone out to their regular day centres where they were supported to learn life skills, take part in arts and crafts sessions and to go out with their friends. Other people went out bowling in the morning and shopping in the afternoon. We saw people who stayed at home that day were supported to spend time listening to music, doing their laundry and helping with the general running of their house. One person told us they helped the deputy manager by putting paperwork away and another person told us they changed their own bed and helped in the kitchen. People had access to technology that enhanced their lives, such as mobile phones, computers and internet access. People told us they were able to stay in regular contact with their relatives using technology.

Staff told us they understood people's individual communication needs and were able to adapt according to people's preferences. Staff told us they had practised by wearing 'restrictive' glasses to better understand the perspective of one person who was visually impaired. Another person showed us the picture cards they used to express their preferences, for those occasions when they were unable to express themselves verbally.

The registered manager told us, people were supported to exercise their right to be part of their local community. They told us, "Integration empowers people to feel a part of the community. We are members of the local village committee who invite us (people and staff) to take part in the village fete. People are involved by having their own cake stall and take part in the parade beforehand, which they thoroughly enjoy."

The registered manager worked with other agencies to agree a strategy to enable one person to regularly go out independently, to practice and improve their own assessment of 'personal risk'. The registered manager

supported people to learn and improve their personal risk awareness. They had arranged for the local police to attend and speak with people on the subject of 'hate crime', to increase their awareness and understanding of engaging with others socially.

Staff kept daily records of how people were and how they spent their day and shared information about changes at the shift handover meeting. People's daily records reflected their care plans and their stated preferences. A member of staff told us, "We write up daily records with people, explain what we are doing and involve them. I give them a piece of paper and a pen and invite them to share the task. We discuss care with people where we can." Risk assessments, care plans and health action plans were regularly reviewed and updated when people's needs changed. Senior staff monitored the care plans and reviews to ensure all known changes were included. The commissioners and people's social workers were involved in service review meetings, to make sure any changes in commissioning were understood and agreed with all parties, and in the person's best interests.

People told us they were confident to complain to any staff if they had a complaint, or wanted something changed. One person told us they had complained about another person who lived at the home. They told us staff had listened, understood the problem and had spoken with the other person, to make sure the other person understood they should respect the first person's privacy. A member of staff told us, "I have not had any complaints. If families raise concerns, we sort it out. We inform them of everything. We need to build and maintain their trust." The registered manager told us they had only received one formal or written complaint in the previous 12 months, so they had not identified any themes or trends in complaints.

The service supports younger adults who live with learning disabilities and autistic spectrum disorder, and who might not understand the concept of their own mortality. However, the registered manager told us they planned to provide guidance and training for staff in end of life care. This would ensure staff understood how to treat a dying person with dignity and respect and ensure staff were supported to deal with their own feelings when working with people and their families at the end of their life.

Good

Is the service well-led?

Our findings

At this inspection, we found the staff were as well-led as we had found during the previous inspection in January 2016. The rating continues to be Good.

People were supported to share their views of the service at weekly house meetings. Staff told us everyone was asked what they had enjoyed about the week and what they would like to do the week after and what they would like on the menu for the week. The registered manager told us people knew about the complaints procedure and said they discussed safety and any concerns at the weekly meetings. The registered manager was planning to introduce regular questionnaires for people, their families and friends to identify any shortcomings and introduce strategies to improve.

The manager had been registered with us since June 2015. 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 registered manager understood the responsibilities of being a registered person. They sent us statutory notifications about important events at the service. The ratings of our previous inspection were displayed in each of the three houses. The ratings of our previous inspection were clearly displayed on the provider's website, with a link to the CQC website, where all our reports are available to the public.

The registered manager and staff shared the provider's values to deliver a quality service that focused on people's individual needs. People told us the staff and management team were approachable. One person said, "The (deputy) manager is very good. He helps me." We saw people did not distinguish between support workers and the management team. The way people interacted with all the staff demonstrated the confidence and trust they had in the whole staff team. We saw the registered manager and assistant and deputy managers knew people as well as the staff and were equally effective at supporting them. The registered manager told us, "The management works as a close-knit team, which helps to develop the open and transparent service ethos that we aspire to. We believe in being "hands on" and constantly available to people and staff."

Staff told us they liked working at the home, because it was rewarding. All the staff told us the registered manager was a good role model. They told us, "I get good support from any team leader, deputy and staff", "There is a transparent and open atmosphere here" and "I don't have to wait for supervision." Staff were confident they would be supported to develop their skills and career ambitions, because they knew which staff had already been supported to obtain higher level national qualifications in health and social care. Staff said, "[Name of staff] was a team leader and is now a deputy manager. It inspires me to develop and progress" and "I get lots of support and now I am developing other staff. We should acknowledge the achievement of the manager."

The registered manager told us, "We put a high premium on staff development and training, encouraging initiative and innovation, when this helps to improve service users' lives. This emphasis is reflected in our

staff turnover rates, which are well below the national average." The provider had implemented a staff awards schemes to highlight when staff delivered excellent care standards, in line with the Key Lines of Enquiry. They operated a company-wide 'staff of the month' and local 'staff of the week' as nominated by staff. They explained the award could be given for 'consistency', 'picking up shifts' or 'professionalism', for example. One member of staff at the home had won awards for 'employee of the month' and for 'positive impact' in 2017, and had been nominated again this year.

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were regularly reviewed and up to date, that medicines were administered safely and that the premises and equipment were safe, regularly serviced and well-maintained. They analysed accidents, incidents and falls and took action to minimise the risks of a re-occurrence for the individuals concerned. Senior staff were responsible for checking that staff conducted daily food safety, medicines and financial checks at the beginning and end of each staff shift, to ensure any errors or oversights were identified promptly.

The registered manager told us they planned to improve how information was shared with people. They planned to include 'Makaton' training for staff and to introduce simplified care plans, with pictures, to improve how people were supported to agree and read their own care plans. Makaton is a recognised system of signs, or gestures, and symbols, or pictures, with speech, facial expression and body language, to help people understand and communicate.

The registered manager worked in partnership with other agencies. The service had adopted a 'reducing medicines' strategy as promoted by the local clinical commissioning group, through the STOMP initiative. STOMP stands for stop the overmedicating of people with autism and learning disabilities. Staff told us the alternative strategies they had adopted were successful. A member of staff told us, "It includes music and talking with [Name] before resorting to (calming) medicine. We didn't need to give medicines to [Name] for their latest health appointment." Another member of staff told us another person seemed more alert in the day, now they have reduced the amount of medicine they took at night. The local authority commissioners had no concerns to share with us about how the people they commissioned care for were supported.