

Steps Residential Care Limited

Wilton House

Inspection report

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Rotherham
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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

Wilton House provides residential care for up to 26 adults with learning disabilities. The service comprises of three houses and two bungalows on the same site. The service is situated in the Kimberworth area of Rotherham, with some local facilities such as shops and pubs nearby. It is within easy access to Rotherham town centre. At the time of the inspection 20 people were using the service.

At the last inspection, in June 2015 the service was rated 'Good' across each of the five key questions. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Wilton House' on our website at www.cqc.org.uk.

At this inspection we found the service remained Good.

Why the service is rated Good.

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

The service continued to assess, plan for and meet people's individual and changing needs and people were involved in making decisions about their care and support.

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.

The service continued to provide safe care. There were sufficient numbers of staff available to keep people safe and there was an effective staff recruitment process in place. Staff were appropriately trained and supervised to provide care and support to the people who used the service.

Staff had a clear understanding of safeguarding adults and care and support was planned and delivered in a way that ensured people were safe, without restricting people's freedom.

People were supported to receive a healthy diet and were supported to have access to relevant healthcare services to support their health needs.

People's privacy, dignity and independence were maintained by staff who were caring and respectful. Staff knew the people they were supporting and provided a person centred, personalised service.

There were systems in place to continuously assess and monitor the quality of the service, with a strong emphasis on promoting and sustaining improvements.

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?

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.

Wilton House

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 was a comprehensive inspection. It took place on 28 November 2017 and was unannounced. The inspection team included 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. The expert by experience's expertise included caring for a relative with learning disabilities.

Before our inspection, we reviewed all the information we held about the service. We asked the registered provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We spoke with the local authority to gain further information about the service.

We spoke with five people who used the service. We observed care and support in communal areas and also looked at the environment in each of the houses.

We spoke with three support workers, the registered manager, deputy manager and a team leader. 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 also looked at the systems used to manage people's medication, including the storage and records kept. We saw the quality assurance systems to check if they were robust and had identified areas for improvement. We also spoke briefly with the registered provider.

Is the service safe?

Our findings

People told us they were well cared for and had no concerns. For instance, one person said, "I feel safe here."

People remained safe at the home. Staff we spoke with had a clear understanding of safeguarding people from abuse and neglect. They told us all staff received training in safeguarding people, including how to recognise and report abuse. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to make sure people were safe.

Staff were fully aware of the registered provider's whistleblowing procedures and said they would not hesitate to report any safeguarding concerns, and all felt confident the registered manager would respond appropriately. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. The members of the management team we spoke with were clear about the procedure for reporting safeguarding issues.

The registered provider continued to display posters in each house providing information about safeguarding to people who used the service, visitors and staff. This included a contact number for the local council, to use if anyone felt someone was being abused.

People who used the service had assessments about the risks that were pertinent to their needs and lifestyles and these had been reviewed regularly. This included risk assessments regarding any controversial behaviours people might display. These provided guidance to staff so that they could manage situations in a consistent and positive way, which protected people's dignity and rights. Where people's behaviour changed in any significant way, referrals were made for professional assessment in a timely way to make sure risks were managed appropriately.

There were sufficient staff to keep people safe and the use of staff was effective. Everyone we spoke with during the inspection told us there were sufficient staff on duty to make sure each person was safe and that their chosen activities took place. Most people received one to one staff support and each person had a, self chosen, key worker. On the day of the inspection most people who used the service spent time out in their local community, with appropriate staff support.

The recruitment and selection process continued to make sure staff recruited had the right skills and experience to support people who used the service. New employees had been subject to pre-employment checks such as a Disclosure and Barring Service (DBS) check and appropriate references. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Discussion with members of the management team showed that where any issues arose as to an applicant's suitability to care for vulnerable people, the risks were carefully considered and appropriate safeguards put in place to ensure people's safety.

We found that people received their medicines safely and as prescribed, and the administration was appropriately recorded on the medication administration records (MAR) by staff. The arrangements for storing people's medicines were safe. There was clear guidance and protocols in place, and staff were able to explain how they supported people to take their medicines. Staff were aware of signs when people were in pain, discomfort, becoming agitated or in a low mood. This helped to make sure people received their medicines when needed. Staff had a good understanding of medicines and made sure people had their medicines reviewed regularly with the appropriate healthcare professionals.

The control and prevention of infection was managed well. The areas of the service we saw were very clean and particularly well maintained. We saw evidence that staff had been trained in infection control. Cleaning schedules were in place and staff were provided with appropriate personal protective equipment (PPE). Support staff demonstrated a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. The people who used the service we spoke with were rightly proud of their contribution to keeping their home so nicely.

Is the service effective?

Our findings

People told us they were happy and settled. For instance, one person said, "I'm happy here." Everyone we spoke with praised the quality of the service. People told us the food was very good and staff helped them to have a healthy diet. They told us they chose when, what and where they wanted to eat.

People were encouraged to be involved with cooking their meals developing their independence. People told us they were supported to do their own food shopping. We saw the menus they had planned in their kitchens. In some instances this included pictures to meet people's specific communication needs. One person told us they could always have something different from what they had planned, if they changed their mind. We saw a good variety of food and healthy snacks were available, including fruit. People's care and support plans included detailed information about their dietary needs and the level of support they needed to make sure that they received a balanced diet.

People's care records showed that their day to day health needs were being met. They had good access to healthcare services such as GPs, dentist and optical services. It was clear that staff sought advice from external professionals to make sure people's needs were met. This included psychology and psychiatry services, speech and language and occupational therapy services, dieticians and hospital consultants.

People received care and support from staff who had the skills and knowledge to meet their needs and received regular training updates. When new staff were appointed they were required to complete the Care Certificate, which is a nationally recognised programme of training for care workers. Staff had also been provided with training in areas such as diabetes and in the care and support of people living with dementia, in order to respond to the specific and changing needs of the people who used the service.

Staff were formally supervised and appraised and confirmed to us that they were happy with the supervision and appraisal process. Staff supervisions made sure that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. The staff we talked with felt well supported in their roles and said they were able to approach any member of the management team. The registered manager also said that the registered provider was very supportive of staff.

Staff had received training in The Mental Capacity Act 2005 (MCA) to help them to develop the skills and knowledge to promote people's rights. Staff understood people had the right to make their own decisions and what to do if people needed assistance to make some decisions. We saw staff offered support to people and involved their relatives [where appropriate] when they made decisions.

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). Members of the management team had received appropriate training and we found that DoLS applications had been made appropriately. To ensure the process remained up to date, the management team kept a register of when DoLS applications were submitted and granted, and when they

were due for renewal.

The environment continued to promote people's wellbeing and ensure their safety. We saw that people's individual needs were met by the adaptation, design and decoration of the service. Each of the houses and bungalows was very well maintained, and decorated and furnished in a contemporary style appropriate for the people who lived there. It was evident that the registered provider put a lot of work and resources into maintaining a high quality, stylish and homely environment for people to live in, and people told us they really appreciated this. Each person had their own bedroom. People had been supported to personalise their rooms and told us they had chosen how they were decorated. There were different areas for people to use, which meant people could either spend time with others or be on their own.

Is the service caring?

Our findings

The people we spoke with were very complimentary about the staff and one person said they felt the staff were like their family. While another person said, "I love [staff members' names]."

The service supported people to express their views and be involved in making decisions about their care and support. Each person had a key worker assigned to them who they had chosen and who worked with them closely, and ensured they received appropriate care and support. Staff we spoke with were keen to ensure that people made their own choices where possible and to respect the decision they had made.

The registered manager told us that staffing numbers were configured to allow people to participate in activities in the community, and we saw evidence that staff supported people to participate in activities of their choice. The staffing levels meant the activities could be individualised and meet each person's preferences. We observed that staff treated each person with respect and courtesy. Options and choices were routinely offered to people. For instance, the staff asked one person what they wanted for lunch and gave several choices, including the option of eating out. The person chose to go out for lunch.

People's plans showed involvement of the person and their relatives, where appropriate. People had person centred plans which were very individualised. They included pictures and photographs of what was important to people, things they liked, and things they had achieved. People's support plans included information about those who were important to them. People were supported to maintain important relationships and friendships such as keeping in touch with and spending time with their families.

People's diverse needs were recognised. Staff we spoke with told us that the people they supported responded to different communication methods. We saw that visual communication systems had been devised to help people to communicate. It was clear that care had been taken to design the various communication aids and pictorial versions of information and that these had assisted people's understanding and participation. For instance, people continued to use 'vision boards' to record their aspirations, ambitions and what they wanted to achieve. It also informed the reader how the person would like to be supported to reach their goals. The vision boards clearly explained in pictures and words what the person wanted to achieve. One person explained their usual routine which was displayed in their room and said it was a good idea to have it on their wall. They said, "It's for me, so I know what I will be doing each day." The person went on to explain that they liked to have a routine as they had a job.

Staff demonstrated a good awareness of people's needs and the best way to support them, whilst maintaining and encouraging their independence. We saw that people made decisions about their care and support relating to all aspects of their lives during meetings with their key worker. One person explained they chose their menu saying, "My key worker helps me out." We saw that people were encouraged to be involved in their care, with choices and options being given in order to promote their independence. Staff demonstrated concern about each person's welfare. They also came across as dedicated to making sure people achieved their potential.

To promote self-esteem and confidence people were supported with their chosen hobbies and interests. For instance, one of the people we spoke with told us about their hobbies and said they received a lot of support from staff. The person proudly displayed their, many awards and certificates of achievements in their bedroom. We also observed another person being supported by the staff undertaking activities in the house. The staff gave them various options and allowed the person to make choices and to take the lead, while giving all the practical support needed.

Staff interacted with people positively and used their preferred names. People's religious, cultural and personal diversity was recognised, with their care plans outlining their backgrounds and beliefs. For example, staff explained how they balanced each person's preferences and choices, with their family members' beliefs and the person's background, taking these into account and making sure that the person's rights and choices were respected. Staff we spoke with knew the people well, and described their preferences in detail, and how they wished to be approached and supported.

We saw that people's dignity and privacy were respected. The registered manager told us the support staff had respect for people. Staff we spoke with told us that all members of the staff team made sure that people were treated with dignity and that their privacy was maintained. Staff training included the promotion of people's privacy, dignity and confidentiality. People's preferences in relation to the gender of staff supporting them with personal care were respected. One staff member explained this and added, "All the female clients are only supported by the female staff." From conversations we heard it was clear staff understood each person's needs; they knew how to approach each person and recognised if people wanted time on their own.

Is the service responsive?

Our findings

The service continued to effectively assess people's needs and support was planned and delivered in line with their individual support plan. Support plans included information about healthcare, communication, personal hygiene, mobility and activities. One person had wanted to lose weight and had been very effectively supported to do so by the staff team. Staff told us of the many advantages this had brought for the person, enabling them to become much more active, independent and confident.

People's files included a document called, 'Steps to independence.' This included photos and other pictures to ensure the person could understand their plan and could contribute to how they wanted to be supported. This helped to maximise the person's independence.

People had their own interests and hobbies and had lots of opportunity to take part in a good range of activities. We spoke with people who used the service and they told us they felt supported to access the community and social events which took place in the local area, in groups or on their own with staff support. It was evident that people had full and active lives. On the day of the inspection most people spent at least some time undertaking activities and tasks in the local community. For instance, some people had chosen to go Christmas shopping, others were having lunch out, attending scheduled activities or attending appointments. One person held a season ticket for Sheffield Wednesday.

In the provider information return [PIR] the registered provider told us that people who used the service were provided with support to achieve their dreams and ambitions. It was clear that this was the case. For instance, we spoke with one person who had recently taken part in horse riding competitions at the mini Olympics and dressage competitions, and proudly displayed their awards and rosettes in their bedroom. They told us that they were involved in many activities that they enjoyed saying, "I like horse riding, chickens, playing football, golf, boxing and gardening, amongst other things. They also told us that they had a job and added, "I fill in my time sheet when I finish work."

The service had a complaints procedure and people knew how to raise concerns. The procedure was available and displayed in the reception area of each house. People we spoke with told us they would talk to staff if they had a worry, and felt they would sort it out. It was evident that the registered provider continued to deal with complaints in an effective manner and that lessons learnt from concerns were used to develop the service. Each house had a compliments book so that people could record positive thoughts about the service and what worked well. These also continued to be used effectively, supporting continuous improvement of the service.

Is the service well-led?

Our findings

Good management and leadership continued to be demonstrated. Staff we spoke with were committed to providing high quality care and support. They told us they were listened to and valued by all members of the management team. They felt the service was well led and that all members of the management team, including the registered manager, deputy manager and registered provider were approachable and listened to them. Staff felt that they worked well together as a team, which improved the quality of life for people they supported. They told us that people were involved in the service and that their opinion counted.

As at the previous inspection, we found that various members of the team were responsible for audits and checks, which were used by the management team to monitor and improve the quality of the service. As part of this, checks were made of the health and safety arrangement in the service, care records, infection control measures, food safety, fire safety and medication. There was a business support manager who coordinated and completed audits as well as ensuring action was taken to progress with the areas for improvement identified. The registered provider had implemented a comprehensive quality assurance tool based on the CQC's key lines of enquiry. This showed the registered provider was continually striving to improve the service.

A positive, person-centred culture was promoted. For instance, people's views were sought on a day to day basis and each person has a designated key worker who they met with to review their support. In addition, there was a 'Steps Voice Group' which enabled people who used the service to be involved in group discussion on topics such as activities, outings, holidays and other topical issues. People were also supported to fill in quality surveys, which were in an easy read format.

People's relatives and representatives were also provided with forums to comment on the running of the service at regular meetings and coffee mornings, and annual quality assurance questionnaires were used, to gain their views on the quality of the service. We saw that the results of the most recent survey were very positive. Annual questionnaires were also distributed to staff and other professionals. All of the feedback fed into the registered provider's improvement plans.