

Oakview Estates Limited

Toller Road

Inspection report

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Date of inspection visit: 18 March 2015
Date of publication: 20/07/2015

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	

Overall summary

We carried out our inspection on 18 March 2015. The inspection was unannounced.

The service provides accommodation for up to eight people. At the time of our inspection there were six people using the service.

Toller Road is a care home with nursing. It is a specialist service for adults with learning disabilities and complex needs (which may include mental health needs). The service offers care and rehabilitation for people to support them to move from hospital into the community.

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.

People were satisfied with the care and support provided. They had key workers who they worked closely with in developing their care plans and they were treated with

Summary of findings

kindness and respect. They felt safe using the service and confident to raise concerns or issues if they had any. They also felt confident that staff would treat their concerns appropriately.

Staff understood the needs of the people using the service and were positive about their role and the organisation. Recruitment procedures were robust and appropriate checks were carried out before people started work. Staff received an induction and on going training to ensure they had the knowledge and skills to support people in their care. Staff also received regular supervision and appraisals to ensure their practice was monitored. The managers regularly monitored staffing levels to ensure they met people's needs. However staffing levels were not always consistent and unexpected sickness caused issues particularly at the weekends.

People had their needs assessed and plans were in place to meet those assessed needs. People had their

preferences and wishes taken into consideration and these were recorded in their plans. Risks were identified and recorded, plans were created to minimise the risk. People were supported to be as independent as possible; they were supported to access health care appointments as well as access community activities. People were offered choices of healthy and nutritious meals. People also had the opportunity to prepare meals and drinks independently if they wished. People's medicines were managed and administered safely following risk assessments to promote independence where possible.

People's consent had been appropriately obtained and recorded. Both staff and the registered manager understood the principles of the Mental Capacity Act and how they might apply to the people who used the service.

There were effective systems in place to assess and monitor the quality of the service. The views and opinions of people who used the service were obtained and used to inform future improvements within the service.

Summary of findings

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 was safe.

People are protected from abuse because there were systems in place to ensure staff knew what action to take if they had concerns. People who used the service understood what it was to be safe and knew they could talk to staff if they were concerned.

People were encouraged and supported to be independent and make informed decisions about their lives.

The provider operated safe recruitment practices to ensure suitable people were employed to work at the service.

People had access to their medicines when they needed them.

Good



Is the service effective?

The service was effective.

Staff received the training and support they needed to meet people's needs.

People were supported to access health care professionals when they needed to. Staff understood people's changing needs and how to support them.

The provider ensured people maintained a healthy and nutritious diet.

Good



Is the service caring?

The service was caring.

People were supported by staff who were caring and supportive. Staff were given the information they needed to understand the people who used the service.

People were given opportunities to express their opinion and felt respected and supported to do so.

Good



Is the service responsive?

The service was responsive.

People's care was individual to their needs and staff supported people to access their hobbies and interests.

The provider actively sought people's views and acted on them.

Good



Is the service well-led?

The service was well-led.

People were involved in improving the service.

The provider had effective systems in place to monitor and assess the service.

Good



Toller 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.

The inspection team consisted of two inspectors and was unannounced:

Before the inspection, we asked the provider to complete 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 reviewed the previous inspection report, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service for their views.

We spoke with four people who used the service at the time of our inspection. We spoke with the registered manager, the deputy manager, a nurse, two carer staff and two ancillary staff. We looked at the care records of three people who used the service, information about training that staff had attended and documentation from the provider's quality monitoring processes.

Is the service safe?

Our findings

People using the service told us they felt safe. One person told us, “I feel safe here. I have no problems”. Other people we spoke with knew what it meant to be safe and knew staff were there to help them if they had concerns.

Staff told us that they received regular training to ensure the safety of people who used the service. This training helped them understand the needs and behaviours of people. We saw staff interacted with people in a positive manner and it showed they understood how to support people safely. A member of staff told us, “This place is generally safe, I would feel comfortable reporting any concerns to the manager.” Staff were able to demonstrate an awareness of the process and procedure in reporting any safeguarding concerns.

People’s care plans included assessments of risk associated with their care routines, lifestyle choices and activities. We saw that people were encouraged to take part in a variety of activities. One person told us that they were able to take part in voluntary work, which they enjoyed. We saw that risk assessments were reviewed regularly to ensure they remained appropriate to the person’s needs. Where needs had changed we saw that assessments were amended and staff were made aware of these changes.

One person told us they found one member of staff bossy. We discussed this with a senior member of staff. We were told that staff followed the person’s care plan and consistency was important to ensure their needs were met safely. We looked at the person’s care plan and it confirmed that the member of staff had followed what had been agreed. We saw that the senior manager’s promoted a consistent approach to following care plans to ensure both people who used the service and staff were safe.

Staff told us they understood the process of reporting any untoward incidents and we saw that these were routinely reviewed by senior managers and action was taken to minimise the risk of it happening again.

People who used the service told us that they did not think there was always enough staff on duty. One person told us, “There are only two people on at night and it’s not very good. If I want to talk to someone they are often too busy as one person is usually up stairs doing observations. There are plenty of staff during the day”

People we spoke with did not say they were unable to access any of their activities as a result of shortage of staff. Staff views of staffing levels were mixed. One staff member said, “Today is very good but other days particularly at the weekend there can be only two or three staff and this means residents are not able to go out.” We looked at staff rotas and saw that there were, on a few occasions, some short falls in staffing levels. Staff did say that if people phoned in sick there was no bank staff to call on at short notice and this meant they could be short on a particular shift. We discussed this with the registered manager who told us this was often where staff rang in sick and they were unable to get cover. Most weekends they did meet the staffing levels to enable people to carry out planned activities. They told us they had recently dropped staffing levels at night. This had been risk assessed and staff had not reported any problems as a result. We were also told that staffing was regularly monitored and it is flexible to meet the needs of people who used the service.

People told us they were able to have visitors. One person told us the arrangements they had for their friend to visit. “I am happy with the arrangements, I feel it protects me.”

The provider operated safe recruitment practices and ensured all required pre-employment recruitment checks were carried out prior to a new recruit starting work. This meant that as far as possible only people suitable to work for the service were employed.

People were supported to take their medicines when they needed them. A person said, “I do my medicines myself and I am doing well. Staff have helped me with this and checked my medication.” We saw there was a policy and procedure to support people to look after their own medicines if they were assessed as being able to do so.

We saw that only trained staff were allowed to administer medicines. We saw medicines were stored in a locked cupboard in a locked room. The key to both was held by the nurse on duty. Where people looked after their own medicines this was easily identified in the records and was stored safely in the person’s room. The service had suitable facilities to store controlled medicines if they needed them.

We saw that there were systems in place for both the safe disposal of medicines where they were no longer needed them. There were also procedures to ensure people

Is the service safe?

received their medicines according to their prescription. We observed staff whilst they administered medicines to people and saw that they followed correct guidelines to ensure people's safety.

Is the service effective?

Our findings

People were supported by staff who had appropriate skills and knowledge to be able to meet their needs. People were positive about the support they received from staff.

Staff we spoke with told us about the training they received. A staff member told us, “We have access to eLearning.” Another staff member told us, “I had an induction and all the mandatory training, it prepared you for the work you do here.” We looked at the training records; these showed that staff received regular updates to ensure they remain up to date in their practice and skills. Staff told us they received regular supervision and appraisals with either the manager or deputy manager. This helped staff reflect on their work and look at any further development they may need.

Staff told us that at the start of each shift there was a handover where they received detailed information about each person and if there was anything they needed to be aware of. This included doctor’s appointments or visitors that may have been. This meant that staff were given up to date information to ensure people received the support they needed.

People told us they felt staff supported their decisions. One person told us, “I am able to make choices and I am in control of my life.” Staff we spoke with knew about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support. It ensures people are not unlawfully restricted of their freedom or liberty. All staff understood the difference

between lawful and unlawful restraint. This meant that people who used the service were not subject to unlawful restraint. We looked at information relating to a person who was currently subject to a DoLS. We saw that some information was out of date. The deputy manager made arrangements during our visit for this information to be up dated. This ensured that service continued to operate lawfully.

We saw examples where people’s mental capacity to consent to their care and treatment had been considered and best interest decisions made. Procedures for the administration of medicines to people who lacked capacity to make an informed decision were followed.

People told us that the food was good and they were able to cook their own meals if they wanted to. One person told us they had met with the chef to discuss their likes and dislikes. We spoke with the chef who had an excellent understanding of nutrition and ensuring people received a healthy and nutritious diet. They were able to demonstrate how people were given a choice as well as meet people’s specialist dietary needs. All staff we spoke with understood the importance of supporting people to eat a healthy and nutritious diet. Throughout the day we saw people were able to make their own drinks when they wanted to.

People told us they saw a doctor when they needed to. Care plans identified people’s health needs and what support they needed to be able to see their doctor or dentist. Staff were able to tell us how they recognised people’s changing health needs through their behaviour. We saw in the daily records that people were supported to visit health care professionals when they needed.

Is the service caring?

Our findings

People told us that staff were kind and helpful. One person told us, “The staff are good; I can talk to them about anything.” Another told us, “We have some really nice staff here you can have a laugh.”

We saw that people’s care plans provided staff with the information they needed to be able to support people in a caring manner and develop a supportive and caring relationship. We saw staff spend time chatting to people whilst supporting them to carry out domestic activities such as cleaning or preparing meals. We heard staff talking with them about a variety of things such as what they wanted to do that day or what they planned to do when they went to their volunteer placement.

Staff told us they were able to spend time with people getting to know and understand them. We saw all staff including the cleaner and chef engage with people who used the service in meaningful and caring conversations.

People told us they were asked for their views about the service. We saw that the provider made arrangements to seek people’s views about the service. One person told us, “We have a residents meeting and we are asked about any improvements we think can be made.”

People told us they felt involved in reviewing their care plans. We were told by one person, “I am asked about my

care plan [staff member] asks me if anything has changed or if I need more help.” Staff told us each person usually had two keyworkers to ensure continuity of care. (A keyworker is someone who is assigned to work closely with an individual and get to know their needs. They act as a link between the service and key people outside the service such as relatives and other care professionals such as social workers or health care professionals.)

People told us they were involved in residents’ meetings. One person said, “We have meetings where we talk about what we want to do for the summer or Christmas.” We saw there were regular meetings held with everyone who used the service and staff to discuss what interests and activities people wanted to take part in. We also saw photographs of people taking part in their chosen activities and interests looking happy and relaxed care staff company.

People told us they were treated with respect. One person said, “They (staff) knock on my door to ask to come in.” The provider promoted people’s dignity, respect and privacy. Staff received training in a variety of areas that supported this. We were told “We have also had Equality and Diversity training.” This training helped staff foster good working relationships with people who used the service. Staff understood what dignity in care meant and we saw staff throughout the inspection treating people with respect.

Is the service responsive?

Our findings

People who used the service told us they were involved in planning their care through meeting with their keyworker and when their care plans were reviewed. This meant that staff were able to develop a good understanding of people's individual needs and respond appropriately.

People told us they were happy with their involvement and the care they received and they had a copy of their care plan in their room. Staff told us each person had a copy of their care plan in a format that was easy for them to understand and it was stored in the persons' bedroom.

People told us they were able to personalise their bedroom and were encouraged and supported by staff to keep their personal space clean and tidy. One person told us, "Staff nag me to keep my room clean and tidy."

Care plans included details about people's interests and hobbies. During the inspection we saw staff support people in these interests, such as going to do voluntary work at a local charity shop. A person told us, "I am looking forward to the disco tonight." We spoke with staff who told us they would be taking people who wanted to attend the disco later that day. We also saw that some people were being supported with the aim they would move to live more independently. We saw staff support people to go shopping and plan and cook meals. We saw that people who used the service received care that was personal to their needs and enabled them to develop their skills to live more independently.

During the day we saw staff supporting people to be as independent as possible and be responsible in looking after their environment by helping keeping it clean and tidy. We saw that staff were familiar with people's care plans and ensured they provided a person's care as described in the plan. We also saw staff updating people's care plans and saw staff talking to people about their care needs.

People told us they felt listened to and able to raise concerns. The provider obtained people's views in a variety of ways. They were involved in creating and reviewing their care plan. People had access to their keyworker to discuss any issues they may have and meetings were held where people who used the service could raise issues that mattered to them.

People were confident they would be listened to if they complained or raised a concern. A person said, "I have a keyworker and would tell them if I had a concern. I could also talk to my mum or dad. I have an advocate as well." We saw that the provider had made the complaints procedure available in an easy to read and understand format. The complaints procedure was displayed in the hallway so everyone who used the service had access to it. We looked at the complaints received in the last 12 months and saw that the provider followed their procedures when investigating any complaints.

Is the service well-led?

Our findings

People who used the service were aware who the registered manager was and that they would be leaving shortly. One person said, “We want them back they are nice and kind.” People spoke well of the senior management. Another person said, “I like the managers I can talk to them.”

People who used the service told us they knew how to raise concerns if they had any. The provider had policies and procedures in place to support people to raise concerns about service. Staff were aware of these procedures and told us they would feel confident to raise any concerns with the provider or manager. Staff understood there was a whistle blowing policy and they could use this to report any concerns they may have about the service.

Staff told us they felt able to raise concerns with both the registered manager and the provider. One care staff told us. “They regularly raise it in team meetings or supervision. We are encouraged to raise concerns or problems we may have.” Staff also told us that they knew the standard of care that the provider expected of them. We were told, “We know we must keep people safe and support the people who live here with dignity and respect.” We looked at records of staff meetings. These showed there were discussions about the standards of care the provider expected and the action required of how these were to be met. This showed the provider had identified areas of improvement and was able monitor the progress.

People who used the service told us that although they had not been involved in recruitment they knew that some people who used the service were. Staff told us that people who used the service were involved in recruitment of staff as people who were recruited to work needed to understand that the service was there for the people who used it.

People using the service were involved in developing the service through regular residents’ meetings. People told us they liked these meetings and they felt listened to. We saw that the activities and outings that were arranged followed requests by people who used the service. This showed that the provider took note of people’s views.

The registered manager was fully aware of their responsibilities and although they were leaving to become a manager at another location within the same organisation they were continuing to provide support to the deputy manager in the interim.

We saw that the service had a good quality monitoring system in place. They were clinical governance systems that looked at any accidents or incidents and what could be learnt to minimise risks in the future. Records showed that any issues for improvement were addressed and details of what action needed to be taken were recorded.