Speciality Care (Rest Homes) Limited

Speciality Care (Rest Homes) Limited - 15 Sussex Road

Inspection report

15 Sussex Road
Southport
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection was conducted on 29 & 30 September 2016.

We gave the provider 48 hours' notice that we would be coming as service is a small home for adults with adults with learning disabilities and we wanted to be sure someone would be in.

15 Sussex Road is a semi detached house in Southport situated close to the town centre and its amenities. It is part of Arden College that provides specialist further education for young people aged 16-25 years of age with learning disabilities. 15 Sussex Road is registered to provide accommodation for up to three adults aged over 18 who attend the college. Accommodation can be term time only or outside of term time. At the time of our inspection there was one person living at the home and attending the college.

The inspection was conducted by an adult social care inspector.

A registered manager was in post. 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. '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 staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken safeguarding training and this was on-going.

We reviewed the way medication was managed. We saw there were systems in place to monitor medication so that people received their medicines safely.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We found recruitment to be well managed and thorough.

We found there were enough staff on duty each day to keep the person safe and to be able to access the community.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

Arrangements were in place for checking the environment to ensure it was safe. We found the environment safe and well maintained.

Staff received a regular programme of training and support, through regular supervision and appraisals.

The principles of the Mental Capacity Act 2005 were followed when the person in the home was unable to consent. We saw that an assessment of the person's mental capacity was made and decisions made in the person's best interest in consultation with health professionals and family members.

The registered manager had made an appropriate referral to the local authority applying for an authorisation to support a person who may be deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Care records showed that people's health care needs were addressed and contact with external health care professionals was made when needed. We saw that the manager and staff liaised well with community services to support the person who lived in the home.

People's dietary needs were managed with reference to individual preferences.

The person living in the home took part in a range of activities of their choice.

Care and support plans were formulated and were current to meet the person's needs. We saw that the person living in the home was involved in their care planning and decision making on a day to day basis.

Family members of people living at Sussex Road told us that staff had the skills and knowledge needed to ensure their relative received the right support. Relatives were satisfied with their family member living in the home and the progress they had made since their admission. We saw some examples in care planning documentation which showed evidence of people's input.

There was a complaints procedure was in place and a record was made of any complaints and these had been responded to.

The manager was able to evidence a series of quality assurance processes and audits carried out internally and externally by staff and from external agencies. These were effective in managing the home and ensuring it was a safe environment.

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 was safe.

Risk assessments and support plans had been completed to help minimise harm.

People were given their medications safely and in accordance with their needs.

Staff understood how to recognise abuse and how to report concerns or allegations.

There were enough staff on duty at all times to ensure people were supported safely.

Is the service effective?

Good

The service was effective.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

People received enough to eat and drink and chose their meals each day. They were encouraged to eat foods which met their dietary requirements.

People's physical and mental health needs were monitored and recorded.

Staff used the Mental Capacity Act 2005 to work creatively and in conjunction with health care professionals when making decisions about people's care so that their human rights were sustained.

Is the service caring?

Good

The service was caring.

People had choices with regard to daily living activities and they could choose what to do each day.

Staff we spoke with showed they had a good understanding of the people they supported and how they were able to meet their needs.

Staff demonstrated kind and compassionate support. They described to us how they encouraged and supported people to be independent both in the home and the community.

Is the service responsive?

Good

The service was responsive.

Support plans were person centred and promoted independence. People were involved in the decisions about their care and support.

People had their needs assessed and staff understood what people's care needs were.

Referrals to other services such as the learning disability consultants or GP visits were made in order to ensure people received the most appropriate support.

A process for managing complaints was in place to ensure issues were addressed within the timescales given in the policy.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post. They were not based at the home but were kept informed through a regular weekly meeting by the home manager who had day to day responsibility.

The service operated a person centred culture. This means people were supported to live a fulfilled life doing what they wanted to do.

The service had a quality assurance system in place with various checks completed to demonstrate good practice within the home.

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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 inspection took place on 29 and 30 September 2016 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

Before the inspection we checked the information that we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

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 looked at the care records for the person living in the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including the bedrooms, the kitchen, bathrooms and the lounge and dining areas. We spoke with two staff members, the registered manager, the home manager and a relative of the person living at the home.

Good

Our findings

The person living in the home had recently moved in. We saw evidence that a period of transition took place with staff and manager attending meetings with family and health care professionals to ensure they learned how to support the person in an appropriate way. We spoke with their relative who said, "I have no concerns about the safety of [person who lives at the home]. The staff know what they are doing."

The care records we looked at showed that a range of risk assessments had been completed depending on the person's individual needs. These assessments were detailed and were completed to keep people safe in their home environment and when out and about in the community.

Staff were able to explain in detail each person's care needs. The staff team had worked with the individuals both when they attended college and in the home. This helped ensure continuity of support and gave the person being supported a familiarity of staff who they knew.

There were enough staff on duty at all times to ensure people were supported safely both in the home, their college or when socialising in the community. We looked at three weeks staff duty rotas which confirmed this. The house manager completed the weekly staffing rota which ensured people who lived in the service received support from familiar staff. Staff from the current staff team covered shifts for sickness and annual leave of colleagues, as well as support staff who worked in a few of the providers homes on a regular basis. In exceptional circumstances agency staff were used. The agency staff had worked with the person who lived in 15 Sussex Road before and therefore they knew their needs and how to support them in a safe manner.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We checked three staff personal files to evidence this. We found copies of appropriate applications and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks that had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Staff understood how to recognise abuse and how to report concerns or allegations. They had received safeguarding adults training, which was repeated each year to ensure staff kept their knowledge and skills up to date.

Staff we spoke with told us they felt confident in recognising the signs of abuse and would have no hesitation in reporting it to the safeguarding officer. An information leaflet had been printed about safeguarding procedures and was given to all visitors. It detailed how to report any concerns they may have seen when visiting 15 Sussex Road. Contact details for the provider's safeguarding officers and the local authority were printed on the leaflet. We were given a copy of the leaflet when we arrived at the home.

We looked at the process of medication administration in the home. Medication was stored securely in the staff office in blister packs which clearly showed the date and time the medication was required to be taken. Medicine administration records [MAR] we saw were completed to show that people had received their medication.

A protocol was in place for staff to follow when administering medicines to be given 'when required' (PRN). These were clear and gave staff the required information regarding their use.

The provider had developed a system for when people went to spend time with their families and took medication with them. This included a form which indicated the medication when it was handed over to the parent. We found the form was signed by the parent. A similar process took place on the person's return with the form signed by staff.

Medicines were audited by weekly checks of the stock of medicines stored in the home. A weekly medication checklist form had not been completed since the college term began in September. However only one MAR sheet had been used and showed it had been completed correctly since the person returned to live at the home. A check of the blister pack showed that the person had received their medication as required during the same period.

All the staff who worked at the home had received training to administer medicines. Competency assessments were also completed with staff to help make sure they had the necessary skills and understanding to safely administer medicines. We saw that each member of staff at 15 Sussex Road had completed a competency check in 2015, after the completion of their training but did not find evidence of a competency check completed in 2016. A training matrix was kept which showed staff training was carried out and up to date.

Arrangements were in place for checking the environment to ensure it was safe. We saw that health and safety audits were completed by staff on a regular basis, which included checks of the water temperature, fire safety including the fire doors, emergency lights and alarm. Annual service agreements were in place for gas, electrical safety, legionella and fire alarm and equipment. There was a cleaning rota in operation with tasks allocated for completion on different days. We found the home to be clean and tidy.

A personal emergency evacuation plan (PEEP) had been completed for the person living in the home to enable safe evacuation in the case of a fire. We saw a pictorial version for evacuating the building in case of a fire was displayed in the dining room. Fire alarm tests and evacuations took place regularly.

The home had a process in place to attend to repairs and redecoration quickly, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person employed by the provider. We were informed that the home would be undergoing a refurbishment in the near future, in accordance with the provider's plans.

Good

Our findings

15 Sussex Road provided support to people with a learning disability. From talking to staff and family members, it was clear that people living at the home were supported to use their independent living skills both within the home, in college and in accessing the community. People had one to one staffing provided which enabled them to live fulfilled and independent lives. For example, to access community activities, socialise with friends and attend college. A family member told us, "The support staff are brilliant with my relative. They know what they are doing."

During our inspection we spoke with the home manager, registered manager and two support staff. We saw that staff demonstrated knowledge of the person's personal care, health and social needs and how they liked to be supported in order to keep them safe and reduce their anxiety.

We looked at the training and support in place for staff. We saw a copy of the induction for new staff and staff we spoke with confirmed they had up to date and on-going training.

The registered manager supplied us with a copy of the staff training matrix which showed the training for staff in 'mandatory' subjects such as health and safety, first aid and basic life support, medication, safeguarding, infection control, mental capacity act and deprivation of liberty safeguards, food and kitchen safety and fire safety. All staff received the provider's training called 'Team Teach', for 'de-escalation and intervention techniques for use with people who have behaviours that challenge. In addition staff had undertaken training with respect to the needs of the people they supported, such as person centred support, autistic spectrum disorder, Asperger's syndrome and mental health awareness.

Staff we spoke with told us they received induction, an appraisal and regular support through supervision. We looked at staff personnel files. We found that staff had received an appraisal in 2016 and had last received supervision in June 2016. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on- going training needs. We saw evidence of staff induction. The induction the staff completed was the provider's own induction, as staff had commenced work prior to the introduction of the care certificate in 2015,which providers are now expected to use with new staff.

The house manager told us that since September 2016, when they had started the job they met with staff for informal meetings usually two or three times a week but was in touch with staff at the house on a daily basis.

We saw, from the care records we looked at, local health care professionals, such as the person's GP, and community health team were regularly involved with the person.

As the service only supported one person at the time of our inspection, staff met each week with the person to decide on the week's menu. Choices were made supported by staff by using the 'healthy eating plate' which guided people in their choices to have a balanced diet. This was evidenced from the menu we saw that had been completed. We saw that the person in the home had a particular love of fresh fruit. We heard from all staff that the provider ensured that they had a regular supply of their favourite fruits. We saw fruit in a bowl in the dining room during our inspection.

Care records we reviewed recorded information about people's likes and dislikes for food, drinks. There was also information recorded about certain foods and drinks if they had an effect on people's behaviour so staff knew to advise people they should have them in moderation.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see if the service was working within the legal framework of the Mental Capacity Act. We found that the provider had followed the requirements in the DoLS and had submitted an application to the relevant supervisory body for authority to do so. They were awaiting an outcome.

Where we found the person's liberty was being restricted we found the provider had completed a mental capacity assessment about the specific decision to be made and then met with relevant health care professionals and family members to make the decision in the persons 'best interest'.

Good

Our findings

We spoke with family members of the person who lived at the home and they told us the staff treated their relative with respect. We observed that staff respected people having time on their own in their room, but regularly checked on their safety.

The staff we spoke with had a good understanding of people's needs and how they communicated. They told us they had worked with the person who lived in the home since they moved into the home, and even at college. Staff were currently supporting the person to move to another home. Staff told us that they (staff) would also be moving to this home to continue to support the person. This consistency of staff helped to ensure people's complex support needs were understood and support provided as required.

The person who lived in the home was supported to live independent lives. We saw evidence they were involved in the day to day running of the home, for example doing their laundry, going food shopping, and in the decisions relating to activities they wanted to do. They were supported to keep in contact with family and friends.

Staff told us they were clear about their roles and responsibilities to promote people's independence. The care records clearly showed when the person needed staff support and what they were able to do themselves. We saw that this support plan had been completed with the person as they had signed the document to say they had.

We saw from the person's care records that support plans and activity plans were completed in pictorial form, to enable to the person who lived in the home to understand them. Signs and activity and household task plans were also in pictorial form.

Family members of the person who lived in the home were kept informed regularly of their welfare. One relative told us, "Staff ring me twice a week to tell me how (person in the home) is and what they have done." Some family members spent time at home at the beginning of the placement. We saw evidence that family members were involved in decision making when this was necessary. This meant that the use of the local advocacy service was not required.

Good

Our findings

We saw that the person who lived at the home was involved in planning their lives. We saw they had regular meetings with their key worker. We saw evidence of their key worker meetings in their personal care records. These meetings identified goals and targets the person wanted to achieve and dates when they had been met. This showed evidence that people's independence was supported.

We saw evidence that the person who lived in the home had a fully weekly activity plan. They had a completed activity plan in their care record. They attended college each week day. Staff facilitated group activities with friends who lived in other homes the provider owned, as well as taking part in activities in their local community with staff. Examples of these activities included shopping, going bowling, going to the disco and swimming.

We looked at the care record files. We found that care plans and records were individualised to people's preferences and reflected their identified needs. They were very detailed and there was evidence that plans had been discussed with the person and also their relatives if needed. We found that the person had been involved in the completion or review of their 'education and support plans' as we saw the person had signed them. We saw that the care records had been completed at the beginning of the college term in September 2016, to ensure it was up to date and being provided as needed.

Arrangements were in place for daily communication between support staff through a handover at the beginning of each shift. A communication book was used to record dates for health and other important appointments, or things that needed to be done for the person.

We spoke with the house manager and registered manager about their transition process, when a new 'student' applies to come to attend the college and requires residential care. They told us they offer the prospective student and their family to visit and an assessment is completed. People who require an induction to residential care stay in the home for introductory visits, overnight stays or weekend visits. This also enables staff to get to know them and complete more in-depth risk assessments, care plans and support plans. The home manager said they had attended meetings with staff with health care professionals and family members to gather the necessary information and discuss the most appropriate package of support the person required, with people who knew them the best. Introductory visits to another home were underway for the person living in 15 Sussex Road. We found that the staff team currently supporting them would be moving with them and that there had been a good plan for visits, which included evenings, weekend visits and overnight stays. This enabled the person to get to know the other people they would be

living with. When we asked about a date for the move the house manager said that 'it depended on successful transition and if that process needed to be longer to assist the person moving then it would'. This showed that the process was very person centred, to enable a successful move to another home.

During our inspection we saw that care plans and risk assessments had been completed in advance of the person's admission. We saw personal information regarding their likes and dislikes and their daily routines had been recorded, as well as an independent living skills assessment and support plan. This helped the person receive the personalised support they needed on admission to 15 Sussex Road and the college.

Records we reviewed showed that risk assessments had been completed to enable the person to be supported safely both in the home and the community. We saw that the on-going review of care plans and risk assessments had led to referrals to other services such as the Learning Disability Consultant Psychiatrist, in order to ensure the person received the most appropriate care.

We observed a complaints procedure was in place. A family member told us they were satisfied that when they had made a complaint that it was addressed straightaway. The house manager showed us a file containing some recorded concerns / complaints that had been raised. We saw there had been a response made to the issues raised and where possible changes had been made in accordance with the outcome of the complaints.

Good

Our findings

The service had a registered manager in post. The registered manager was not based in the home and also had managerial responsibility for other services within the organisation. There was a house manager who had managerial responsibility for 15 Sussex Road as well as for another two homes in the organisation. The house manager reported directly to the registered manager.

The house manager met with the registered manager every week to update them on the home. We met with both the house manager and the registered manager as part of our inspection. We found them both to have a good knowledge of the person's needs and situation. The house manager told us they worked one shift a week with the person. This enabled them to have direct experience of the person's needs.

Key worker staff met each week with the person who lived in the home to discuss their activities and any issues they had. A record of this meeting was recorded in people's care records, which was completed and signed by the person concerned. We saw that suggestions were made for new activities the person wanted to do.

The person had not lived at the home for very long and we saw that the person's family were still involved in their care and support, were regularly contacted and visited. They had not been formally asked for their opinions about the service but managers confirmed they had direct contact with family on a regular basis. Family members we spoke with confirmed they were able to make suggestions and complaints directly and they had been acted upon. The provider did have a process in place to seek the views of the person's relatives about the service provided.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. We found evidence that regular internal and external audits and checks were completed in the home. Monthly checks of medication stock and medication administration records were not currently being carried out. The manager told me they were completed prior to the person returning for the new college term. The person's medication was kept in blister packs and was easily to check if there were any issues each time medication was administered. The MAR sheet being used was the first since the persons return to the home. It was easy to see if any signatures had not been recorded.

A health and safety audit had recently been conducted. The report was not available at the time of the inspection. We saw from evidence shown to us that there were no concerns raised about the home.