

Lifeways Orchard Care Limited

202 Weston Road

Inspection report

202 Weston Road
Meir
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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 inspection took place on the 8 January 2016 and was unannounced.

202 Weston Road provides accommodation and personal care for up to four people with a learning disability and autism. Four people were using the service at the time of the inspection.

The registered manager supported us throughout the 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.

People were safeguarded from abuse and the risk of abuse as staff knew what constituted abuse and who to report it to. The manager had previously made referrals for further investigation when they had suspected abuse had taken place.

People were supported to be as independent as they were able to be through the effective use of risk assessments and the staff knowledge of them. When people became anxious staff supported them in a safe way that met their needs.

There were enough suitably qualified staff who had been recruited using safe recruitment procedures available to maintain people's safety and to support people in hobbies and activities of their choice.

People medicines were stored and administered safely by medication trained staff.

The Mental Capacity Act 2005 (MCA) is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so. The Deprivation of Liberty Safeguards (DoLS) are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The provider followed the principles of the MCA by ensuring that people consented to their care or were supported by representatives to make decisions.

Staff were supported to fulfil their role effectively. There was a regular programme of training that was relevant to the needs of people at the home.

People's nutritional needs were met. People were supported to eat and drink sufficient to maintain a healthy lifestyle dependent on their specific needs.

People were supported to access a range of health care services. When people became unwell staff responded and sought the appropriate support.

Staff were observed to be kind and caring and they told us that were well supported by the registered

manager.

Care was personalised and met people's individual needs and preferences. The provider had a complaints procedure and people's representatives knew how to use it.

The provider had systems in place to monitor the quality of the service.

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. People were protected from the risk of abuse. There were sufficient suitable staff available to meet people needs. Identified risks to people were minimised through the effective use of risk assessments. People's medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective. Staff received regular support and training to fulfil their role effectively. The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care, treatment and support. People were supported to have a healthy diet dependent on their assessed individual needs and when necessary had access to a range of health professionals.

Is the service caring?

Good ●

The service was caring. People were treated with kindness and compassion. People's dignity and privacy was respected and their independence promoted.

Is the service responsive?

Good ●

The service was responsive. People received care that reflected their individual needs and preferences. People had the opportunity to be involved in hobbies and interests of their choice. There was a complaints procedure and people's representatives knew how to use it.

Is the service well-led?

Good ●

The service was well led. There was a registered manager. Staff told us they felt supported to fulfil their role and the manager was approachable. Systems were in place to continually monitor the quality of the service.

202 Weston 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 inspection took place on the 8 January 2016 and was unannounced. The inspection was undertaken by one inspector.

We reviewed the information we held about the service. This included notifications that we had received from the provider about events that had happened at the service. For example, notifications of serious injuries and safeguarding concerns that the provider is required to send to us by law. We also considered information we had received from other professionals involved with the service.

We spoke with two people who used the service. We spoke with two relatives, four care staff and the registered manager. We observed care and support in communal areas and also looked around the service. We viewed three records about people's care and records that showed how the home was managed including quality monitoring systems the provider had in place.

Is the service safe?

Our findings

People who used the service were protected from abuse and the risk of abuse as staff we spoke with knew what constituted abuse and what to do if they suspected someone had been abused. One person who used the service told us: "I would tell the staff if I had any problems". One staff member told us: "I would report it to the manager if I was concerned that someone was being abused". The manager had raised safeguarding referrals in the past when there had been incidents of alleged abuse and gave us an example of when they had acted upon a person who used the services' concerns about a member of staff.

People's risks were assessed and staff knew what they were. One person had epilepsy and a care plan to support them safely during personal care. Staff we spoke with knew the person, the risks associated with the activity and the action they needed to take to keep people safe. Some people required support to manage their anxiety. We saw clear and comprehensive plans to support staff to be able to support people at these times. Staff knew people and their plans to maintain their safety when they were anxious. Incidents of anxiety were rare due to the proactive approach of staff and the following of people's plans. A relative told us: "The things they've got in place work for my relative, it's a credit to them that my relative has developed the way they have". Some people who had medication prescribed for when they became anxious had not had to have it administered for several years. This meant that staff were reducing the risk of harm to people through their knowledge of people and their care plans.

There were enough suitably trained staff to keep people safe. Staff told us and we saw that staff were available to meet people's needs in a timely manner. We spoke with staff and looked at the way in which they had been recruited to check that robust systems were in place for the recruitment, induction and training of staff. Staff confirmed that checks had taken place and they had received a meaningful induction prior to starting work at the service. The files provided evidence that pre-employment checks had been made. These checks included application forms detailing previous employment, identification and health declarations, references and satisfactory disclosure and barring checks (DBS). This meant that an effective recruitment process was in place to help keep people safe.

We looked at the way in which people's medicines were managed. People's medicines were kept locked in a room in a transferable locked storage box. The temperature of the room was checked and maintained as safe. When people were prescribed as required medication (PRN) there were protocols with details of the signs and symptoms people may exhibit at the times they may require it. We saw that regular balance checks were undertaken and for the two people we looked at their medication balance was correct. The Staff who administered medicines had all received training and were annually assessed as being competent.

Is the service effective?

Our findings

Staff we spoke with knew people well and knew their individual needs. A relative told us: "The staff know my relative well and some have been there along time". Staff told us that they felt supported and that the manager was approachable. Regular training was undertaken relevant to the needs of people who used the service. We observed that staff followed people's care plans and risk assessments and were effective in their role. New staff had a period of induction and a probationary period and there were on-going supervisions and competency checks.

People who used the service all required some support to make decisions and to consent to their care and support due to their learning disabilities. We saw that everyone had a Deprivation of Liberty Safeguards (DoLS) referral made to the local authority. The Deprivation of Liberty Safeguards is part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The referrals were based on people's individual needs, some people would not be able to go out unsupervised as they may be at risk and other people were restricted within their home due to identified risks.

When people needed support to make specific decisions, we saw that 'best interest' meetings were held which involved all the relevant people and representatives in the person's life. One person required dental treatment and was unable to consent to it. The manager told us that there was going to be meeting with the dentist, relative and relevant representatives to decide whether the treatment should go ahead. This meant that people were supported to make decisions when they were unable to.

People told us and we saw that they chose what they wanted to eat. At breakfast and lunch we saw that people were offered choices. One person frequently changed their mind about what they wanted. The manager told us: "We just go with it if they change their mind and provide what they want". Staff told us that they encouraged people to eat as healthy as possible but ultimately it was people's choice. No one was on a special diet however one person had recently been having difficulty in swallowing and was coughing when eating. The manager had sought support from the speech and language therapist to assess the person's needs in relation to their diet.

People were supported to attend health care appointments. We saw that people had access to a wide range of health care facilities. A relative told us: "The staff were great when my relative needed to go on a health appointment, they knew what to do to support them through it". One person had epilepsy and had recently required medical support following a seizure. We saw that there was a clear and comprehensive care plan informing staff of how to care for people when they experienced a seizure. Staff explained to us what they had done when the person had become unwell. They were able to tell us how they had supported the person according to their epilepsy care plan and called the paramedics when there had been complications. This meant that people's health care needs were being met.

Is the service caring?

Our findings

Two people who used the service told us that the staff were kind to them. One person said: "Staff look after me and are nice to me". A relative told us: "It's always been very good care". Another relative said: "The staff are good and kind". Two people were unable to verbally communicate. We observed that staff spoke to people in a dignified manner that met their individual communication needs. A member of staff told us: "You have to approach people in the right way and gain their trust".

People were encouraged to be as independent as they were able to be. Staff supported people to complete simple tasks based on their assessed needs. Some people helped do their laundry, other people polished their rooms. A member of staff told us: "I spray the polish and [person's name] does the dusting, I have to prompt them to do the whole area". We saw that people helped prepare their breakfast and lunch. One person asked for their lunch to be brought to where they were sitting. The manager encouraged the person to go to the kitchen and help prepare their own lunch as they were able to. Another person was unhappy with the t-shirt they had on and a member of staff said: "Why don't you go and change the top?" The person went and completed this independently.

People were involved as they were able to be in the running of their home. Regular meetings took place for all people who used the service; one person confirmed that there were regular meetings. There were also individual monthly meetings with people and their keyworkers to discuss their care, aspirations and to set goals for their future.

Everyone had their own private bedroom. People got up and went to bed when they wished. One person had a lie in on the day of the inspection. We saw in another person's records that they liked to retire to bed between 7 and 11pm. It was also recorded that the person often went to bed without informing staff. This information was for staff to be aware of their whereabouts but demonstrated that people had the freedom to choose to go to bed when they wished.

Is the service responsive?

Our findings

People's care was kept under regular review. A relative told us: "We have a review planned shortly to discuss my relative's health, holidays and other things". Goals were set and the progress towards them was monitored. We saw that care plans and risk assessments were regularly reviewed by staff to ensure they were still applicable to people's needs. The manager told us: "We are constantly questioning what we do and whether it's working for people".

We saw that two people coped better with a structure to their day due to their autism. This was clearly recorded in the care plans. We saw that the staff followed the care plans to ensure that these people were happy and relaxed in their home. Staff told us that although there was a routine, people were still able to make choices and there was flexibility for the other people who lived at the home.

People were supported to engage in hobbies and activities of their choice. People attended local clubs, pubs and the shops. One person attended college with the support of staff. One person enjoyed playing on the karaoke machine in the dining room. People were actively involved and well known in the local community with frequent visits to the local butchers for sausages and oatcakes.

Handovers were conducted at every change of shift, to ensure the staff coming on duty were fully aware of the daily needs of each person. Staff told us they knew people well and were kept up to date with any changes through the handover process.

Staff supported people to maintain contact with their relatives. One person rang their relative every night and staff drove them to meet them every six weeks. Other people were supported to visit their relative at home. A relative told us: "Staff bring my relative over as I haven't got a car and then leave them and come back later for them".

One person told us: "If I had any problems I would talk to the staff ". The provider had a complaints procedure. We saw that easy read versions of the complaints procedure had been included in care plans for all the people who used the service. Staff told us they would support people to complain if they needed them to. A relative told us: "Any concerns are dealt with straight away by the manager".

Is the service well-led?

Our findings

The registered manager had worked at the home for several years and knew people who used the service well. They demonstrated a passion and understanding of the needs of people. People who used the service chatted to and seemed comfortable in the company of the manager. One relative told us: "I have every faith in the manager and the deputy, in fact all the staff". Another relative told us: "I wouldn't dream of moving my relative, the staff are brilliant and I worry if they leave".

Staff we spoke with told us that the manager was approachable and supportive. A member of staff said: "She's top class, really good". They told us that they knew the providers whistleblowing policy and that they were sure that if they had to use the policy that they would be supported and the appropriate action would be taken.

Staff performance was monitored through appraisal and supervision. The manager worked several days a week on duty with the staff as part of the care team to ensure they [staff] were aware of the role they were being asked to fulfil. The manager also accompanied people who used the service on appointments or into the community as they did on the day of the inspection when they accompanied one person to college.

People's care was regularly reviewed and the manager worked with other agencies to support people to maintain a healthy, valued lifestyle. Regular meetings for people who used the service and staff took place to ensure that people were kept involved and informed of any changes in the way the service was being delivered.

The provider carried regular audits of the service. The manager told us that one was planned for the following week. Accidents and incidents were recorded and inputted onto a central IT system which the provider monitored to look for patterns and trends. The manager conducted regular checks of medication and other internal health and safety quality checks.