Miss Deborah Bayliss

The Padova

Inspection report

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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

The inspection took place on 26 May 2016. This was an unannounced inspection. The service was last inspected in August 2013. There were no breaches of regulation at that time.

The service is registered to provide accommodation for up to 9 people and cares for people whose main need is a learning disability.

There was a registered manager 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.'

The service was safe. Risk assessments were implemented and reflected the current level of risk to people. There were sufficient staffing levels to ensure safe care and treatment.

People were receiving effective care and support. The service was adhering to the principles of the Mental Capacity Act 2005 (MCA) and where required the Deprivation of Liberty Safeguards (DoLS). Staff received appropriate training which was relevant to their role. Staff received regular supervisions and appraisals.

The service was caring. Staff demonstrated a good understanding of respect and dignity and were observed providing care which promoted this. People and their relatives spoke positively about the staff at the home.

The service was responsive. Care plans were person centred and provided sufficient detail to provide safe, high quality care to people. Care plans were reviewed and people were involved in the planning of their care. There was a robust complaints procedure in place and where complaints had been made, there was evidence these had been dealt with appropriately.

The service was well-led. Quality assurance checks and audits were occurring regularly and identified actions required to improve the service. Staff, people and their relatives spoke positively about the registered manager.

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. Staff had received safeguarding training and had a policy and procedure which advised them what to do if they had any concerns.

Risk assessments had been completed to reflect current risk to people.

Medicine administration, recording and storage were safe.

Staffing levels were sufficient.

Is the service effective?

Good

The service was effective

Staff had a good understanding of the Mental Capacity Act (MCA) 2005.

Staff received appropriate training and ongoing support through regular meetings on a one to one basis with a senior manager.

People and relevant professionals were involved in planning their nutritional needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and dignity.

People were supported to maintain relationships with their families.

People had privacy when they wanted to be alone.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in the planning of their care and support.

The staff worked with people, relatives and other services to recognise and respond to people's needs.

Each person had their own detailed care plan.

Is the service well-led?

Good

The service was well-led

Regular audits of the service were being undertaken.

The registered manager was approachable.

Quality and safety monitoring systems were in place.

The Padova

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 an unannounced inspection which was completed on 26 May 2016. The inspection was completed by one adult social care inspector. The previous inspection was completed in August 2013. At that time there were no breaches of regulation.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local authority and the GP practice.

We spoke with four members of staff and the registered manager of the service. We spent time observing people and spoke with two people living at the home. We spoke with three relatives to obtain their views about the service.

During the inspection we looked at four people's records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. People stated, "I feel safe here and like living here. This is my home". We observed people were relaxed when in the company of staff. This demonstrated people felt secure in their surroundings and with the staff that supported them. We observed staff working at the pace of the people they were supporting and not rushing them to ensure safe care was being provided. Relatives told us they felt people were safe and comfortable in the home.

Medicines policies and procedures were available to ensure medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. Staff who gave medicines to people had their competency checked annually to ensure they were aware of their responsibilities and understood their role. Clear records of medicines entering and leaving the home were maintained.

Risk assessments were present in the care files. These included risks associated with supporting people with personal care, assisting them when they are in the community, moving and handling and risks associated with specific medical conditions. For example, one person was at risk of choking and their risk assessment clearly detailed the support required from staff at meal times to minimise the risk of choking.

There were sufficient numbers of staff supporting people. This was confirmed in conversations with staff and the rotas. Relatives stated they felt there were sufficient staffing levels at the home.

The registered manager understood their responsibility to ensure suitable staff were employed. We looked at the recruitment records of three staff employed at the home. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm.

The provider had implemented a robust safeguarding procedure. Staff were aware of their roles and responsibilities when identifying and raising concerns. The staff felt confident to report concerns to the registered manager or team leaders. Procedures for staff to follow with contact information for the local authority safeguarding teams were available. All staff had received training in safeguarding. Any issues had been managed appropriately and risk assessments and care plans were updated to minimise the risk of repeat events occurring.

Health and safety checks were carried out. We observed staff wearing gloves and aprons when supporting people with their care. Environmental risk assessments had been completed, so any hazards were identified and the risk to people either removed or reduced. Checks were completed on the environment by external contractors such as the fire system. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation drills. There were policies and procedures in the event of an emergency and fire evacuation. Each person had an

individual evacuation plan to ensure their needs were recorded and could be met in emergencies.

The premises were clean and tidy and free from odour. The registered manager informed us a housekeeper was employed who worked seven days a week. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with felt the home was clean.

Staff showed a good awareness in respect of food hygiene practices. For example, staff informed us different chopping boards were used for different foods to minimise the risk of cross contamination. Food was clearly dated when put into the fridge. We were shown records of the temperatures for the fridges and freezers which were taken daily. The home had been awarded a five star food hygiene rating from Gloucester City Council.

Good

Is the service effective?

Our findings

Staff had been trained to meet people's care and support needs. The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. Training records showed most staff had received training in core areas such as safeguarding adults, health and safety, first aid, food hygiene and fire safety.

Staff had completed an induction when they first started working in the home. This was a mixture of shadowing more experienced staff and formal training. These shadow shifts allowed a new member of staff to work alongside more experienced staff so they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The registered manager informed us each new member of staff had an induction pack which detailed core tasks and training they needed to complete. This was checked and signed off by the registered manager when a person completed their induction. The registered manager also informed us all new staff were mentored by a senior member of staff to support them during their induction. We spoke with one member of staff who was completing an apprenticeship at the home. They informed us they had found the knowledge and experience of their mentor to be very beneficial during their first few months working at the home.

Staff had received regular supervision. Supervision is a one to one meeting staff have with their manager. These were recorded and kept in staff files. The staff we spoke with told us they felt well supported and they could discuss any issues with the registered manager who was always available. The registered manager also informed us supervision was used to discuss learning from any training staff had attended and to identify future learning needs. Staff we spoke with stated they found this to be useful as it allowed them to enhance their personal development. There was evidence staff received annual appraisals.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw from the training records that staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Everyone had assessments regarding their capacity to make decisions and where DoLS applications were required, these were made. The registered manager and staff demonstrated a clear understanding of the DoLS procedures.

It was evident from talking with staff, our observations and from care records that people were involved in day to day decisions such as what to wear, what they would like to eat and what activities they would like to participate in. Staff respected the wishes of people using the service. For example, when showing us around

the home, the registered manager sought permission from people before entering their room. Staff provided us with detailed accounts of peoples' daily routines as well as their likes and dislikes.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs when they were planning their care. Relatives we spoke with informed us that they were always consulted in relation to the care planning of people using the service.

The registered manager informed us they used evidence from health and social care professionals involved in people's care to plan care effectively. This was evidenced in the care files. For example, one person was at risk of choking. There was evidence a speech and language therapist (SALT) had been consulted when planning this person's dietary needs.

Meals were flexible and if people wanted something different to what was on the menu they could choose this. This was confirmed to us by the staff and the registered manager. People we spoke with stated the food was good. One relative told us, "The food is very good". Individual records were maintained in relation to food intake so that people could be monitored appropriately. These were also shared with relevant health professionals where required.
Care records included information about any special arrangements for meal times and dietary needs. Menus seen showed people were offered a varied and nutritious diet. People informed us they were asked what they would like to eat and menus were planned according to their preferences. People who had special dietary requirements had their specific needs clearly detailed in their care plans.

People had access to a GP, dentist and other health professionals. The outcomes following appointments were recorded and were also reflected within care files.

The property was suitable for the people that were accommodated and where adaptations were required these were made. Needs of people had been taken into account when decorating the hallways and communal areas. Each bedroom was decorated to individual preferences and the registered manager informed us people had choice as to how they wanted to decorate their room. For example, one person liked animals and had soft animal toys in their room. Another person liked horses and had pictures of horses on their wall. There was parking available to visitors and staff and, there was a secure garden which people could access if they wanted to.

Good

Is the service caring?

Our findings

We observed staff interacted positively with people. Staff engaged people in conversation about things important to them. We saw examples of this throughout the inspection, where staff were present in communal areas and engaging with people. For example, we observed one member of staff talking to people about a movie they had been watching and discussing which parts of the film people had enjoyed the most.

There was a genuine sense of fondness and respect between the staff and people. People appeared happy and relaxed in staff company. People told us they felt staff were caring. Relatives we spoke with informed us the staff showed a high level of compassion towards the people they supported. Staff were positive about the people they supported. One member of staff stated, "I love my job". Another person said "I love working with the people at the home".

Staff were knowledgeable and supportive in assisting people to communicate. People were confident in the presence of staff and staff were able to communicate well with people. Staff evidently knew people well and had built positive relationships. Family members we spoke with felt the staff knew their relative's needs well and were able to respond accordingly. Relatives told us they were able to visit when they wanted to.

Staff treated people with understanding, kindness, respect and dignity. Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff were observed knocking and waiting for permission before entering a person's bedroom.

At mealtimes we saw that people who required assistance to eat their lunch were supported appropriately. Staff appeared caring and attentive and helped people at their own pace, ensuring they were not rushed. People were given the information and explanations they needed, at the time they needed them. We heard staff clearly explaining and asking permission before they assisted people.

People looked well cared for and their preferences in relation to support with personal care was clearly recorded. Relatives provided positive feedback about the staff team and their ability to care and support people using words such as "Very good" and "Caring" to describe the staff.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. Each person had a care plan and a structure to record and review information. The support plans detailed individual needs and how staff were to support people.

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. The daily notes contained information such as what activities people had engaged in and their nutritional intake so that the staff working the next shift were well prepared.

Changes to people's needs were identified promptly and were reviewed with the person, their relatives and the involvement of other health and social care professionals where required. Each person's care file was reviewed at least annually and more frequently if any changes to their needs were identified. Relatives informed us they were invited to participate in reviews and felt their opinions were taken into account and reflected well in the care files. Staff also informed us they used monthly staff meeting to discuss the needs of people to ensure any changes to people's needs were known to the whole staff team.

We observed staff supporting and responding to people's needs throughout the day. People were observed spending time with staff. The people we spoke with indicated that they were happy living in the home and with the staff that supported them. People we spoke with stated they liked living at the home. Staff were observed spending time with people, engaging in conversations and ensuring people were comfortable.

The registered manager informed us that people and their representatives were provided with opportunities to discuss their care needs during their assessment prior to moving to the home. The provider also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care files in relation to their day to day care needs.

Reports and guidance had been produced to ensure that unforeseen incidents affecting people would be well responded to. For example, if a person required an emergency admission to hospital, each care file contained a hospital passport. This contained basic contact details, medication and daily needs. When speaking with staff, they were clear as to what documents and information needed to be shared with hospital staff.

People were supported on a regular basis to participate in meaningful activities. Each person had their own activities timetable detailing what they were doing during the week. Activities included attending day centres, horse riding, bowling, arts and crafts and belly dancing. In addition to activities outside of the home, we observed staff sitting with people and engaging with them when they were back at the home. One relative stated regarding her son, "He has lots to do and leads a very active life". Relatives said activities were suitable for people and there were sufficient activities taking place. Relatives felt people had choices of activities and were able to do the things they enjoyed.

End of life care planning had been established. These plans were detailed and involved the person and their family where relevant.

Complaints and compliments were managed well. Although there had been no complaints there was a complaints policy in place which detailed a robust procedure for managing complaints. Formal feedback was provided to the manager complimenting the care provided. One person stated, "X (person living at the home) is receiving excellent care at The Padova". Another person had said, "The home offers consistently high levels of care". One other person had stated "The staff at the home have worked hard to meet X's (person living at the home) needs".

Good

Is the service well-led?

Our findings

There was a registered manager working at the home. The registered manager had been in post for 18 years. Staff spoke positively about management. Staff told us they felt they could discuss any concerns they had with the registered manager. Staff used words such as, "Approachable" and, "Easy to work with" to describe the registered manager. One person said, "The people living here really like the manager and this is important".

The staff described the registered manager as being, "Hands on". We observed this during the inspection when the registered manager attended to matters of care throughout the day. Staff told us if there were any staff shortage, the registered manager would support the care staff in their daily tasks. Staff we spoke with told us they felt morale amongst staff was good and this was down to good leadership from the registered manager.

Staff informed us there was an open culture within the home and the registered manager listened to them. One member of staff informed us how they had raised an issue of bananas being cut too early at breakfast so that by the time people came to the dining room, the bananas had started to turn brown. The staff member informed us management had listened to this and now all fruit was cut once people were sat at the table for their breakfast.

Monthly audits of the service were carried out by the registered manager. In addition to this there were external audits of the medication carried out by a local pharmacy and, regular servicing of any specialist equipment which was being used in the home. Once audits were completed, any issues identified were recorded with a clear timeframe of when the work was to be completed. For example, a recent audit had identified the window in one of the bathrooms was not closing properly. There was evidence that this work had been completed in a timely manner.

Annual surveys were sent out to relatives and the feedback from these was positive.

We discussed the value base of the service with the registered manager and staff. It was clear there was a strong value base around providing person centred care to people using the service. The registered manager and staff told us, The Padova was the home of the people living there and they should be able to choose how they wanted to live their lives.

The registered manager had a clear contingency plan to manage the home in their absence. This was robust and the plans in place ensured a continuation of the service with minimal disruption to the care of people. In addition to planned absences, the registered manager was able to outline plans for short and long term unexpected absences. The registered manager also detailed how the senior carers would cover for them in their absence.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person

or affects the whole service.