

# Rotherham Doncaster and South Humber NHS Foundation Trust

## 10a-10b Station Road

### 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

10a-10b Station Road is a care home situated in the Hatfield area of Doncaster. The home can accommodate up to six people. The service is provided by Rotherham Doncaster and South Humber NHS Foundation Trust. At the time of our inspection the home was providing residential care for four people who were living with a learning disability.

The inspection took place on 25 January 2018 and was announced. We gave the registered provider very short notice of our inspection as we wanted to make sure someone would be at the service on the day of our inspection. At the last inspection in September 2015, the service was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for '10a-10b Station Road' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Why the service is rated Good.

At the time of our inspection 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.

Systems were in place to safeguard people from abuse. Staff we spoke with knew how to recognise and report abuse. Risks associated with people's care were identified and plans were in place to minimise the risk from occurring. People's records were stored securely and available to relevant staff. Premises and equipment were maintained well. There were enough staff available to ensure people's needs were met and their interests were maintained. Medicines were managed safely and administered as prescribed.

Staff were trained and had the skills they required to carry out their role. People received a healthy diet which they had been involved in choosing. People were supported to live healthy lifestyles and had access to relevant healthcare professionals as required. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. We saw that there was a lot of appropriate and friendly banter between people who used the service and the staff team. We saw that staff respected people and ensured their dignity was maintained.

People received care which was person centred and met their needs. People had access to the community and were involved in activities of their choice. The service had a complaints procedure and this was available in an easy to read format.

Staff spoke highly of the management team and felt supported by them. Audits took place to ensure the

registered provider's policies and procedures were being adhered to. People were given opportunities to voice their opinions and views and be involved in how the service was run.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 10a-10b Station 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 checked 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 took place on 25 January 2018 and was announced. The registered provider was given short notice because the location was a small care home for people who are often out during the day; we needed to be sure that someone would be in. At the time of our inspection there were four people using the service.

The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority and other professionals supporting people at the service, to gain further information about the service.

We used a number of different methods to help us understand the experiences of people who used the service. We observed care and support in communal areas and looked at the environment. We spoke with people who used the service and their relatives.

# Is the service safe?

## Our findings

We spoke with people who used the service and they told us they felt safe living at the service. One person said, "I like it here. I feel safe." Another person said, "There are two staff on all day, they check us at night to make sure we are alright." One relative said, "I feel [relative] is safe there and well looked after."

The service had systems and processes in place to ensure people were protected from the risk of abuse. Staff we spoke with had a good knowledge of abuse and how to recognise and report it. Staff felt the manager would take appropriate actions to ensure people were safe. One care worker said, "We have all done safeguarding training and know what action to take if needed."

Care records we looked at included a 'stay safe observation' record. This included observing people for signs of being withdrawn or distressed and guided staff to report any difference to people's behaviours. This was then communicated to the manager.

We looked at care records belonging to people who used the service and found they included risk assessments. This showed that any risks associated with people's care had been identified and action had been taken to reduce the risk occurring. Risk assessments were in place for things such as choking, bathing, and road safety. For example, one risk assessment for choking stated that the staff needed to ensure food was offered in bite size pieces. Staff were also instructed to stay with the person whilst eating and drinking to prevent the person eating rapidly.

We observed staff interaction with people who used the service and found there were enough staff available to meet people's needs. People we spoke with confirmed that their needs were met in a timely manner and they didn't feel rushed. Staff we spoke with felt they worked as a team and ensured they had time to assist people with personal care. They also felt able to provide support to people so they could engage in community activities.

The registered provider ensured people were offered appropriate support to ensure their medicines were administered as prescribed. Care records included information about how people preferred to take their medicines. For example, one person liked to take their tablets from a spoon with plenty of water.

We saw that medicines were stored securely in a locked room and the temperature of the room was monitored daily. This was to ensure the temperature was appropriate for storing medicines. Stock control sheets were completed for each person. This was to ensure the registered provider knew how much medicine was in the service at any one time. Most medicines were administered from a monitored dose system.

Some people had been prescribed medicines to take on an 'as required' basis (PRN). The registered provider had a system in place to ensure these medicines were administered correctly.

The service was clean and tidy and no malodours were noted. Hand gels, gloves and aprons were provided

to minimise the risk of cross infection. We saw that the registered provider maintained the environment well and completed appropriate safety checks such as fire tests and legionella checks.

Accidents and incidents were recorded immediately on an incident reporting form. This was then sent to the registered provider's head office to check if the service could have prevented the incident. The registered provider also monitored accident and incident forms to identify any trends and patterns and to take appropriate actions to minimising future incidents.

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people.

## Is the service effective?

### Our findings

We spoke with people who used the service and they felt the staff knew them well and were able to support them.

People's needs and choices were assessed and care and support was delivered in line with current legislation. People's physical, mental and social needs were holistically assessed and other services and healthcare professionals were involved as required. Care plans were in place to support people to use the GP and other healthcare professionals. Some people saw the practice nurse for things such as blood tests and others attended the well person clinic.

Staff received training which was suitable to the post they were in. Mandatory subjects included moving and handling, food safety, health and safety and infection control. Staff could also request appropriate additional training to support them to carry out the tasks they were asked to complete. We looked at staff files and saw training records which indicated what training staff had completed.

Staff we spoke with also told us that they felt supported by their managers. We saw staff received regular supervision sessions. Supervision sessions were individual meetings with their line manager to discuss aspects of their role. One care worker said, "We have regular supervision sessions, which are very useful. The sessions make me feel valued."

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 people 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with were knowledgeable about the MCA and knew how to seek consent prior to carrying out tasks. We observed staff asking people what they would like to do and checking out their response. We saw a file in the main lounge area which contained an easy to read guide about the MCA and how to access advocates. This showed that every effort had been made to ensure people were aware of their rights and could make choices.

People were supported to eat and drink enough to maintain a healthy balanced diet. The main meal of the day was provided in the evening and was prepared by staff. People were involved in making choices about what food they preferred. We saw fresh fruit and vegetables were available. People who went out during the day to day centre took a packed lunch. Other people either ate out or at the service.



People were involved in decisions about the environment. For example, they chose the colour they wanted their bedroom decorating and the accessories for their rooms. The home also had an accessible garden area which was well maintained.

## Is the service caring?

### Our findings

We spoke with people who used the service and they felt the staff were caring and kind. One person said, "They [the staff] are lovely, they are my friends." A relative we spoke with said, "The staff are fabulous, they have [my relative's] best interests at heart."

We observed staff interacting with people who used the service and found they were kind and considerate. There was a lot of appropriate and friendly banter between them and people appreciated this. People looked happy in the company of staff and laughed a lot, appearing to enjoy each other's company.

People were supported to express their views and be actively involved in making decisions about their care and support. People's choices were incorporated in to their care plans and staff acted on people's decisions. People were constantly asked how they wanted to spend their day and their preferences were respected.

The care records we looked at contained details about what was important to people, this included hobbies and interests as well as any religious and cultural requirements. People also had a detailed communication plan in place to assist staff in communicating with people. For example, one care record detailed that when someone was happy they sang, laughed or joked. When they were sad they would cry, or if frustrated they would shout and become cross. This showed that staff were aware of what facial expressions and body language to look out for. This enabled them to provide the appropriate support.

People who used the service had a special interests worker to support them to develop and maintain relationships of their choice. They also liaised with family members and other relevant people to ensure regular contacts were maintained.

Staff we spoke with knew how to maintain people's privacy and dignity and were committed to ensuring people's independence was promoted. Staff told us they respected people's different views and beliefs and ensured they offered and respected people's choices.

# Is the service responsive?

## Our findings

We spoke with people who used the service and found they were happy with the care and support provided. Most relatives we spoke with were also very happy with the support their relatives received.

We looked at care records and found they were personalised and responsive to people's current needs. For example, one person's care records stated they were very independent and required minimal assistance to support their needs. Staff were very keen to promote independence, while observing closely to ensure the person received the support when required.

Staff knew the importance of developing and utilising their understanding of people's behavioural patterns so that early intervention could be implemented if people's behaviour changed. This meant they could support people better and contribute to a solution rather than being part of a problem.

People had an individual personal plan which detailed their goals and expected outcomes for the coming year. Person centred reviews took place to ensure support was tailored to meet the person's needs and to check they were happy with the support they received. Plans included short and long term goals, along with actions to help people to achieve them.

People's preferences were included in care plans to ensure support was person centred. People were supported to plan and prepare for holidays they wished to take part in. This included items to consider such as specialist equipment needed, number of staff required and what type of accommodation would be suitable. Staff felt that good planning prevented problems occurring and prevented people becoming anxious.

People were involved in a range of social activities which included day centres, trips to the beauty salon, holidays, social events and themed nights. On the day of our inspection most people were attending a day centre. The people who remained at home enjoyed socialising with each other and went to the local shops.

We spoke with people about what activities they took part in. One person said, "We have been to Blackpool, Filey, Skegness and Bridlington. Sometimes we go out to the pub for a meal." Another person said, "I knit scarves to sell. I make stools and embroider them at day centre." One relative said, "They [staff] took [my relative] to Monkey World because they particularly like monkeys. They have been on holiday; [my relative] enjoys the holidays."

The registered provider had a complaints procedure in place which was also available in an easy to read format. This contained contact numbers of people to contact if anyone had cause to raise a concern. We looked at records in relation to complaints and there were none outstanding at the time of our inspection. One person's relative did share some minor concerns with us and we discussed these with the management team who were aware of them and were addressing them.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 management team consisted of the registered manager and a team of senior care staff. Staff told us that they felt supported by their managers and felt they were approachable. People who used the service were aware of who the registered manager was and told us they would speak with them if they needed to.

The service ensured information was accessible to people and available in easy to read formats such as The Care Act and Mental Capacity Act 2005. This showed the service was committed to providing people with all the information they needed.

The management team completed a range of audits to ensure policies and procedures were followed. These included areas such as care records, environment, maintenance, staffing, complaints and feedback, accidents and incidents and health and safety. A quality control audit was completed regularly, which was based on a different topic each time. Topics included areas such as medication, care records, and infection control. Health and safety checks were completed regularly and these included things such as fire safety and water checks. Any issues identified were placed on an action plan and addressed.

People were asked to give feedback about the service and were sent surveys periodically asking for their views and opinions. The last survey was completed in 2007 and feedback we saw was positive and used to develop the service.