

Stockton-on-Tees Borough Council

Stockton-on-Tees Borough Council - 31 Oak Road

Inspection report

29-31 Oak Road
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08 December 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Stockton-on-Tees Borough Council – 31 Oak Road is a residential care home providing personal care to 5 people at the time of the inspection. The service can support up to 6 people.

People's experience of using this service and what we found

Right Support:

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests in their local area.

The provider ensured people received care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. People's quality of life was enhanced by the service's culture of improvement and inclusivity. People and those important to them, including advocates, were involved in planning their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Stockton-on-Tees Borough Council – 31 Oak Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Stockton-on-Tees Borough Council - 31 Oak Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one 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.

Service and service type

Stockton-on-Tees Borough Council – 31 Oak Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Stockton-on-Tees Borough Council – 31 Oak Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 November 2022 and ended on 12 December 2022. We visited the service on 29 November and 8 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with and spent time with all 5 people who used the service. We also spoke with 4 relatives about their experience of the care provided.

We spoke with 6 members of staff including the registered manager and support staff. We reviewed a range of records. This included 3 people's care records and 5 people's medicines records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One member of staff told us, "We share everything at handover. It's very important as it means we know what has been going on. If there was anything wrong, we'd go straight to [the registered manager]."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. One relative told us, "If I had a problem I would speak up. I would be able to tell by [my family member's] demeanour if there was a problem."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. One relative told us, "The home is a godsend. [My family member] is totally safe there. He is warm, cared for, happy and comfortable."
- People's care records helped them get the support they needed and included important information about minimising risk. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. One member of staff told us, "We have fire drills all the time. The [people who live here] all know the exits and will all go and stand outside. [One person] will not go out at times but if it was a genuine emergency staff would be able to coax him to leave the building."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- The provider ensured the service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. One person told us, "I like it here. I can go out whenever I want to. I sometimes like to go to the park but it's too windy at the moment! I like baking cakes if I don't go out."
- The numbers and skills of staff matched the needs of people using the service. One person told us, "There is always someone here, they're good, very good."
- Staff recruitment and induction training processes promoted safety. Staff knew how to consider people's individual needs, wishes and goals.

Using medicines safely

- Staff followed systems and processes to administer, record and store medicines safely. One relative told us, "[My family member's] medication is well controlled, always labelled, and if I phone up and ask about his tablets, the information is readily available."
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff supported people to make their own decisions about medicines wherever possible.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. One relative told us, "The house is perfect. Very clean, like a 'home from home'."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visits for people living in the home in line with current guidance.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. One member of staff told us, "When [person's name] first moved in there were a few safeguarding alerts. Because [staff] are all aware of their triggers now we watch them and know when to step in and how to de-escalate things."
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and staff put people's needs and wishes at the heart of everything they did.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. One relative told us, "I feel totally involved in [my family member's] care. The atmosphere and attitude of the staff is great. I have no worries."
- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. One member of staff told us, "[The registered manager] puts a thousand percent into this place, I've never had a manager like them. Because the staff all respect them so much we all make sure we do the same."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and a good oversight of the service.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. One relative told us, "I wouldn't change anything. I like the whole atmosphere of the place, it's just like a happy family."
- Staff delivered good quality support consistently. One member of staff told us, "I love my job it's so rewarding. I go home on a night and all I talk about is work as I'm so proud of what we do."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and those important to them and used the feedback to develop the service. One family member told us, "I definitely feel I can express my views and that they are listened to and acted upon if necessary."
- People, and those important to them, worked with managers and staff to develop and improve the service. One member of staff told us, "The [people who live here] are absolutely the centre of everything, the

way they should be. This is their home."

Continuous learning and improving care

- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. One member of staff told us, "I've never been cautious about putting new ideas forward. There is never any negativity from [the registered manager], they definitely have a 'we'll have a go' attitude."

Working in partnership with others

- The registered manager was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The service worked well in partnership with advocacy organisations and other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing. One health professional told us, "[Name of registered manager] is a good manager, I never see any problems when I go and all the staff contact me if they need advice and support."