Staffordshire County Council

Staffordshire County Council - 114 Douglas Road

Inspection report

114 Douglas Road
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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 30 June 2016 and was unannounced.

114 Douglas Road is a respite service for people who have learning disabilities and/or autism. The service provides support and accommodation for a maximum of 13 people. At the time of our visit, seven people were using the service. Many people who use the service have complex needs.

The service had a registered manager. 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 and relatives of those who received a respite service at 114 Douglas Road, felt people were safe. People were supported by a staff group who had been trained to work effectively with people who had complex needs.

Staff understood safeguarding policies and procedures, and followed people's individual risk assessments to ensure they minimised any identified risks to people's health and social care. Checks were carried out prior to staff starting work at the service to reduce the risk of employing unsuitable staff.

The provider understood the requirements of the Mental Capacity Act and Deprivation of Liberty safeguards and the service complied with these requirements. Medicines were administered safely to people, and people had good access to health care professionals when required.

There were enough staff to meet people's social needs during their respite stay. People enjoyed activities within and outside of the service, such as going to the pub, supermarket, cinema and other day trips. People received care and support which was tailored to their individual needs. People enjoyed the meals provided and they met people's dietary needs.

Staff were motivated to work with people who received respite care at 114 Douglas Road. They were caring and treated people who came to stay with dignity and respect. They also enjoyed mutual friendly banter with people.

The management team were open and accessible to both people and staff. There were monitoring systems in place to ensure the service provided a safe, reliable and good quality service to people who needed respite.

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.

There were enough staff to meet people's needs. Recruitment practice reduced the risks of employing unsuitable staff. The risks related to people's health and social care were identified and managed well. People received their medicines as prescribed. Equipment was safe for people to use.

Is the service effective?

Good

The service was effective.

Staff had been trained well to support the needs of people who used the respite service. They understood and worked with the principles of the Mental Capacity Act. People enjoyed the meals provided by the service, and, when necessary, had their healthcare needs met.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's needs, and had positive caring relationships with those who used the service. People and their relatives were involved in making decisions and planning their stay. People's dignity, privacy and human rights were respected by staff.

Is the service responsive?

Good

The service was responsive.

People were supported on respite to have a stay which reflected their preferences and interests. People took part in their chosen social activities. People and their relatives had good opportunities to give feedback about the service, and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The management team was inclusive and supportive of staff. They encouraged open communication with people and their relatives. The registered manager understood their legal responsibilities. Quality assurance systems were effective in improving the service and ensuring people were safe.

Staffordshire County Council - 114 Douglas 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 was carried out by one inspector and took place on 30 June 2016. It was unannounced.

We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

We had not requested the provider send us a Provider Information Return (PIR). However we gave the provider an opportunity to send us further information about the service subsequent to our visit.

During our visit we spoke with three people who used the service, two relatives, seven staff and the registered manager. Most of the people who used the service at the time of our visit had complex needs and could not verbally communicate their views about the service to us. As such, the following week on 6 July 2016, we spoke by phone to two relatives of people who had received respite support, and a further two people who used the service regularly.

We reviewed three people's care plans to see how their care and support was planned and delivered and looked at the medicine administration records of two people. We observed staff interaction with people, and we also looked at checks the service made to be assured that people received a good quality service.

Good

Is the service safe?

Our findings

A relative told us, "It felt safe to leave [person's name] at the home." People told us they felt safe when they stayed at 114 Douglas Road. One person, when asked if they felt safe, told us, "It's nice, I like going there for a break."

There was enough staff to care for people safely. The registered manager determined staffing levels based on the needs and numbers of people who received respite. We were told the service was quieter during the week than at the week-end, and as such, more staff were on duty at the week-end. Some people, who used the service during the week, also attended day services. This meant more staff were on duty in the morning until 10am, to ensure people who needed to be up and dressed for day services had the support they required.

Staff told us there was sufficient staff on duty to meet people's needs. One staff member told us they felt people were, "Very safe," because there was a core group of staff who supported people and knew people well. They also told us 'casual' staff (staff who worked for the local authority and who had received the same training as the core group of staff) were used when extra staff were required. Most people knew the 'casual' staff because they worked at the local authority day services which many people attended.

There were systems to support people's safety during their stay. Prior to each respite stay, relatives were asked to complete a form, to inform staff if there had been any changes to people's needs since their previous stay. This was to ensure staff could meet the person's changed needs safely, such as changes in medication or health.

Most people came to the service for breaks which ranged from one or two days, to one or two weeks. They arrived at the service with spending money for their break. The service had good financial safeguards to protect people from the risk of financial abuse. This included procedures to book the money in on arrival, and out on departure, and to ensure money was accounted for during the person's stay.

Staff understood their responsibilities to protect people from the risks of abuse. We gave support workers different scenarios where people were at risk of being harmed. Staff knew the service's safeguarding adult procedures and the actions they should take to inform management if they had concerns about any person's safety. They also knew their responsibilities to 'whistle blow' (make their concerns known) to a higher authority if management did not respond to their concerns.

People were protected by the provider's recruitment practices. There were no, newly employed staff at the service. There had been a stable staff group who had worked at the service for a long time and newer staff had been re-deployed from other local authority services. The provider had undertaken checks to reduce the risks of unsuitable staff working for the service. This included obtaining references from previous employers and checking whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

The administration of medicines was managed safely and people received the medicines prescribed to them. One person told us, "I bring my medication. They always remember, and the correct quantity is given at appropriate times. Everything is correct." A relative told us their relation was given medicines when they last stayed and they were, "Happy with the way they were administered." Another person told us, "I have an inhaler that I self-medicate. They help me with other medicines."

Prior to a person staying at the service, staff were made aware of the medicines a person used, and why they used them. On arrival, medicines were booked in and stored securely and safely. Each person had a medicine administration record where staff documented the medicines administered. We checked the records of two people who were using the service at the time of our visit. We saw medicines had been correctly recorded as administered, and the remaining stock of medicine was recorded after each administration.

Some people had some medicines administered PRN (as required). There was detailed information for staff to know when to administer this medicine, and, if the person was unable to communicate their needs verbally, what signs they needed to look out for, to indicate the medicine was required. For example, these might be medicines given for epilepsy or to calm behaviour. Staff who administered medicines had been trained to do so, and their practice in administering medicines was checked regularly.

The registered manager notified us when there had been any concerns raised about the safety of people. They were proactive in ensuring people were safe. For example, a relative of a person made a complaint about the service. The registered manager thought the complaint raised concerns about a person's safety and alerted the safeguarding authorities. The safeguarding investigation concluded the person had been safe.

Accidents and incidents were logged and appropriate action was taken at the time to support the individual and to check for trends or patterns in incidents which took place. For example, an incident occurred in May 2016. A health and safety report had looked at the underlying causes for the incident and lessons learned.

The registered manager had assessed risks to people's individual health and wellbeing. The risk assessments explained to staff what the risks were to each person and the action they should take to minimise the risks. This included detailed information about the risks people had in relation to their physical, emotional, medical and social needs. For example, one person did not understand the value of money, and shopping trips had to be planned with the person in advance, to manage their expectations about what they could get for their money.

The registered manager also planned for emergencies to ensure people's safety. Each person had a personal emergency evacuation plan (PEEP) which provided staff with information about how they should support the person when evacuating the building in the event of an emergency. This told staff how to support people with both their physical needs and emotional needs during a period of potential stress.

They also had a contingency plan. This looked at events which might disrupt the service, and provided staff with information about who to contact in the event of disruption. For example, it gave staff details of who to contact if there were problems with electricity, or the water supply.

Good

Is the service effective?

Our findings

Relatives and people told us that staff were knowledgeable and provided effective care.

Staff had received training to meet people's needs. Staff told us each year they undertook training considered mandatory to meet people's health and social care needs. This included first aid, safeguarding people, infection control and moving people. They also undertook training to meet the specific needs of people who used the service. For example, staff had been trained in the 'Management of Actual or Potential Aggression' (MAPA). This training supported staff in understanding how to minimise or diffuse aggressive behaviour, and how to intervene in a non-harmful way.

Staff had been trained to use a PEG tube (Percutaneous endoscopic gastrostomy), and to manage people's epilepsy. A PEG tube is a feeding tube which passes through the abdominal wall into the stomach so that food, water and medication can be given without swallowing. A member of staff told us, "If someone was to come here with needs we were not sure about, we would have training."

Staff had undertaken further training such as National Vocational Qualifications in health and social care to further develop their practice as social care workers. A member of staff who had completed their NVQ level 3 told us, "I learned so much from doing my level three, and my medication training." A staff member who had completed their NVQ level 2 said, "I found it useful, I really enjoyed it."

People who came to stay were, as much as possible, matched with staff who could meet their needs more effectively. For example, a member of staff told us of a person whose behaviour could change and whose anxiety might rise when out in the community. They were matched with a member of staff who knew the person well, and who was known to be able to support the person in remaining calm. This person's relative confirmed the person's behaviour sometimes caused concern, and the staff member knew how to support them. They said, "It has been fantastic."

Staff received on-going help and support from their seniors and the registered manager. Staff received both formal and informal supervision (supervision is a meeting where staff discuss work related issues with their manager). One member of staff told us they had recently been promoted. They told us the encouragement they received from the management had given them the confidence to apply for the post.

All staff told us management were supportive. They had individual supervision sessions every six to eight weeks. A member of staff told us, "Supervision is useful." They also told us they had informal meetings with management, "We can go to any of the managers if we are not sure about something." Each year, staff also had a 'My performance conversation' which was an appraisal of the work they had done throughout the year, and how staff would like to progress in the forthcoming year.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

The registered manager understood their responsibilities under the Act. People who used the service had their capacity assessed to determine how and when they could make their own decisions. The service understood that people might have varying capacity and might be able to make some decisions but not others. For example, one person's care record said, "Ask me verbally. Show me. Give me time to think about it." It went on to say, "Treat each matter for consideration separately. Just because I may not have the capacity to understand one decision, does not mean I can't make others."

Staff had undertaken training to help them understand and implement the principles of the Mental Capacity Act. We saw staff check they had the consent of people before they undertook any action or support.

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). The registered manager had taken advice from the DoLS team about when to send an application to them. They had submitted over 40 applications, and so far, six had been approved.

People received food and drink which met their needs. One person told us, "The food is nice." Another said, "I am diabetic, they see if they can provide nourishment that won't cause me problems…they check my weight as well….and sort out decent meals." A relative told us their relation ate everything when they visited, and the food was good.

At the time of our visit, the kitchen was being refurbished and the cook was working out of the 'training kitchen' for people who used the service. The menu was therefore more limited than usual. The cook was aware of people's likes and dislikes, and whether they had allergies to any foods. They knew who required a soft food or 'soft chew' diet. People were given two choices of meals, but they could ask for a different dish if they did not like either choice. A person who used the service told us, "They have a menu and I have a choice. If I don't like it they will cook something else."

Whilst most people attended the service for short periods of time, some people came to the service as 'emergency placements'. This might be because their carers were unwell, or they temporarily had nobody available to support them. This meant they could live at the service for a number of months. The service made sure that their longer term needs were met. For example, referrals to other professionals such as speech and language services, dietician services and the GP. Those who had respite for short periods of time were also able to attend healthcare appointments if the need arose.

Good

Is the service caring?

Our findings

Staff and people who used the respite service had positive relationships with each other. On our arrival, a person who was leaving after having a break at the service, was saying goodbye to a support worker. The person demonstrated how much they liked the support worker by giving them a big hug before they left.

All the people and relatives we spoke with told us how much people enjoyed staying at 114 Douglas Road. One person told us it was "Beautiful." staying at the service. Another said, "The staff are very nice and very helpful." A relative told us, "The staff are very nice, the staff are very polite." Another said, "[Person] can't get here quick enough. [Person] loves the people here."

Staff understood people's individual needs. For example, we spoke with staff about a person who was coming for respite on the day of our visit. They told us what the person liked to do when they stayed at 114 Douglas Road. When the person had arrived and settled, we spoke with them. They gave us the same information as staff had given earlier in the day.

We spent time engaging with people in the communal lounge and dining rooms. We saw staff being warm and friendly to people. They recognised their likes and dislikes and were seen helping people to do what they wanted. For example, one person liked a particular programme on TV and staff supported them to see it. Another wanted to go to the supermarket and staff also supported them to do so.

During the day we saw people choose where they wanted to be in the building, and who they wanted to engage with. We saw people make good use of the garden, and the rooms they were staying in. We saw they were comfortable with staff and the environment. For example, we saw people lounging on the sofas chatting to staff, and sitting on the floor and playing with a ball. A relative echoed what we saw. They said, "[Person] is so comfortable there – [Person] absolutely loves it, he prefers to go there than go on holiday."

We saw people arrived at the home looking pleased to be staying. A member of staff told us, "I think the care is really good, we have a good relationship with the guests (people)." They told us, "It's like a family; you're going to your family on holiday." On arrival, staff greeted people with enthusiasm and kindness. Another relative told us, "[Person] is always looking forward to going."

During the evening meal, we saw friendly banter between people and the staff who supported them. They felt able to tell staff what their wishes were in the knowledge these would be respected. For example, a person decided they did not want mash potato with their sausage. The cook gave the person a range of options to replace the mash. They did not want any of the options and decided that instead they wanted bread and butter to make a sausage sandwich.

Staff spoke respectfully about people. They understood how to treat people with dignity and ensure their privacy. They told us it was important that people did as much as they could for themselves; that they were offered choices; and when they were assisted with personal care, the doors were locked so they had privacy. A person told us that when they visited they, "Sometimes help out." They said they, "Set the tables and help

the laundry woman. " A member of staff told us they treated people who came to stay at 114 Douglas Road as they would their own family, "If this was our family we would want that respect and dignity."

Friends and relatives could visit people during their stay, and people could keep in touch with friends and relatives by phone if they needed re-assurance. Those who were independent in the community could see their friends and continue participating in their interests whilst staying at 114 Douglas Road if they wished. One person told us what they liked about visiting 114 Douglas Road was they were still able to take part in their activity of 'bell ringing' when they stayed there.

Confidential information was kept locked so people were assured their personal information was not viewed by others.

Good

Is the service responsive?

Our findings

Staff understood people's personal histories, their likes, dislikes and preferences. Prior to staying at the home, staff discussed people's needs with their relation. One relative told us, "Before [person] came here, mother came twice and spoke to staff about their needs."

Care and support records had detailed information from the person's perspective about how they wanted to live their lives, what they liked and did not like doing, and how they wished to be supported. For example, a person's care record told us, "When it is time for bed, I like staff to say '[Name], bedtime'. This is normally about 10.30pm."

Since our last visit, building works had taken place to improve the environment and make it more responsive to people's needs. The building was now accessible throughout for people who had limited mobility, and the garden area was also accessible to all. The garden now had a large courtyard which meant more people could use it, and more activities could be garden based. We were told the garden was used for lawn games such as 'big bowls' and 'big Jenga'. One person told us, "The changes are really good." Another person told us they liked the new garden area. They told us, "They've got new patio chairs and we can sit outside in the shade."

The service used sensory equipment to support people's needs. Since the refurbishment, the home had used the new sensory room to promote calm and de-escalate potentially challenging behavioural situations. A person told us, "I enjoy it (the sensory room). I like it when the colours change, it makes me relax a bit." It had also been used for people to enjoy and explore their senses. As well as this, sensory equipment such as different lighting had been installed in other rooms such as the bathroom so people could enjoy a sensory experience whilst having a bath. One person told us, "I like having a bath here. I like the bubbles coming up." The registered manager informed us the service had received a 'Dignity in Care' award for its promotion of assistive technology (assistive technology improves the ability of people with disabilities to communicate, learn and live more independent, fulfilling and productive lives).

People were supported to follow their interests and hobbies, and take part in social activities that were meaningful to them. One person told us how they enjoyed trips across the road to the supermarket close by the home, they said, "I love going out." Another told us they enjoyed a plain burger at McDonalds, and the previous evening they had been to a combined bingo session and disco. A third person told us they liked trips to Trentham Gardens. Staff told us that many people who used the service saw it as a holiday; this was confirmed by a person who told us, "It feels like a holiday here". They mixed with people of similar ages and interests and enjoyed the relative freedoms they had at the service. For example, playing their music louder than they might do at home.

However, people who used wheelchairs had less opportunity than non-wheelchair users to take part in activities outside of the service. During the week-end the service used the 'day service' bus to provide transport for trips out of the service; however this was not available for any trips arranged during the week. This meant wheelchair users had more limited opportunities to take part in activities or interests during the

week.

Relatives and people were involved in reviewing their stay. At the end of each period of respite, they were asked to give feedback about the care provided. Relatives were also invited to attend 'carer meetings' held every three months. These meetings gave relatives an opportunity to be involved in decision making, and express their opinions about the service. For example, at the last carers meeting, relatives approved spending from the comfort fund on solar lights and wind chimes for the garden. The minutes of the meeting also demonstrated that relatives had requested on a number of occasions, transport for people who used wheelchairs. The registered manager told us they did not have the funding to be able to provide this transport.

Every Friday people who were using the service met with staff to discuss their stay. The meeting included reminding people of how they could complain, asking people what activities they wanted to be involved in, and asking what food they would like on the menu. We asked people if they had complained. People told us they had not needed to. One person told us that the service was, "Fantastic", but they felt staff would listen and respond if there was a complaint.

Relatives were given information about how to complain. There had been no formal complaints made in the last 12 months. One formal complaint had been received since our last visit. We looked at how this had been dealt with, and saw that a comprehensive investigation had taken place as a consequence of the complaint.

Good

Is the service well-led?

Our findings

People and their relatives thought the service was well-managed. A relative told us, "I am over the moon with it, it is the bee's knees." People who used the service told us, "The manager is very nice."

The home had a registered manager. The registered manager managed two services for the provider, Staffordshire County Council. They had been the registered manager at 114 Douglas Road for three years. Staff told us the service was well managed. One member of staff told us the management was, "Brilliant." Another said management were all, "Very supportive."

The home had a clear management structure. Each member of staff in the service knew their roles and responsibilities and who they were accountable to. Staff were supported in their roles through regular individual meetings and team meetings which staff told us they felt able to fully contribute to. One staff member said, "I feel able to voice my feelings at meetings." Staff explained they were also told during meetings, if they did not feel able to speak up in front of others, they could share their opinion privately with the manager outside of the meeting.

During our inspection we saw the management team talking with people who used the service and their relatives. They were available to discuss issues and had an 'open door' for relatives to come and chat with them. Relatives told us they felt able to speak with management. One relative said, "It is not a problem to ring up and have a word, but I've not had any problems. I think it is super."

The management approach was warm and inclusive which meant people, relatives or staff were able to express their opinions. A member of staff told us they had previously been unwell and management had given them good support in their return to work.

The provider supported the registered manager and staff at the home. The provider conducted unannounced visits each month. These looked at areas such as health and safety, risk assessments, staff training, equipment and medicines. The provider had linked their visits to the CQC's five domains of Safe, Effective, Caring, Responsive and Well-Led. This was to ensure they met their regulatory requirements to provide safe and effective care.

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service. As well as feedback questionnaires at the end of each stay, the provider also undertook a once yearly quality assurance audit with relatives and people.

The provider had a clear vision and set of values for the service. Staffordshire council's 'statement of purpose' said of the services they provide, 'These services are committed to the delivery of a personalised service that positively encourages the participation of those people who wish to use the service to be actively involved with their representative in the planning, delivery and monitoring of their assessed needs'. We saw that 114 Douglas Road worked to the visions and values of the provider's statement of purpose.