

Wiltshire Council

Derriads

Inspection report

70 Derriads Lane
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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 

Overall summary

Derriads is a respite service in Chippenham, Wiltshire. It provides short term residential care breaks for adults with a learning disability. The service has places for up to four people at a time.

At the time of our inspection one person was using the service. The inspection took place on 8 June 2015 and was announced. As the service provides respite breaks, we gave the provider 48 hours' notice to ensure that people and staff would be available to speak with us. The inspection was carried out by one inspector.

The service had a registered manager who was responsible for the day to day operation of the home. 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 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

We saw that positive relationships had formed between people and staff who supported them. Staff treated people with dignity and respect and personal care was carried out in the privacy of the person's room. Families told us they felt their family members were safe when they stayed at Derriads.

Summary of findings

People's care needs were reviewed prior to the person's stay to ensure they received appropriate and safe care, particularly if their care needs had changed.

Care records were person centred and demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the service and all staff were clear about how to report any concerns they had. Staff were confident that the registered manager would respond appropriately. Families we spoke with knew how to make a complaint if they were not satisfied with the service they received.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs.

The registered manager and the regional county manager carried out audits on the quality of the service which people received. This included making sure that the accommodation and the environment was safe.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Families told us their family members were safe when they stayed at Derriads.

Staff received appropriate training and support to keep people safe.

People received their medicines on time. Medicines were administered and disposed of safely.

Good



Is the service effective?

The service was effective.

People received enough to eat and drink and staff knew about their food likes and dislikes.

New staff received a thorough induction before they started working with people.

Staff received appropriate support through supervision and their skills were kept up to date.

Good



Is the service caring?

The service was caring.

Families told us that staff were very caring.

We saw that people had developed positive and caring relationships with staff.

Staff were respectful when they spoke with people.

Good



Is the service responsive?

The service was responsive.

People's care plans were person centred and evidenced that people's preferences were respected.

Staff delivered care and support the way people wanted.

There was a complaints policy in place which families and people were made aware of.

Good



Is the service well-led?

The service was well led.

Families told us they thought the service was well led.

There was an open culture in the home and staff told us that the management were approachable.

Families said they could talk with the manager if they had any concerns.

Good



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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.

The inspection took place on 8 June 2015 and was announced. As the service provides respite breaks, we gave the provider 48 hours' notice to ensure that people and staff would be available to speak with us. The inspection was carried out by one inspector.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a

form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern.

On the day of our inspection there was one person who was staying at Derriads for a respite break. As this person was not able to verbalise their opinion we spent time observing their care and support. We contacted two relatives to find out their views on the quality of the care given by the service. In addition, we spoke with the registered manager, a team leader, a senior care worker and two care workers.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with families, reviewing documents and records that related to people's support and care and the management of the service. We reviewed the care records of two people, medicine administration records, information on notice boards, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

Is the service safe?

Our findings

We spoke with two families who told us they were confident that their family member was safe when they stayed at Derriads. We observed positive interactions between staff and people which showed people felt safe around staff members. People seemed relaxed in the presence of staff and were able to express their wishes when they wanted support. Staffing levels were based upon the needs of people with many people having 'one to one' support. Staff were clearly visible throughout the inspection.

Risk assessments were used to identify what action needed to be taken to reduce potential risks which people may encounter as part of their daily living. The risk assessments formed part of the person's care plan and gave guidance on how care and support should be delivered to keep people safe and to enable them to maintain their independence. Staff were able to tell if people did not feel safe, for example one person could become 'rude' if they felt unsafe. Within people's care plans was comprehensive guidance for staff on recognising and supporting people if they did not feel safe.

Staff had received training in safeguarding to protect people from abuse and were able to describe what may constitute as abuse and the signs to look out for. There was a safeguarding and a whistleblowing policy and procedures in place which provided guidance on the agencies to report concerns to. Notifications had been made to the Care Quality Commission (CQC) as required.

People using the service could be confident that their medicines were organised and administered in a safe, competent manner. People received their medicine on time and staff were knowledgeable about the type of medicines which people took and why they were prescribed. People who stayed at Derriads brought their own medicines with them. On the first day of their stay, staff recorded the type of medicine and the amount the person had come with. Documents showed that people's preferences were taken into account in how they took their medicine.

Medicines were stored in a lockable cabinet and records showed that stock levels were accurate and balanced with the number of medicines which had been dispensed. There

were protocols in place for the administration of medicines that were prescribed on an 'as and when needed basis' (PRN medicines). Staff who had responsibility for administering and disposing of medicines undertook training and an annual competency assessment to ensure good practice.

There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

The layout of the building promoted people's independence, dignity and safety. The building is set on one level with wide corridors to comfortably accommodate wheelchair users. There was a large wheelchair friendly bathroom and wheelchair access to the rear of the property. The gardens were fully accessible to people and the environment was safe. Communal areas of the home were clutter free.

Specialist equipment was in place, such as ceiling hoists, a bath hoist, grab rails in the bathroom and toilet and a sensory light projector in the lounge. In addition, the home's mini bus had an automatic tail lift to support people into the vehicle. All equipment was checked for wear and tear and was maintained by contractors to ensure that it remained safe for people to use.

The provider had risk assessments in place for the environment and facilities, such as ensuring that the water systems were regularly checked for legionella. [Legionella is a disease which is caused by bacteria in water systems]. Fire equipment was regularly tested and there were personal evacuation plans in place for people in the event of a fire. Regular fire tests were carried out to ensure the equipment remained fit for purpose.

Should the premises need to be vacated in an emergency, alternative accommodation had been arranged for people in another of the provider's respite units in Chippenham. There was also a contingency plan in place should staffing levels be affected by sickness or adverse weather conditions.

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

The service had complied with the requirements of the Mental Capacity Act 2005. Where required, mental capacity assessments had been undertaken and DoLS applications would be made if appropriate. Best interest meetings had been held to ensure that decisions made were in the interest of the person. People and their family were involved, as well as relevant health and social care professionals and staff from Derriads.

To ensure that new staff were suitable for the role, they undertook a six month probationary period in which they completed an induction which included the new Care Certificate. [The Care Certificate is an identified set of standards that health and social care workers must adhere to in their daily working life. It is a mandatory requirement for all new care workers entering the profession]. The induction included looking at care plans, completing the mandatory training, familiarising themselves with the service policies and procedures and shadowing more experienced staff members.

Records evidenced and staff told us that they received regular supervision with the registered manager or team leader. During supervision, training and skill development was discussed. Staff said they felt supported and feedback during these sessions was constructive. Staff said they had a 'really good team' and were flexible in how they covered shifts at the last minute if needed. Staff who had been employed by the provider for more than a year had undergone an annual appraisal. Supervision and appraisals processes offered support, assurance and developed the knowledge, skills and values of staff. The purpose was to help staff improve the quality of the work they do, achieve agreed objectives and outcomes.

Staff said they were happy with the training offered by the provider and felt they had received sufficient training for their role. In addition to mandatory training such as safeguarding people and infection control, staff completed specific training to support people's individual needs, such as autistic spectrum disorder, positive behaviour management and epilepsy training.

Relatives told us that they thought staff were skilled at their job and were happy with the level of support their family member received. One relative said "the service is brilliant, I trust them, the one to one support they give my family member is so good, they keep to the routine we have at home".

People who stayed at Derriads had different communication needs. Some people were able to verbalise their wishes, other people used sign language or signs which were individual to them, other people showed staff what they wanted. Records evidenced how people preferred to communicate and staff told us they were confident in meeting people's needs. A range of easy read and pictorial information was available to people, such as care plans, timetables and the daily menu. This empowered people to be involved in their care and support.

People were supported to eat a healthy diet and maintain a healthy weight. Records documented the food choices, likes and dislikes of people and staff were knowledgeable about people's preferences of food and drink. Meal times were variable, depending upon when people got up in the morning or when they were ready to eat. Staff explained that the main meal was usually served at the table and staff ate with people to encourage them to eat. People who stay at Derriads for respite care had different types of dietary needs. Such as, a soft diet or pureed diet. For people who had a pureed diet, staff made sure that the food looked appetising by how they arranged it on the plate. Information was available to staff regarding specialised diets, allergies and food intolerance(s) to ensure people's dietary needs were met.

Each person had a health action plan which identified their health needs and the support they required to maintain their emotional and physical wellbeing. This helped staff ensure that people had access to the relevant health and social care professionals. Records evidenced that people had access to a range of professionals such as the physiotherapist, hospital consultants and dental and

Is the service effective?

optical care. Health professionals either visited the unit to see people or staff supported people to attend appointments. Care records showed that health professionals consulted with staff regarding care routines and guidance was available to staff

Is the service caring?

Our findings

Relatives told us that staff were “very caring” and “lovely staff”. At the time of our inspection one person was receiving respite care and other people were due to arrive later that day. We observed staff interacting with the person and found their approach was kind, caring and patient. Staff were skilled in communicating with people who were not able to verbalise their wishes. They engaged the person through eye contact and facial expressions whilst explaining the options available.

Staff told us they knew people well and were aware of how people expressed themselves emotionally, if they felt unwell or in pain. Staff described one person’s likes and dislikes and how they communicated their wishes, such as the person taking the member of staff by the hand and going into the kitchen to get a drink.

Staff were respectful when they spoke with people and we saw that personal care was carried out within the privacy of the person’s room. Relatives told us that their family member “loved going to Derriads” and “really enjoyed their time at Derriads”.

Staff had completed training in equality and diversity in relation to treating people of different faiths, culture and beliefs fairly and equally. Care records evidenced that people had told staff what was important to them and how staff could support them.

People had access to advocacy support with regard to making decisions about their care and support. Staff confirmed they would refer people to this service if they asked or if it was felt it would be useful for the person. An advocate supports people to understand their rights and encourages them to speak up if they need information to make an important decision or are unhappy about how they have been treated.

People were supported to be as independent as they were able. A care worker told us “one person likes to help make a cup of tea. They like to put the tea bag into the cup. Sometimes the tea bag lands on the floor, but that doesn’t matter, it’s all about encouraging people to do things for themselves”.

Is the service responsive?

Our findings

Each person had a care plan which was tailored to their individual preferences and abilities. Care plans were person centred and clearly showed the wishes and individuality of the person. People and their relatives had been involved in the discussions and planning of their care and support. Care plans were signed by people or their relatives to show their agreement with the support which was given and how the care would be delivered.

People's care and support was monitored to ensure the service could continue to meet their needs. Care staff told us the information and guidance given in the care plans enabled them to safely and consistently deliver care and support in the way in which people wanted. Staff had worked with health professionals such as the behavioural nurse and guidelines on supporting people had been devised. Staff were skilled in knowing what triggers to look out for if people's emotional wellbeing was at risk. One example was of a person who would put his hand to his head to indicate they were not feeling happy.

Care plans were reviewed before each respite visit. The registered manager or team leader contacted the family a few days before the visit to talk about any changes in the person's care needs. They also discussed any events which had happened in the person's life or other information which may impact on the person's wellbeing. Care plans and daily records evidenced that people's preferences and choices were respected. Information was available as to people's preferences for personal care and daily routines, including what they liked to eat, social activities and waking and night time routines.

People were encouraged to go out into the community, either to day services, shopping, going for walks or lunch out. People kept in contact with their families by telephone. Day time activities included listening to music and stories, playing board games, watching a favourite DVD and spending time in the garden. A care worker told us they were installing a sensory lighting projector in each bedroom. Each projector would give a different theme, such as stars, the sea and the northern lights. To prevent social isolation, staff encourage people to sit in the lounge with others and for those who wished to stay in their room, staff spent time on individual activities with the person.

During people's stay at Derriads they completed a home book. This had information about the new things they had achieved and other important information. When the visit was over, people took the book home for their families to read. When people stayed at Derriads they would continue to attend their usual day service. When appropriate, information was shared between the unit and the day service to ensure people were safe and well, for example if a person had been unwell.

The complaints policy and procedure were displayed in the foyer of the home and each person had a copy of the documents. The procedure was in a pictorial, easy to read format which meant that everyone could access this information. People told us that all of the staff listened if they were unhappy. Any problems they had were always resolved quickly and to their satisfaction.

Is the service well-led?

Our findings

There was a registered manager in post at Derriads. The service had clear values about the way care should be provided and the service people should receive. Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs.

Staff and the management team told us “we give an excellent person centred service”, “almost one hundred percent of customers are content and happy to be here” and “we give a really high quality of really individualised care”. Staff told us they enjoyed coming to work and in particular working with the people they did. They also commented on the support they gave to each other and stated “we have a great team, at the end of each day we always thank each other for the support given”.

Families told us they felt that staff and the registered manager were interested in their views and would listen if they had concerns. Staff told us that the registered manager operated an open door policy where support and guidance was readily available. Any concerns raised by staff was always listened to and acted upon without delay. Regular team meetings were held so that staff could share information, pass on best practice and discuss the changing needs of the people they supported.

People and families had the opportunity to give feedback about the way the service is led through a satisfaction

survey. At the time of our inspection, the returns had not yet been collated. Information is collated centrally to inform service development, improvements and future planning within the respite unit.

The registered manager and the provider completed a range of audits on the quality of the service provided. This included audits of medicines, care records, staff supervision, staffing levels, complaints, staff training, incidents and accidents.

The registered manager submitted notifications of incidents and safeguarding alerts to the CQC as required. There were contingency plans in place in the event of the loss of facilities, such as gas or electricity. The building and the environment was audited by the registered manager to ensure internal and external areas were maintained. One area which the registered manager acknowledged as a challenge was the lack of storage space within the unit. However, to some extent this had been managed by ensuring only essential equipment was kept on site and ensuring administration documents were organised and archived in a timely manner.

The service worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. The registered manager ensured they kept themselves and staff up to date with best practice. As part of Wiltshire Council, information was disseminated to managers regarding changes in legislation and information sharing.