

Polesworth Group Homes Limited

Polesworth Group Friary Road

Inspection report

8 Friary Road
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Date of inspection visit:
28 November 2018

Date of publication:
13 December 2018

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

We inspected this service on 28 November 2018.

The service is a 'care home' operated by Polesworth Group Homes; a non-profit and independent provider of support for people with learning disabilities. The service, 8 Friary Road, is one of eight services provided by Polesworth Group Homes Limited. The service provides accommodation with personal care for up to six adults living with a learning disability. People in residential care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection visit, there were six people living at the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promoting of independence and inclusion. People with learning disabilities and autism using the service can live an ordinary life as any citizen.

There was a registered manager in post. They had been registered with us for this service and one other of the provider's services. 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.

At our last inspection in May 2016 we rated the service as Good. At this inspection, we found the quality of the care had been maintained and people continued to receive a service that was safe, caring, effective and responsive to their needs. The rating continues to be Good.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At times, staff were 'lone workers' at the service which meant there was just one staff member on shift. The provider's other services were within close proximity to the service and staff felt they could call upon them, or on-call managers, for support if needed. The provider had recognised people's care and support needs were changing, and some shift staffing arrangements had recently been increased. The provider told us about their current recruitment to increase staffing.

Staff had the appropriate levels of skill, experience and support to meet people's needs and provide effective care. Staff knew people well and individual risk management plans were in place for staff to follow. Newly identified risks of harm to people were acted upon by the registered manager.

Staff knew what action to take in the event of an emergency. Staff understood their responsibilities to

protect people from the risks of abuse. Staff had received 'safeguarding' training and raised concerns under the provider's safeguarding policies. The registered manager and provider understood and followed their legal responsibilities when safeguarding concerns were identified to them by staff.

The provider checked staff's suitability to deliver care and support during the recruitment process. Staff received training and used their skills, knowledge and experience to provide safe care to people.

People were encouraged and supported to maintain good health through healthy eating. Staff supported people to access healthcare services whenever needed. People received their prescribed medicines.

Staff had received training in the Mental Capacity Act 2005 and worked within the principles of the Act. Managers understood their responsibilities under the Act and when 'best interests' meetings should take place.

Staff supported people with kindness and in a caring way.

People had individual plans of care which provided staff with the information they needed. People were able to take part in individual leisure activities according to their preferences.

Staff were happy in their job role and felt supported by the registered manager through team and individual meetings.

People had no complaints about the service. They felt the staff would deal with any concern if they needed to raise something.

The registered manager and provider checked the quality of the service to make sure people's needs were met effectively. Feedback on a day to day basis from people was encouraged by staff. The registered manager and provider understood their regulatory responsibilities and worked with other organisations and healthcare professionals to ensure positive outcomes for people who lived at the home.

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.

Polesworth Group Friary 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 comprehensive inspection took place on 28 November 2018 and was unannounced. One inspector and an expert by experience by undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience on this inspection had experience of learning disabilities services.

Prior to our inspection visit, we reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law. The local authority told us they had no current concerns about the service.

We spent time with people and observing communal areas where people interacted with staff. This helped us judge whether people's needs were appropriately met and to identify if people experienced good standards of care.

During the inspection we spoke three people that lived at 8 Friary Road. The other three people were out for the day pursuing chosen activities. We spoke with four people's relatives, four care staff, the registered manager and the provider's chief executive officer.

We reviewed two people's care plans, daily records and medicine administration records. We also looked at the management records of the quality assurance audits the registered manager, chief executive officer and provider; Board of Trustees, made to assure themselves people received a safe, effective quality service.

Is the service safe?

Our findings

At our last inspection we rated this key question as Good. At this inspection we found people continued to receive a service that was safe. The rating remains Good.

Staff had been trained in safeguarding people from abuse and told us they would report any concerns to the registered manager. One staff member told us, "There was an incident over this past weekend, the on-call was contacted immediately and everything was recorded and we made sure the person was safe. The on-call manager told us what immediate actions to take, which we did."

Records showed staff had followed the provider's safeguarding policy and the registered manager and provider were in the process of notifying the local authority and the Care Quality Commission (CQC) about this safeguarding incident. The registered manager was, during our inspection visit, implementing further measures to mitigate risks of reoccurrence between incidents between people living at the home.

People told us they felt safe living at the home because staff were there as well. The provider had a system of recruiting staff to ensure their suitability to care and support people safely. No new staff had been recruited since our last inspection.

Risks of harm or injury to people were assessed and individual risk management plans were in place. Staff had a good knowledge of how to maintain people's safety. For example, one staff member told us, "One person has an unsteady gait when they walk, so we try to link arms and make sure they don't walk on the road traffic side."

The registered manager told us risks of harm, including potential food poisoning, had just been identified by staff because one person liked to move items around the house and this now included packs of cooked meat, for example, from the kitchen fridge. This was not due to this person being hungry, but a desire to re-arrange and 'put away' items. Staff knew to dispose of any food items they found about the house, however, the potential risk remained of this person placing an item back into the fridge and staff being unaware of how long it had not been stored safely for or potentially of someone else living at the home eating a food item they might find somewhere in the home. The registered manager was taking immediate action to ensure all high-risk foods were stored in a fridge located in the locked garage. The kitchen fridge would be used for low-risk items, such as juices, which people could continue to help themselves to. These actions to minimise newly identified risks were to be fully implemented during the day following our inspection visit.

The provider had recognised some people's changing needs and had begun to look at staffing arrangements for shifts. Staff told us that up to September 2018, the six people were always currently cared for and supported by one 'lone working' staff member. One staff member told us, "The manager has listened to our concerns and overall, most morning shifts, we have now two staff." We discussed staging arrangements with the provider's chief executive officer and the registered manager, who told us interviews had been undertaken; the day prior to our inspection visit, to recruit to a new afternoon 'twilight shift'. The registered manager and chief executive officer recognised the need for two staff on daytime shifts, due to

people's changing needs, and assured us efforts were being made to have new arrangements in place before the end of December 2018, so two staff members were consistently on daytime shifts.

There was a fire alarm system in place at the home. People had Personal Emergency Evacuation Plans (PEEPS) in place which informed staff and emergency services of the level of support people would need in the event of an emergency. People living at the home were involved in fire drills and encouraged to go with staff to a safe place.

Medicines were stored and handled safely by trained staff, who had their competencies assessed by the registered manager. We looked at two people's medicine administration records (MAR) and found these had been completed correctly. Protocols were in place to guide staff about 'when required' medicines should be given to people, to ensure a consistent approach was taken.

Staff knew how to record accidents and incidents so that learning could take place when things went wrong. There had been two recorded accidents, so far, during 2018.

The home was clean and tidy and people were, overall, protected from the risks of infection. Staff were aware of potential risks of cross infection from behaviours some people, on occasions, displayed. One staff member told us, "Every day we ensure [name]'s bedroom floor is cleaned because they spit a lot." Some communal bathroom facilities did not have paper towels and a shared communal cotton towel increased potential risks of cross infection. The registered manager explained paper towels could not be left there, due to one person flushing them and blocking the sewage system. On discussion, the registered manager assured us staff would be reminded to change the cotton shared towel throughout shifts which minimised risks of cross infection as far as possible.

Is the service effective?

Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to give an effective service to people. The rating remains Good.

People were relaxed with staff who knew them well. Positive interactions took place between people and staff during our inspection visit. People's care needs were assessed and individual care plans were in place.

An induction programme supported new staff in their role. The care staff team of five had all worked at the home for several years, and had completed all of the training they needed and refresher updates were provided when needed. One staff member complimented the provider's approach to training, and told us, "Ninety per cent of the time, if staff want to do a developmental course, we can do it."

Staff were supported by team and one to one meetings. Whilst the registered manager was not based at this home on a day to day basis, because they split their time between this and one of the provider's other services, staff said they could telephone the registered manager if needed. Staff told us the registered manager spent at least two days a week at the service and 'spot checks' took place from managerial staff at weekends, which offered support to staff.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibilities under the Act. No one had an approved DoLS and six applications to restrict people of their liberty had been applied for. Staff understood their role in protecting people, and worked within the principles of the MCA.

People's hydration and nutritional needs were met. Staff supported people to decide on a weekly menu plan; based on people's known likes and dislikes. People told us they enjoyed the meals prepared by staff, who were aware of healthcare professional guidance they needed to follow to reduce risks of some people choking. People's weights were monitored, and the registered manager told us they had supported staff to follow a dietician's guidance on appropriate portion sizes which, for one person had led to positive weight loss, enabling them to achieve a healthier weight.

Staff supported people to visit healthcare professionals when needed. This included GPs, learning disability community services, dentists and chiropody services.

The service on Friary Road is a two-storey house. It was not purpose built, but adapted to provide 'care home' facilities for people, for example, there is a ground floor shared 'wet room' that offers spacious and safe shower facilities. There are three ground-floor bedrooms and three first-floor bedrooms. People with

first-floor bedrooms had been assessed as safe to use the stairs.

Is the service caring?

Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to have a caring approach toward people who were happy living at the home. The rating remains Good.

People said staff were 'good' and smiled when staff took opportunities to interact with them. Relatives made positive comments about the staff, telling us they were always welcomed whenever they visited their family member at the home.

Staff told us they were happy in their job role. One staff member said, "I really like the men we support here."

People moved about the home, without restrictions. Some people chose to spend time in their bedrooms, but chose to leave the door open and observed what was happening in the home.

Staff were polite to people, had a caring attitude and promoted people to make choices. For example, one staff member told us, "One person usually likes their sandwiches for lunch in their bedroom watching their DVD, but I'll check because sometimes they like to join the rest of us in the kitchen." On this occasion, this person chose to join others in the kitchen.

Staff knew how people liked to spend their time. One staff member told us, "[Name] loves trains. They can appear a bit low in mood or uncommunicative, but if we get their train book, or train DVD, they get excited and engage with us about trains." This person was supported by staff to go to watch trains and have a drink at a railway café on occasions.

On the day of our inspection visit, three people had chosen to spend their time out at various activities, which included one person going to a craft session and another person attending a day centre. Three people chose to stay at home, though, throughout our inspection visit, were relaxed and taking part in activities they enjoyed.

Staff promoted people's independence and knew who needed support in what areas of their day to day life and who was able to do things for themselves. For example, one person had a relative who lived a few metres further along Friary Road and the registered manager had assessed them as being safe to walk to visit their relative alone.

People told us, and we observed, staff respected people's privacy and dignity. When bedroom doors were closed, staff knocked on the door before entering. The chief executive officer had recently identified shared ground floor toilets did not have locks fitted for people to use and action was being taken to address this during our inspection visit.

Is the service responsive?

Our findings

At our last inspection we rated this key question as Good. At this inspection we found staff continued to be responsive to people's needs. The rating remains Good.

People's needs were assessed and everyone had an individual plan of care. This included important information about how people wanted to be supported and what their interests were. One person's care plan gave staff information about how they liked to follow their faith. People had key information listed in a 'passport to health' so that staff could take this to hospital if needed.

People told us they could make decisions about what they did and were able to ask the staff member on shift to help them if needed. Staff were positive about the provider's recognition of people's changing needs. One staff member told us, "Now there are two staff; most mornings, we are able to respond to people in a better way. Before, we might have been saying 'wait a moment' but now it's better and this means people become less anxious." The registered manager and provider shared their plans with us, during our inspection visit, which included plans for two staff to be during daytime shifts so staff could continue to meet people's needs in a timely and consistent way.

The 'Accessible Information Standard' (AIS) aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need. Staff recognised people had different levels of understanding verbal, written or pictorial information. People's care plans provided guidance to staff about people's preferred communication.

The provider's 'how to complain or raise a concern' information was displayed for people in both a written and pictorial format. So far during 2018, no complaints had been received.

Staff were responsive to people's individual needs. For example, staff knew people's care plan information which listed, 'Things I like to talk about' and 'Things that cheer me up.' One person enjoyed swimming and displayed their awards in their bedroom. A staff member explained this person was looking forward to a swimming gala weekend.

The home did not specialise in, or offer, end of life care. However, staff told us they believed the provider's vision would be if a person's health deteriorated, every effort would be made for the person to remain at the home, if they wished to, with staff that knew them well. Staff would work alongside healthcare professionals in line with the person's 'best interests'.

People's personal information was stored securely and staff understood the importance of confidentiality.

Is the service well-led?

Our findings

At our last inspection we rated this key question as Good. At this inspection we found the service continued to be well led, with the provider and registered manager ensuring a safe, effective, caring and responsive service was provided to people. The rating remains Good.

The registered manager was responsible for two services registered with us and split their time between them. Staff told us the registered manager visited the home at least twice a week and was always available by telephone if needed.

The registered manager understood when notifications needed to be sent to us; about specific events that happened at the service.

People and their relatives spoke in a positive way about the quality of care and support at the service. Relatives felt staff kept them informed about their family member and sought feedback from them.

There was an effective system of internal audits and checks undertaken within the home to ensure the safety and quality of the service was maintained. We found audits had identified where improvements were needed and action required so work was completed in a timely way. For example, checks on a medicine delivery had quickly identified a pharmacy error which was quickly rectified so people continued to have their prescribed medicines available to them.

The registered manager told us work was currently being done to increase the depth of detail captured by checks, such as health and safety audits. During our inspection visit, the chief executive officer was undertaking a health and safety audit with the provider's maintenance staff member and issues identified were prioritised so work, such as the repair of a toilet seat broken on the day of our inspection visit, could be addressed.

The provider's Board of Trustees undertook frequent quality monitoring visits to the service and actions for improvements were recorded.

Staff knew how to report and record accidents and incidents and there was a system in place so that analysis could take place. There had been two recorded accidents or incidents so far during 2018.

Day to day feedback was encouraged from people, during our inspection visit we saw staff ask people how they were and if everything was okay. The provider's chief executive officer hosted 'Resident Meetings,' to give people the opportunity to them if they were happy with staff and at the home.

The provider held an annual meeting for people's relatives to attend so their feedback could be given, discussed and ideas for improvements recorded and implemented. The provider also used the meeting as a forum to update people's relatives about plans for the services and improvements made.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had displayed the rating. Polesworth Group Homes has a website which provides information about their service and a link to their latest CQC rating.