

Care Worldwide (Staffordshire) Limited

Hill Lodge 1

Inspection report

358 Rosliston Road
Stapenhill
Burton On Trent
Staffordshire
DE15 9RJ

Tel: 01283542443

Date of inspection visit:
19 June 2017

Date of publication:
01 August 2017

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

The service provides support to nine people with a learning disability and people also received personal care support in their own shared home. Care Worldwide also provides a service to nine people in a registered home next door to this service; Hill Lodge 2. The management arrangements and staffing provided are shared across the two services. People are able to spend time in either service and there are interconnecting doors between the two properties. At the last inspection, on 19 October 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to be supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in people's daily life were assessed and planned to protect them from harm. People were supported by enough staff to ensure they received care and support when they needed it. Staff had been suitably recruited to ensure they were able to work with people who used the service. Medicines were managed safely and people received their medicines as prescribed.

The care that people received continued to be effective. People were supported by staff who had the knowledge and skills to provide their care and support. People chose what they wanted to do and staff knew how to act if people did not have the capacity to make decisions.

The care people received remained good. People's independence was promoted and they could choose how to spend their time and what activities to be involved with. People could develop close personal relationships and kept in touch with family and friends who were important to them.

The service continued to be responsive to people. People completed voluntary work, went to college and time with friends doing what interested them. People were involved in the planning and review of their care and family members continued to play an important role. Where people had any concerns they were able to make a complaint and this was responded to.

The service continued to be well-led. Systems were in place to assess and monitor the quality of the service. People felt the staff listened to them and were able to comment on the quality of the service. The registered manager promoted an open culture which put people at the heart of the service.

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.

Hill Lodge 1

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that was completed by one inspector on 19 June 2017 and was unannounced.

On this occasion we did not ask the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with five people who used the service, four members of staff and the registered manager. We also consulted with commissioners of the service. We used this information to make a judgement about the service.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People felt there were enough staff on duty to support them safely and they had the help and support they needed, when they needed it. Staffing was organised around the individual funding arrangements for people; staff recognised where people's needs changed and arranged for the support they needed to be reviewed. One person told us, "There's always enough staff around if we want to do anything." Another person told us, "I go out on my own a lot of the time but if I'm worried the staff will support me and they are always here." When new staff started working, all recruitment checks had been carried out. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

People who received support in their own home received had an agreed number of individual support hours to enable them to be independent. One person told us, "The staff help me to go where I want to go. I know why I need support to stay safe and the staff always look out for me." They continued to tell us, "I have a lot of freedom here and I like that I have a choice of what to do and being independent."

The staff understood how to protect people from harm and knew how to report concerns. One health care professional told us where staff suspected people may be neglected when using other services; they had taken action to report their concerns. They told us "They went over and above their duty." Where potential harm had been identified the staff made safeguarding alerts to the local authority and us, to ensure that people's care was reviewed to keep them safe. One person told us, "The staff remind us all the time that if we are worried or if someone has hurt us then we have to report it to them and they help us to sort it out."

People were supported to keep safe as identified risks had been assessed. Some people had complex behaviour which could result in others being harmed, or were anxious in some situations. The staff had supported them to gain support from health care professionals to manage their behaviour. One member of staff told us, "[Person who used the service] has support to manage their anxiety. They are getting help to learn new techniques so they become less anxious and this is helping them a lot."

People received their medicines when they needed them and they had personal medication cabinets in their bedroom. The staff administered any medicines to people individually and people knew the reason why they were needed. One person told us, "I always get my tablets and the staff help me look after them so I don't get ill. I know when I have to take my inhaler and why it helps me."

The number of medicines were recorded and checked daily by a second member of staff. The staff explained that this meant any medicines error was quickly identified so medical support could be sought. People could take responsibility for administering their own medicines and risk assessments were in place which recorded how checks were completed to ensure people continued to take any required medicines and keep well.

Is the service effective?

Our findings

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. We saw people were supported to make decisions about their care, their day to day routines and preferences. One person told us, "I decide what I want to do every day. Some days I stay at home, other days I go out. I can choose what I want to wear and who to be with. The staff are here to help me if I need them though." Where people were unable to make decisions themselves, capacity assessments had been completed and decisions had been made that were in their best interests.

Some people who used the service who lacked capacity and had restrictions placed upon them to help to keep them safe. 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). Where restrictions had been placed upon people, for example, if they were unable to go outside the home without staff support for their safety; applications had been made to ensure these restrictions were lawful. One member of staff told us, "The DoLS doesn't stop people from doing what they want; it just means we go with them to make sure they are safe."

People helped to buy, prepare and cook the food they wanted. Many people were out during the day and staff prepared the main evening meal for when they returned from work or education. One person told us, "We all help out with the cooking when we are here and prepare everything but it's good that I can come home and have my dinner too." People decided what they would like to eat and decided on one main meal although people could choose alternatives.

People who received personal care in their own home had chosen to combine their money to budget for food. One person told us, "We all go off shopping for different things. We choose what to buy and what to cook. The staff help us where we need this which is good because I like cooking."

People were supported with their day to day healthcare and attended appointments to get their health checked. Some people had complex health needs and we saw some people needed to use a catheter, staff had received training to recognise where people may be ill due to their condition and show signs of infection. One member of staff told us, "People have different needs here and where their needs change we have training organised so we can support them and they can remain here in their home with their friends." People had an agreed health plan which included any professional's advice so they could be supported to keep well.

Is the service caring?

Our findings

The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People were supported to have personal relationships and they spoke happily about how they had been able to develop relationships and demonstrate their commitment and feelings for other people. One person told us, "We are all very happy together." A health care professional told us that staff had acted as an advocate for people and promoted and recognised people's rights to develop personal relationships with others. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. Information was displayed giving contact details for advocacy services. People were given time to consider their options before making a decision and staff encouraged them to express their views and listened to their responses.

People liked living in their home and told us the staff were kind and caring and were always happy to help. People were treated with kindness and the staff knew each person, their personal histories and their interests well. One person told us, "The staff are great. I've been here for years and know all the staff really well. They are my family and I like it when they visit with their own family and I can see them grow. We do things together sometimes and it's good." People maintained relationships with friends and family members and told us they were able to visit at any time.

People's privacy and dignity was respected. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect. Staff showed they understood the values in relation to respecting privacy and dignity; personal care was completed by the staff of the same gender where possible and people could choose which staff provided their support. One member of staff told us, "We are lucky that we have such close relationships with people. We work well as a team and recognise that sometimes people want support from a particular member of staff and that's good because it shows that people feel comfortable enough to tell us what they want."

Is the service responsive?

Our findings

People were able to be involved with activities relating to their hobbies and interests. Many people had lived at the home for many years and developed close friendships. One person told us, "I like living here with my friends and we can go out to places together. I have friends from work but I'm really close to people here." There were links with the community and local businesses and people could choose to attend day service provision, college or completed voluntary work. One person worked in a local charity shop and one member of staff told us, "They are very proud of the work they do." Another person had joined a community group 'knitter and natter'. Staff explained how they had been welcomed into the group and enjoyed spending time with people who shared similar interests. One person spoke about their studies at a local college and was involved in developing their literacy skills and participating in different craft activities.

During the recent general election people were supported to understand the election process as staff organised a mock election. People were supported to understand each different party manifesto through easy read material; voting slips were prepared to help people understand how to mark their preferences on a ballot form in the voting booths. One person told us, "I really like getting to vote, I hadn't done it before." A member of staff told us, "We tried to make it as real as possible so people weren't worried about what they needed to do."

People received care that met their individual needs and had a support plan which they had helped to develop. The plan was reviewed with people and they were asked if they remained happy with how they were supported and what plans they would like to make. Each person had chosen a member of staff who they wanted to help them review their care, and these were known as key workers. The support plan included a photograph of their key worker and explained their role and how their individual meetings they could support them. One person told us, "I've just had my review and we talked about how I was doing, my health and money. I also told them what I like and don't like. The staff listen to me and if we need to, we can changed anything but I'm happy here." The staff helped people to develop their plans and we saw these included information about what was important to them and included photographs of people, places and events.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be carefully considered.

Is the service well-led?

Our findings

The service had a registered manager who spent time working alongside staff. The registered manager was responsible for three services and had a team of staff to support them. People told us the registered manager was easily available and spent time talking with them and asking how they were. One person told us, "They always come and speak with us. I've known them for a long time and we always catch up." The staff told us that the registered manager was approachable and gave leadership, guidance and the support they needed to provide good care to people who used the service. One member of staff told us, "You can see how committed they are. This is a lovely place to come to work and the manager and all the staff support you. It's lovely."

Quality assurance systems were in place to help drive improvements. The provider and registered manager carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. Where improvements were identified, we saw these were carried out. For example, the last audit identified the medicines room needed tidying and signatures disposal boxes were needed for any needles that were used. We saw this work had been completed.

People's views were sought about how they were supported and how the service was managed through care reviews and within a survey. Relatives and professionals were invited to comment on the quality of the service and we saw comments included; 'The staff go above and beyond their role to provide the best of care.' 'I am pleased with the care.' and 'We appreciate the care they have received over the past years'. We saw where any concerns had been identified action had been taken. For example it was requested that the surveys be reviewed and simplified to ensure people could understand. A copy of the results of the survey were displayed in the home and discussed with people in their meetings. People's were also sought through these meetings so the provider could capture their views and get their suggestions and choices. One person told us, "We can talk about what we want here. Nobody minds and are not stopped from saying what we think."

The registered manager knew which incidents needed to be reported to us and notified us of significant events. This helped to ensure the service was effective for people.