

Doncaster Metropolitan Borough Council

Wickett Hern Road

Inspection report

123 Wickett Hern Road
Armthorpe
Doncaster
South Yorkshire
DN3 3TB

Tel: 01302831969

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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

Wickett Hern Road is a care home situated in Armthorpe, Doncaster which is registered to accommodate up to nine people. The home is provided by Doncaster Metropolitan Borough Council and provides respite services for people with a learning disability. There are gardens to the rear of the property and on road parking at the front of the building. The service is close to local shops and there are good bus links into Doncaster town centre. The registered manager we spoke with told us that approximately 87 people were currently accessing the respite service. Some people used the service for overnight stays and some people stay at Wickett Hern Road for two weeks while family members have a holiday. Other emergency situations can also be catered for. At the time of the inspection three people were using the service for respite stays.

At the last inspection on the December 2014 the service was rated Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Wickett Hern Road' on our website at www.cqc.org.uk

At this announced inspection on the 3 April 2017 we found the service remained Good. The service met all relevant fundamental standards.

The service has 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.

We received positive feedback from people using the service. We carried out observations to see how they were being supported and cared for. We observed positive interactions between the staff and the people using the service. People told us they felt safe and the staff were respectful and observed their rights and choices. Feedback from relatives were also extremely positive.

There was sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Those who received care in their home told us staff were prompt and met their assessed needs.

Robust recruitments procedures ensured the right staff were employed to meet people's needs safely. Staff received training to administer medications safely.

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

People were encouraged to make decisions about meals, and were supported to go shopping and be involved in menu planning. People's dietary needs were catered for and we saw clear instructions were followed when a person had involvement from the speech and language therapist (SALT).

People retained their own GP while staying at the service, but if needed the service could also access emergency services.

People could take part in activities of their own choice and there were also organised group activities such as trips to the coast and meals at local pubs.

Relatives and staff were happy with the way in which the service was run. The service was appropriately managed. There were comprehensive systems for monitoring the quality of the service. The registered manager and staff team listened to and learnt from the feedback of others to make changes and improve the service.

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.

Wickett Hern 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 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 comprehensive inspection took place on 3 April 2017 and was announced. The inspection was conducted by one adult social care inspector. The provider was given 48 hours' notice because we needed to be sure that someone would be available to assist with the inspection.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service. The registered manager had completed the Provider Information Return (PIR) and sent it to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people using the service at the time of the inspection and also four relatives who were visiting and collecting people from the service. We also telephoned and spoke with a further four relatives following the visit. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them. We also spoke with the registered manager and five support staff who were on duty at the time of the visit. We reviewed the care records for two people using the service including their support plans and risk assessments.

We looked at the management of medicines records including their storage and disposal. We also looked at four staff recruitment files and records related to the running of the service. These included maintenance records, checks and audits carried out to monitor quality in the service and make improvements.

Is the service safe?

Our findings

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us they felt safe. One person said, "I am happy here staff looks after me and of course I feel safe." Relatives that we spoke with were extremely positive about the safety of their family members during their stays at the service. One relative said, "I know that [family member] is safe as they so look forward to going into the service for a couple of nights. They talk about staff with great fondness." Another relative said, "I have confidence in the staff. They are brilliant. I would recommend the service to anyone."

Relatives of people who used the service told us that they had confidence in the provider to ensure any relevant information was passed to them after their family members stay. One relative said, "They know to ring me if there is a problem but they never have so far. The service is fantastic."

We saw risk assessments were in place to reduce things like trips and falls and there were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home.

The provider had robust safeguarding procedures and these had been followed by staff trained in the subject. The registered manager confirmed to us that there was no on-going safeguarding at the service. Staff were knowledgeable about keeping people safe from harm.

At the last inspection of the service we found the service had robust recruitment and selection processes which ensured only suitable staff were employed to work with vulnerable people. At this inspection we found this was still the same. The registered manager showed us the on-line system used to recruit new staff. This demonstrated to us that the system was thorough and robust.

Sufficient staff were employed to work at the service and our observations confirmed people's needs were met in a timely way. Staff told us that they had time to do their job effectively and they felt there was sufficient staff on duty to meet the needs of people who used the services.

There were appropriate arrangements in place to ensure people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw these were appropriately kept. There were systems in place for checking medicines stocks, and for keeping records of medicines which had been destroyed or returned to the pharmacy.

The support worker told us prior to admission into respite services staff contacted relatives and carers to check if any changes were made to the prescribed medication. Relatives and carers were asked to bring in sufficient medication for their relatives stay and insisted the medication was in the original packaging with clear dispensing labels. This ensured staff continued to administer medication at the times when the person received them at home. Relatives we spoke with confirmed these arrangements.

The senior support worker showed us how they monitored medications arriving and being discharged from the home. We checked the records and they were accurate to the medicines held at the home.

Is the service effective?

Our findings

People and relatives we spoke with confirmed they received care and support that was appropriate to their needs. People told us that staff always consulted with them about their care and were respectful of their wishes. For example, people continued to attend social centres during the day and attended youth groups and disco's in the evenings. People we spoke with told us that staff asked them if it was okay to assist them with personal care. We observed throughout the inspection support workers offering choice and respecting people's wishes.

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 are called the Deprivation of Liberty Safeguards (DoLS). As the service is for respite (short stay) it would be unlikely that DoLS authorisation would be needed.

Staff gave examples of how people's best interests were taken into account if the person lacked capacity to make a decision. For example, people were supported to make decisions through the use of care plans, with their involvement.

Staff regularly monitored food and drink intake to ensure people received enough nutrients in the day. Staff regularly consulted with people on what type of food they preferred and ensured foods were available to meet peoples' diverse needs. People told us that the food provided was good with lots of choice. This included a variety of snacks that were available throughout the day.

We saw some people had been seen by the speech and language therapist (SALT) at home and there were written reports and examples of specific diets that they had recommended. We spoke with the staff about special diets and they were able to provide good examples of the foods they prepared and served for people. For example, one person was on a weight reducing diet and the staff had clear guidance about how to support the person to eat a healthy balanced diet.

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at the home had also completed a nationally recognised qualification in care to level three. Staff confirmed to us that they had received training suitable for their role within the organisation.

Systems to support and develop staff were in place through monthly supervision meetings with their line manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals had been completed for all staff. This meant staff were formally supported in relation to their roles and responsibilities.

Is the service caring?

Our findings

The staff provided care which was person centred and focused on the individual needs, wishes and preferences of the people who used the service. Care plans and guidance for the staff gave information about the person and how they expressed their choices. This enabled staff, in particular new staff, to become familiar with how to support people in a way they wanted.

Relatives and people who used the service consistently told us that staff were courteous, kind and respectful. We saw that staff knew people who used the service very well and had a warm rapport with them. There was a relaxed atmosphere in the home with staff having time to share a joke with the people they were supporting. Relatives we contacted by telephone told us that staff went the extra mile to ensure their family members stay was meaningful and promoted their independence. One relative said, "Without the service we would find it very difficult to maintain our family member at home." They went on to tell us how flexible the service was to accommodate short notice stays to help the family through crisis. Another relative said, "Our [family member] is so well looked after. The staff are respectful and helps to maintain [family members] independence. Another said, "I would recommend this service to anyone. As carers it is essential to have the knowledge that we can have a break without worries."

Relative told us that their family member could request to stay in the same room each time they used the service. One relative said, "My family member likes the same room as it helps them settle for the time that they are at Wickett Hern Road. Staff are very helpful and try to accommodate us."

We saw there were designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. We observed that people were treated with respect and dignity was maintained.

We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during their time at the service and there was lots of encouragement given to people to undertake household tasks like cooking their own meals and tidying their accommodation. Staff gave an example of one person who liked to tidy the garden during their stay. They told us that they also helped to prepare meals for other 'guests'.

We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

Staff retention was good, and staff knew people well and had built good relationships. They came across as very committed and there was a nice, relaxed atmosphere. One staff member we spoke with said, "It's an absolute pleasure coming to work. We are all like a big family working to the same goals."

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of two people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up. Relatives we spoke with told us they had been involved in providing some information about their family member including things they liked to do socially. They told us they had also been involved in reviews of their family members care.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. We were told before each stay staff telephone the person's relative and asked for any updates regarding medication and any health changes. Relatives we spoke with confirmed these arrangements. Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day.

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. One person we spoke with told us they were going on holiday with a friend and was busy making sure they were ready when the person called to pick them up. Relatives told us their family member liked to go horse riding and the home helped on occasions to facilitate this event.

People were provided with information about the service which included information about what they could expect from the service. This was called a 'Service User Guide'. The information was set out in an appropriate format. Photographs and pictures used to illustrate the main points.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and used pictures to help people to understand the process. The registered manager told us there were no on-going complaints. They said they met regularly with staff and relatives to learn from any concerns raised to ensure they delivered a good quality service.

People and relatives we spoke with told us they were confident in being able to express what was important to them and they were positive that they were listened to and respected. One relative we spoke with told us they had raised an issue with the registered manager but it had been dealt with to their satisfaction. Other relatives told us they had never needed to raise anything as staff were 'very good'.

Is the service well-led?

Our findings

The service continued to be well led by the 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.'

Feedback from relatives about the staff and registered manager were very complimentary. Comments included, "The staff and management are excellent, nothing is too much trouble," and "I would recommend 'Wickett Hern Road' to anyone who needs this type of service." Others said, "They communicate well if my relative needs change while at the service," and "The staff are all very good and try their best to accommodate any changes we ask for, like emergency stays for a family crisis."

Staff spoke highly of the registered manager. They told us, "It is a well-run and organised service. The registered manager understands the service" and "We work as a team to help support people staying at Wickett Hern Road."

Staff confirmed that they had regular staff meetings. This enabled them to meet and discuss the welfare of people using the service and other topics such as safeguarding people, staff training and health and safety. The registered manager told us it also helped to make sure any relevant information was disseminated to all members of the team.

During our inspection, we noted positive examples of leadership from the registered manager and the senior care worker. Staff were encouraged to speak with us about the service. This showed an open approach which encouraged staff to give their views. We saw the registered manager speaking to relatives enquiring if they were well and updating them on the care of their family member. Relatives we spoke with told us the registered manager was always visible and they felt supported by him and the senior coordinator. One relative said, "It is good to know there is a person leading the home and staff really cares."

The provider had good quality assurance systems in place to seek the views of people who used the service, and their relatives. Surveys were returned to the registered manager who collated the outcomes. Any areas for improvement were discussed with staff and people who used the service to agree any actions which may need to be addressed. We looked at outcomes from the last questionnaires sent to relatives and people who used the service. Comments were extremely positive.

We looked at a number of documents which confirmed the registered provider managed risks to people who used the service. Monitoring of the service included looking at how the registered manager audited things like health and safety, infection control and medication. We saw there were clear fire risk assessments in place and regular maintenance of the fire alarm system took place to ensure equipment was well maintained.