Care Quality Commission

Community Integrated Care

Whitby Drive

Inspection report

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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

This inspection took place on 23 October 2014 and was unannounced. We visited again on 27 October 2014 and the provider knew we would re-visit on that date.

Whitby Drive is a small home for five people with a learning disability. It is close to several community facilities.

The home has a registered manager in place. 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's needs were assessed well and good plans were in place to detail those needs. We saw staff being effective in delivering those plans.

Summary of findings

We saw the home had policies in relation to keeping people safe and that staff knew the signs and symptoms of abuse and understood what action to take if they suspected a person was being abused.

We examined rotas and spoke to staff and relatives about the staffing levels One relative told us "there is always someone to talk to" and the rotas showed that staffing levels were kept at good levels in relation to the needs of people who lived in the home.

We saw that medicines were stored safely in individual's people's rooms and that the staff were careful to administer medicines correctly.

Staff within the home had the responsibility of keeping the environment clean and infection free. We saw that there was a rota and instructions that delegated specific tasks to individuals to undertake throughout the week and that records showed that staff did those tasks as instructed. The home looked and smelled clean. Infection control checks by the local authority confirmed that infections would be kept to a minimum by the safeguards in place.

We examined the records relating to staff training and saw that staff had the necessary skills to meet people needs. One member of staff told us " I have been very well 're-skilled' to work with people living here"

Care records showed that people and their families participated in producing risk assessments and care plans, and that they signed relevant documents to show they had taken part and been listened to.

People were supported to lead healthy lifestyles. The home was careful to ensure that people's nutritional needs were assessed to keep them safe and they sought guidance from dieticians when they were concerned about someone's food intake. They were careful to monitor people's weight to ensure their needs were being met.

We saw care records that showed where people could they gave permission for the treatment they received for example for the home to administer medication for them. Where people had been assessed as not having the capacity to decide such things for themselves we saw that their relatives had participated in the decision and agreed with them to allow staff within the home to meet health care needs.

People were encouraged to make choices about day to day things they did. There were clear records showing their preferences and staff continually asked people what they wanted and responded to the choices they made.

Relatives spoke highly of the care the home gave and felt that they were welcome and contributed to the day to day care being given. We observed staff as they interacted with people and saw that they were friendly and warm. We saw situations that showed staff had formed strong emotional bonds with people and their families. One relative told us, "There is a lot of love in this home and the staff are really concerned about [my relative]. They went on to say, "I feel as if [my relative] and I are part of this big family here and the staff make us feel we are very much part of the home."

We saw that people were treated with respect and their dignity was protected when staff undertook personal care with a person, or were discussing private matters with them.

The records we examined and the observations we made confirmed that peoples individual needs are important to the home when they met people's needs Care plans showed a great deal of individualisation, for example, the "best day" records, which showed what a person would think an ideal day for them would be and how staff would help them achieve it. We saw individual treatment in day to day interactions, for example where one person found it difficult to eat with the group, a special table had been set aside for them so they were still a part of the group but didn't have to eat at the same table.

The home conducted surveys with people and their family's to find out how they were doing to meet people's needs. We saw in the care records that people where possible and their relatives were involved in day to day issues. One relative said. "If we had an issue we would raise it and we know it would get dealt with. People here really listen to you."

Relative's and staff confirmed that the home was well run by a manager who listened but also gave good guidance about how they should meet people's needs. Evidence showed she monitored the service well and took prompt action when needed.

People, relative's and staff were confident about raising any issue or concerns. Staff knew how to respond to that

Summary of findings

concern's and took action to do so. One relative told us "[their relative] would soon let us know if [the relative] wasn't happy," and that "IT was clear [the relative] was very happy here"

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?

Good

The service was safe. Relatives told us they thought people were safe. Staff and relatives knew what to do if they had concerns.

Risks associated with peoples care were carefully analysed. Care plans showed that risks were balanced to ensure that people were supported to take acceptable risks.

There were enough staff to meet people's needs. The staff preferred to cover any shortfalls themselves to ensure people were cared for by someone who knew them well.

Is the service effective?

Good

The service was effective. Staff felt they had sufficient training, support and guidance to effectively meet the needs of people living there.

Staff had received specific training in relation to meeting the needs of people with learning and physical disabilities. A member of staff told us they had been very well "re-skilled" to work with people living in the home.

Staff within the home worked well with other professionals to ensure people were kept safe whilst they enjoyed healthy lifestyles.

The home ensures people receive nutritious meals according to their needs. Where people find it difficult to feed themselves or have trouble swallowing the home has been careful to get help from dieticians and speech and language teams to ensure they can meet people dietary needs safely.

Is the service caring?

Good

The service was caring. Relatives felt staff were very caring about the way they dealt with people and said,"I feel as if my relative and I are part of this big family here and the staff make us feel we are very much part of the home"

Staff understood people's needs and there were good records in place for staff to readily check what peoples needs were.

Staff were seen to be careful in protecting people's dignity and privacy. We saw that they ensured that doors were shut behind them when giving personal care and that they were careful to talk to people about private matters away from other people.

Is the service responsive?

Good

The service was responsive. Relatives felt listened to when decisions were made about care for people.

People undertook a range of activities both inside the home and in the wider community.

Although no complaints were recorded, people and relatives knew how to complain and felt they would be responded to.

Summary of findings

Is the service well-led?

Good 

The service was well-led. People, relatives and staff thought the registered manager was nice and approachable. Staff felt they received good guidance about how to meet people needs.

Relatives and staff felt that their wishes were listened too and the registered manager responded well to what they wanted. Either to develop the care of people living there or the service as a whole.

The registered manager had systems in place to monitor the care people received and ensure they lived in an environment that was improving all of the time and could meet their needs.

Whitby Drive

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 took place on 23 October 2014 and was unannounced. We visited again on 27 October 2014 and the provider knew we would re-visit on that date. The inspection was completed by one adult social care inspector.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We examined a Provider Information Return (PIR) as, part of this inspection. A PIR 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.

We reviewed other information we held about the home, including any notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

We also contacted the local authority safeguarding team, commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is a statutory body set up to champion the views and experiences of local people about their health and social care services. For each local authority with social services responsibility there is one Healthwatch. We also reviewed information from the local authority safeguarding and commissioning teams.

During the inspection we spoke with people two living there, three of their relative's, two staff and the manager of the home.

We reviewed three sets of records relating to people's care. This included their care plans, any associated risk assessments, review documentation and the daily records which reflected the care they received.

We examined other records within the home such as staff files relating to their support, training and recruitment, and other records held by the registered manager relating to the things they did to manage and monitor the work done in the home.

Good

Is the service safe?

Our findings

People told us the home was safe and their relatives felt that the home was safe. One person told us, "It's good here the staff are nice."

A relative told us, "We don't worry about him anymore, he would quickly let us know if he was unhappy and he is very happy here".

Another person said, "I used to worry about him when I could no longer look after him, I didn't know these sorts of places existed, now I will go to my grave knowing he is safe and well cared for."

We spoke to people and their relative's about staffing levels. We examined the staff rotas and spoke to the manager about staffing levels. We saw that the home had at least two staff on duty at all times and usually three staff on duty as well as the registered manager. The registered manager said they had some vacancies earlier in the year but had managed to fill the posts. When we spoke to staff about this we were told, "We like to cover any shortfalls ourselves and have managed to do so far, its better if the service users [people who lived there] get cared for by people they know". We were told by a relative that "There always seems to be enough staff around and they always have time for you."

We spoke to staff about how they kept people safe. One member of staff told us, "We have good risk assessments that tell us how to keep people safe." We examined three sets of care records and saw very comprehensive assessments relating to risks associated with peoples care.

We looked at the care records and saw risk assessments were in place for a variety of areas of concern. We saw that where needed there risk assessments relating to the safe use of wheel chairs. We saw assessments relating to one person where staff needed to hoist someone to move them from bed to wheel chair. We saw that it was detailed and gave staff good guidance about how they should do that safely with two staff assisting. We saw risk assessments relating to helping people move around whilst minimising the risks of falling.

We saw in one of the records that a person had difficulty swallowing. The records mentioned that the home had contacted the speech and language team, who had come out to assess that persons risks when eating and provided guidance for the home about how best to prevent harm to the person. We saw that those assessments were repeated in the kitchen readily to hand for staff when they prepared food for that person and that staff acted in accordance with those instructions when preparing and delivering a meal to that person.

We asked about what training a member of staff had undertaken relating to safeguarding issues and we were told that they had recently had a refresher course on safeguarding. We checked the training records and saw that staff had received training in safeguarding vulnerable adults. When we spoke to staff they were clear about what actions they needed to take if they were concerned about, or suspected abuse.

One member of staff who had been newly appointed knew the basics about signs of abuse and what to do if they suspected it was happening. When we spoke to a more experienced member of staff they could articulate all of the signs and symptoms of abuse, and mentioned that they would raise any concerns directly with the manager. They also knew that the home had a whistle blowing policy and that they could raise concerns outside of the organisation if they thought it necessary, they said "If there was anything going wrong I would tell the manager or report it to the social worker and I know it would be sorted out."

We examined three staff file's looking at safe recruitment processes. We saw the home was careful to ensure people were recruited safely in accordance with national guidelines. They checked people's identity, sought at least two references and ensured that people had DBS checks in place. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

People had lockable cupboards in their rooms to store their own medicine. This allowed the service to prevent a situation where people could be given someone else's medicine in error. We examined the records relating to staff giving medicine to people who lived there. These were held on medication administration records called MAR charts. We examined three months' worth of records and found one minor error where a member of staff failed to record that they had given a medicine. We saw that staff had later checked with that member of staff to ensure that the person had actually received their medicine.

Good

Is the service effective?

Our findings

People were supported by staff with relevant training to meet the needs of people living in the home. This particularly related to training in respect of caring for people with physical disabilities, and learning disabilities. One staff member told us, "The training has been good; I have been re skilled to meet the needs of people with a disability." They went on to say, "Apart from the usual training I have had specific training in relation to disability and autism."

We saw records that showed staff got regular supervision (formal and informal meetings between staff and the registered manager where issues relating to care and staff ability to care were discussed), and annual appraisals had been completed for staff who had worked there for over a year. One member of staff told us "We get regular specific briefings on such things as dealing with challenging behaviour, distraction techniques and how to engage people with a disability in activities." Another member of staff told us, "We get regular supervision and staff meetings".

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards exist to ensure people are only deprived of their liberties if it is within their best interests. The manager understood the home's responsibilities under the Mental Capacity Act 2005 and following a recent court ruling regarding DoLS in care settings had arranged to attend a meeting with the local authority to discuss the new requirements.

We examined the care files for three people who lived at the home. We saw they had assessments of their mental capacity, and where appropriate there had been best interest meetings involving the person's representative (usually a relative) and other professionals such as GP or community nurses. We saw the record showed how everyone took part in those meetings and signed the records to show they had participated.

Records showed that where a person had assessments in relation to their capacity to make decisions, the provider had sought guidance from the court of protection (The court of protection is a specialist court for all issues relating to people who lack capacity to make specific decisions. The court makes decisions and appoints deputies to make decisions in the best interests of those who lack capacity to do so), who had appointed a person to safeguard financial interests of several people living in the home. This was important because it ensured that where people could not make decisions about their own finances, the home had ensured that an external person to the home made those decisions and checked that a person was protected from financial abuse.

The care files viewed also contained assessments by the SALT team (local authority speech and language therapists) to check people's ability to swallow food where it was necessary. We saw recommendations from them and during our SOFI observation saw staff adhering to those recommendations. This was important because it meant the home was receiving guidance from external professionals about how to keep people safe when they ate. We saw guidance had been sought from dieticians where people's dietary needs may have been an issue. We saw in those cases staff were careful to monitor people's weight to ensure their actions in relation to the guidance received was effective.

We asked how staff knew of any specific guidance to follow when preparing food. One person told us "Apart from reading the care plan we put the SALT assessments and our guidance in the kitchen." That member of staff showed us those assessments and they were in place readily at hand in the kitchen. We saw staff referring to them when preparing meals. This was important because it showed staff acted to keep people safe from choking by following guidance given them by the SALT team

Good

Is the service caring?

Our findings

We saw consistent high standards of interaction between staff and people living in the home. We saw people were careful to talk to people in a manner that was appropriate to their age, and they used tones of voice that were sympathetic to people's needs.

We saw staff use appropriate touch when engaging with people in the form of hugs and touching of hands and arms. These demonstrated appropriate affection for people living at the home and by the way people reacted this was common and they appreciated the contact, (we knew this by the way they smiled or laughed or cuddled back).

A relative told us, "My [relative] was completely withdrawn when he came in here, he has really come out of his shell and is much more talkative and has wider interests." They went on to say, "The company [my relative] has here and the care they get is second to none, the staff are smashing."

When observing staff interacting with people we saw they were very careful to explain things in ways that people could understand, varying the complexity of communication depending on people's abilities to understand. We saw staff consistently asking people about thing's they were doing or what people would like. For example, we saw one member of staff asking "Is now a good time to help you sort your room?" On another occasion we saw staff assisting someone to eat; at each mouthful the staff asked if the person was ready for some more.

We saw records that showed the home had been careful to ensure people's rights were protected and that external people appointed by the court had been sought to protect people's finances. We also saw that wherever possible the home ensured people preferences, likes and dislikes were taken into consideration. For example we saw one record where a person stated he liked to get up at about ten in the morning. We saw another where a person struggled to eat with the group preferring to eat away from everyone else.

We saw the home had responded to that request and provided a separate small table where they could enjoy their meal on their own whilst still being part of the group. We saw clear records that showed what people liked to eat and what they didn't like. We saw that information reflected in the menus planned for people throughout the week.

We listened and observed the way staff communicated with people. We saw that they varied this in accordance with people's abilities and needs. We saw that staff were careful to ensure that one person who had difficulty communicating was not missed out of the general conversation around the table. We saw them take time and re-iterate things so that person had time to hear and assimilate what was being said and participate in accordance with their ability.

The home had a policy on confidentiality. We saw that they were careful to store sensitive information away from the general areas of the home and kept documents locked in the staff office.

Throughout our inspection we saw staff providing personal care in a sensitive way. Staff were discrete and helped people to their own rooms or the bathroom without drawing attention to it. We saw staff were careful to ensure doors were shut behind them when helping people. There was careful consideration of people's dignity. For example during a meal where someone needed their chin wiping, the staff were careful to ask the person if they could do it for them in a quiet way without drawing attention to the process.

Good

Is the service responsive?

Our findings

When we examined the care file's we saw there was good recording of people's personal choices and preferences. This included what time people liked to get up or go to bed, what their routine was and what food they liked. The things people liked to do and the people who were important to them were also included. There were records called "best day" which recorded fine details about what a person's day time routine should be to make them feel good. This included consideration of things like how a person liked to be woken up and at what time, where they liked to sit, the things they liked to do throughout the day, keeping their belongings safe, whether they liked spending time in the garden, what they liked on TV and what they liked to do on an evening.

The care needs assessments were comprehensive and the care plans held a lot of detail. They included such things as if people had any allergies, how well they communicated, details about what certain communications meant (such as if a person smiled back it meant they agreed, or someone tapping their cup meant they were thirsty etc.), how they mobilised, their education training and work needs, and personal evacuation of the building in case of an emergency. Each of those areas had a corresponding risk assessment to guide staff about how to keep people safe. We saw that where appropriate, people's relatives were involved in assessments and either the person or their relative had signed key documents that showed their involvement. The record's clearly showed that information was reviewed regularly as part of an ordinary reviewing process or as a consequence of someone's changed needs.

We saw records that showed where people were offered choices about their environment and the things they liked. We saw in one case a person had been involved along with their family in designing a special area in the garden that would provide stimulation and calm where they regularly met with their relatives.

We saw a great deal of individualisation of personal spaces such as bedrooms. People had posters on their walls of favourite football clubs, or ornaments that reflected the things they liked. Some people had hanging mobiles and special lights. One person had a selection of favourite music some that got them excited some that helped them be calm. There were assessments that showed what people liked and those assessments were reflected in people's personal spaces. They were much individualised in accordance with people wishes.

We asked about complaints and saw records. There were no complaints recorded. When we spoke to relatives about this they explained that "If we had an issue we would raise it and we know it would get dealt with. People here really listen to you."

Good

Is the service well-led?

Our findings

We spoke to people about what it was like for their relatives to live in the home. One person told us, “There is a lot of love in this home and the staff are really concerned about [my relative]. They went on to say, “I feel as if [my relative] and I are part of this big family here and the staff make us feel we are very much part of the home.”

Relatives and staff felt that they could contribute to developing the home. A relative told us, ”The staff really listen to you.” One member of staff told us, “I get on well with the manager she is nice but wants things doing properly; she will tell us in a nice way what needs to doing.”

Another member of staff told us, “I feel as if I am listened to and contribute to things that need doing.”

The registered manager was very open about the things they wanted to develop. They mentioned they had recently introduced a new policy relating to how people checked medicines had been administered correctly. They said this was in order to protect people further by ensuring that two people checked the MAR charts when administering medicines. We were shown a copy of the policy. The registered manager explained this was in response to a minor error where a person had failed to record properly. We examined those medicine records which were consistently well recorded over the months’ worth of records with the one minor error, it was important for the manager “to ensure we get it right every time”.

We saw where the home had engaged with the local community to fund raise for extra amenities for the people. We noted that the area manager had commented “the event had been a great success” and had involved various people from the home; people living there, their relatives and a social worker”. Reports showed that it meant they “could get more things for the sensory garden” (a sensory garden is a designated area that is landscaped and planted out with the sole purpose of stimulating the sensations of touch, smell, sight, taste, and sound).

We spoke to the registered manager and asked if the home conducted any surveys or how they ensured people and their relatives were involved in the homes development. They told us that day to day they listened to people about their needs and responded where they could. They gave the example of where a family wanted to make a “sensory garden” for their relative. They showed us that area and it was very different to rest of the garden where the person could enjoy the outside of the home and also be in a stimulating environment. There were areas for the family to sit and enjoy being outside with their relative.

They mentioned that they have surveys to send out and showed us copies of those. The registered manager said it was something they needed to catch up on since she returned from being away from the home for several months. There were systems in place so the registered manager could carry out audits on health and safety, care records and medicine records. There were also systems to report to the area manager about many things relating to the running of the home including, staffing issues, any incidents or accidents, whether support plans were up to date and how staff were meeting those.

The provider was proactive in keeping CQC up to date with developments within the service. The manager had been away from the service for some time and the area manager contacted CQC to inform us of what provisions they had taken to ensure the smooth running of the home. The service manager gave CQC regular updates as to when the registered manager was to return