

The Old Posting Office (Haughton) Limited

The Old Post Office Residential Home

Inspection report

Newport Road
Haughton
Stafford
ST18 9JH
Tel: 01785 780817
Website: www.example.com

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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 the 11 February 2015 and was unannounced.

At our previous inspection in May 2014 we found that the provider needed to make improvements in supporting people with their communication to enable them to be involved in decisions about their care, treatment and support. People had been at risk of inappropriate or

unsafe care as their care plans did not reflect the level of support they required to achieve their goals and keep them safe. At this inspection we found that improvements had been made in both these areas.

The Old Post Office provides accommodation and personal care to up to seven people with learning disabilities. At the time of the inspection seven people were using the service.

Summary of findings

The manager had been in post since November 2014 and was in the process of registering with us. 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 who used the service were unable to tell us in detail what they thought about the care, treatment and support they received due to their learning disabilities and communication needs.

Relatives were not always involved in the decision making process about the care, treatment and support their relative received. We could not see that everyone had been involved in the planning of their own care.

People were kept safe as the provider and staff followed the correct procedures when they suspected abuse had taken place. Staff had received training in safeguarding and knew what constituted abuse.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Deprivation of Liberty Safeguards are for people who cannot make a decision about the way they are being treated or cared for and where other people are having to make this decision for them. We were informed that DoLS referrals had been made for several people using the

service and were being considered by the local authority. The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care, treatment and support.

There was enough staff to keep people safe and to support people to maintain their independence and access the community.

Medicines were managed safely. All staff had received training in the safe management of medicines. The provider had systems in place to store medicines.

People were supported to have a healthy diet dependent on their assessed individual needs. People had a choice of foods and were involved in preparing their own meals where able to.

People had access to a range of health professionals and staff supported people to attend appointments when necessary.

People told us they liked living at the service. We observed that staff were kind and caring with people and respected people's dignity and privacy.

Staff were supported to fulfil their role effectively through regular support and supervision and training applicable to their role.

The provider conducted regular quality monitoring inspections of the service and implemented action plans to ensure continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew what constituted abuse and who to report it to. The provider followed policies and procedures and responded when they suspected abuse.

There were sufficient staff to meet people's needs and they had been recruited within good practice guidelines. Staff had been trained to and administered people's medicines safely.

Good



Is the service effective?

The service was effective.

The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care, treatment and support.

People were supported to have a healthy diet dependent on their assessed individual needs and when necessary had access to arrange of health professionals.

Good



Is the service caring?

The service was caring.

People told us they liked living at the service and we observed that staff interacted with people in a kind and caring manner.

People's dignity and privacy was respected.

Good



Is the service responsive?

The service was responsive.

People were involved in their own or their relatives care, treatment and support and the provider had a complaints procedure for people to use if they were not happy.

People were able to continue with their chosen hobbies and interests.

Good



Is the service well-led?

The service was well-led.

There was a new manager in post and staff felt supported to fulfil their role effectively.

Improvements to the quality of the service had been made since our last inspection.

The provider conducted regular quality monitoring inspections of the service and implemented action plans to ensure continuous improvement.

Good



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Detailed findings

Background to this inspection

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

This inspection took place on the 11 February 2014 and was unannounced.

The inspection was undertaken by one inspector.

We looked at information we hold on the service including notifications. A notification is information about important events which the provider is required to send us by law. We also gained information from three visiting social care and health professionals.

We spoke with six people who used the service and observed their care. We spoke with the manager, three care staff and three relatives.

We looked at the care records for two people who were using the service. We looked at staff rosters, staff recruitment documents and the training records, evidence of staff support and supervisions, and quality monitoring audits the provider had in place.

Is the service safe?

Our findings

People who used the service were reliant on staff to keep them safe and protect them from harm or the risk of abuse. Staff we spoke with all knew what constituted abuse and what they should do if they suspected abuse. The provider had kept us informed of safeguarding referrals that they had made to the local authority when there had been an allegation of abuse made. We saw that the safeguarding procedures and contact numbers were clearly visible for staff in the office area.

We saw that people were encouraged to participate in activities which had an element of risk such as cooking and accessing the community alone. Staff we spoke to knew that people had risk management plans and there was a positive risk taking policy. The plans supported people to be as independent as they were able whilst minimising the risk of harm.

People's finances were managed either through a representative of the local authority or by their relatives. We saw that when staff supported people to spend their money, there was a clear audit trail of when and where the money was spent. Two staff signed for each transaction and receipts were kept for auditing purposes.

There were seven people using the service. We saw that there was sufficient staff to meet people's individual needs. We saw staff communicated with each other when they

were going to another area of the building to ensure that people were safe with the staff support available. Staff observed people in an unobtrusive manner which allowed people their privacy whilst maintaining their safety. We checked rosters and spoke with staff who confirmed that there were always enough staff to meet people's needs safely.

Staff told us they had a period of induction before commencing their employment. We saw evidence of completed application forms and formal interviews. There was evidence of pre-employment checks being completed including references from previous employers and disclosure and barring (DBS) checks. The DBS check includes a criminal records check as well as a check on the register of people unsuitable to work. This meant that the provider was making appropriate checks to make sure that staff were suitable to work.

People had a medication care plan which informed staff how the person preferred to have their medicines. We saw that medicines were stored in a designated locked room. They came in blister packs and were clearly labelled and stored separately to ensure that people received their correct medication. We saw records and staff told us that all staff had received accredited training in the safe management of medicines. We saw a medication administration record and saw that there were no gaps in the recordings.

Is the service effective?

Our findings

At our previous inspection the provider had been in breach of Regulation 17 of The Health and Social Care Act. People who used the service had not always consented to their care, treatment and support. Care plans did not reflect the level of support people needed in the decision making process. At this inspection we found that improvements had begun to be made. Communication passports had been implemented informing staff how to support people individually when involving them in the decision making process. Mental Capacity Assessments had been put in place and were awaiting completion for each plan of support which would enable staff to support the person in the most effective way in being able to consent to their care.

Previously we found that the provider had been in breach of Regulation 9 of The Health and Social Care Act. Plans to support people when they became anxious tended to concentrate on the negative aspects of people's behaviour without an equal weighting being given to their positive attributes. Plans identified that de-escalation techniques were to be used to manage people's behaviour but it was not always made clear what techniques each person responded to. At this inspection we saw that care plans were clear and comprehensive and staff knew the plans and people well. One person became anxious when they returned from a community visit. We saw that staff reassured them in the way that they responded to.

Two people who used the service may have had their liberty restricted as they were not safe to go out alone and needed the support of staff. The Deprivation of Liberty Safeguards (DoLS) are for people who cannot make a decision about the way they are being treated or cared for and where other people are having to make this decision

for them. The provider had submitted DoLS applications to be considered to lawfully restrict people and whilst waiting for the referrals to be considered, staff had formulated risk assessments to keep people safe as they had deemed this in their best interest.

Staff we spoke to knew people well and knew what people's aspirations and goals were. They all told us they had received training and support to be able to fulfil their roles competently. Training records confirmed that there was a comprehensive training schedule which was ongoing and refreshed regularly.

People were supported to maintain a balanced diet that met their needs. People were observed to be making choices about what they had to eat and drink. Two people had specific dietary needs. Staff we spoke with knew what these needs were and ensured that they were met. We saw care plans that recorded what people's likes and dislikes were. One person declined both lunch options and they were offered something as an alternative which they accepted. Some people were encouraged to cook with the staff to support their progress towards independence. A member of staff told us: "I had it all planned and then [the person] changed their mind and didn't want to cook, so we just left it and I will try again".

There was evidence of other health professionals input. We saw that people were supported to attend health appointments with their GP, consultants, dentists and opticians. People who used the service were supported by a community learning disability nurse and speech and language therapists who offered advice and support to the staff when necessary. One person required their blood levels testing for diabetic control. We saw that this had taken place and when there was concern with the readings, medical intervention was sought.

Is the service caring?

Our findings

Four people we spoke with told us they liked living at The Old Post Office when we asked them. People chatted with us and staff in a relaxed and happy manner about what they liked to do and where they liked to go. Relatives we spoke with told us that they felt the staff cared for their relatives. One relative told us: “They’re [the staff] are brilliant”.

People were supported to continue to be involved in hobbies and interests that they were doing prior to moving to the service. One person told us: “I go to college, twice a week, I’ve been going for ten years, and I love it”. Relatives we spoke to told us that staff supported people to have home visits. A relative told us: “I think [the person] is happy, they are not unhappy to go back when we take them”.

We observed that people were offered choices and were being involved in the day to day decisions about their care. One person was having a lie in bed until late morning; others were going out into the community. One person had changed their mind and didn’t want to go to the cinema as they had previously asked. We saw that they chose to go somewhere else and this was facilitated.

One person returned from college and became distressed because it was over. Staff knew this person well. We

observed staff quickly interact with them in a way in which they understood and offered them comfort and reassurance. A staff member told us: “It’s the transition from the activity finishing to coming home, we give positive redirection all the way to try and alleviate their anxiety”.

People were involved in their local community. People went to the local pub and shopped in the local shops. In the summer, the provider was involved in displaying flowers in bloom as part of the best kept village competition. People who used the service were involved in putting together the baskets of flowers.

One person showed us their own room. They had their own door key which they used to show us in. The room was personalised to the person’s individual taste and had their own personal items within it. When we exited the room, the person locked their door to maintain their privacy. Staff told us that four people had chosen to have a key to their room.

Staff spoke to people in a kind and caring manner. We observed that when one person required support with personal care a staff member discreetly encouraged the person to complete the task in such a way that it did not compromise their dignity.

Is the service responsive?

Our findings

At our previous inspection we found that there was a breach of Regulation 9 of The Health and Social Care Act. Plans of care were in place but were not specific enough to the person themselves and did not cover some aspects of people's care. They did not always identify people's hopes and aspirations for the future. At this inspection we saw that one person had requested to move and was being supported by their social worker in finding a new home. Staff had sat with the person and supported them in a writing a list of questions that they wanted to ask about the proposed new home next time they met with the social worker. This would ensure they had all the information they would need to be able to make an informed decision about the move.

We observed that staff responded to people appropriately. Staff had clear and comprehensive information to be able to respond to people's individual needs. There were individual personal care plans for everyone. People's care plans were written in such a way that they reflected people's individual needs. For example it was recorded what time people liked to get up and go to bed. Staff were able to respond and care for the person effectively with the information contained within them. We observed that staff responded to people appropriately. Staff knew people well and offered them choices and communicated with them in a way in which they would understand.

Activities for the next week were planned on a Sunday with each person individually. Plans were drawn up and were visible in a pictorial form on the notice board. People chose what they wanted to do. A member of staff told us that one person liked to be asked on a daily basis what they wanted to do and they only wanted to be asked once. The person themselves confirmed that this was how they liked to be asked.

There were regular meetings for people who used the service. We saw minutes which showed that people were involved and asked what they wanted to do, menu planning, discussions about holidays and day trips, and day to day issues which affected everyone. In the care records we looked at we saw that one persons care plans were signed by the person themselves but most were not. We could not see how the person or their representative had been involved in the care planning process. We discussed this with the manager who assured us that they would action this so that where people were able to sign they signed their own plan of care.

We spoke to relatives. There was a mixture of views on the service. One person told us: "Yes I'm kept informed of what I need to know". However other relatives told us they were not always kept up to date with what was happening in their relative's life. One relative wasn't informed when a new medication was prescribed and had wanted to be involved in the decision making process. This person told us: "There is no dialogue". We discussed these concerns with the new manager who informed us that senior staff had said that previous managers had not always kept relatives informed as they should have. The new manager sent us an action plan that showed new systems of working would be implemented and relatives would be kept informed and actively involved in their relatives care if their relative wanted them to be.

The provider had a complaints procedure. This was available in an 'easy read' format which was clearly visible in the living area. Some people may not have been able to understand the easy read format. The manager told us that they would use advocacy services to support people if they raised concerns. The manager told us that there had been no recent complaints.

Is the service well-led?

Our findings

The manager had been in post since November 2014 and was in the process of registering with us. At our previous inspection we found that there were two breaches of the Health and Social Care Act 2008, Regulation 17 respecting and involving people who use services and Regulation 9 care and Welfare of people who use services. At this inspection we found that improvements had been made in both these areas, although work was ongoing in ensuring that people's mental capacity was assessed for all areas of their life.

We observed that the manager made themselves available to people who used the service and staff when needed. They spent time talking to people who used the service and working alongside staff supporting them. Staff we spoke with told us that they felt the manager was open and approachable and that things had improved. One staff member told us: "He's got integrity, I like that." Regular staff support and supervision was available to all staff. Staff told us that they felt supported and effectively trained to fulfil their role competently.

All the staff we spoke with told us that if they had any concerns about a colleagues practices that they would report it to a senior member of staff. Staff knew the whistle blowing procedures and felt confident they would use it if they needed to.

We spoke to a health and social care professional who told us that the new manager had been responsive and helpful whilst they were investigating a recent incident at the service. We found that the new manager was responsive and quick to act when they were made aware of previous issues that had affected good communication between relatives and staff at the service. We were sent an action plan telling us how they planned to improve communication with a planned meeting and open door policy.

The provider conducted their own regular quality inspections of the service and developed an action plan to ensure that improvements were made as necessary. There were clear time frames set for the improvements to be made.

Incidents and accidents were recorded and investigated to minimise the risk of them occurring again. Staff were supported when there had been an incident that may affect their welfare or ability to work.

Our records showed that we had received all the required health and safety notifications in a timely way. This meant the provider followed the correct procedures and notified us of significant events.