

Lifeways Orchard Care Limited

202 Weston Road

Inspection report

202 Weston Road
Meir
Stoke-on-Trent
Staffordshire
ST3 6EE

Tel: 01782342123

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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

About the service

202 Weston Road is a residential care home providing personal and nursing care to four people who had a learning disability and/or autism at the time of the inspection. The care home accommodates four people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported by safely recruited staff, who had the skills and knowledge to provide effective support. Staffing levels were regularly reviewed to ensure there were enough staff available to meet people's needs. People's medicines were managed, and staff followed infection control procedures.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

Effective care planning and risk management was in place which guided staff to provide support that met people's needs and in line with their preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access healthcare professionals and advice received was followed by staff. There were systems in place to ensure people received consistent care and support.

People were supported by caring staff who promoted choices in a way that people understood, this meant people had control and choice over their lives. Staff provided dignified care and respected people's privacy. People's independence was promoted by staff.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were involved in the planning and review of their care. Staff followed care plans to ensure they provided support in line with people's wishes and diverse needs. People's communication needs were met, and information was provided in a way that promoted people's understanding. There was a complaints system in place which people understood. The registered manager had a system in place to gain people's end of life wishes.

Systems were in place to monitor the service, which ensured people's risks were mitigated and lessons were learnt when things went wrong. People and staff could approach the registered manager who acted on concerns raised to make improvements to the delivery of care. Staff and management were committed to providing a good standard of care, which was focused on positive outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 11 September 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

202 Weston Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

202 Weston Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider had sent to us as required by law. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, deputy manager, care workers and the regional manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to ensure people were protected from the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of regulation 12.

- The provider had improved the environment which ensured people were protected from the risk of infection. For example; bathrooms and the kitchen had undergone a full refurbishment to ensure the risks of cross infection were minimised.
- All areas of the service were clean, and staff understood the importance of using Personal Protective Equipment (PPE) to reduce the risk of cross infection when supporting people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Relatives told us they were assured people were safe and were supported to lower risks to their health and wellbeing. One relative said, "The staff have helped to make sure my relative is safe since their mobility has decreased. They have provided equipment and sensors to reduce their risk of falling."
- Staff displayed detailed knowledge of people's risks and how they needed to support them to remain safe.
- There were detailed risk management plans in place, which ensured staff had up to date guidance to follow to support people safely.
- Incidents that had occurred at the service were recorded. The registered manager analysed the incidents and ensured action had been taken to lower further occurrences. Staff were informed of changes to people's support and records were updated. This ensured lessons were learnt when things went wrong.

Staffing and recruitment

- People and relatives told us there were enough staff available at the service. One person said, "The staff help me when I need them." A relative said, "There are always enough staff available when we visit. There have been some changes in staff, but this has improved recently."
- Staff told us they were given enough time to support people with their needs in an unrushed way. One staff member said, "I feel there are enough staff, we have time to support people and people are able to access activities when they want to because there are enough of us on each shift. If there are any shortages these are always covered."
- There was a system in place to ensure people continued to receive a service when staffing levels had changed.
- The provider had safe recruitment practices in place, which ensured people were supported by suitable staff.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse because staff understood how to recognise the signs of abuse. Staff explained how they would report suspected abuse in line with the provider's policies.
- The registered manager understood their responsibilities to safeguard people where suspected abuse had been identified.

Using medicines safely

- People were supported to take their medicines when they needed them.
- Medicine Administration Records (MARs) were used to show when staff had supported people with their medicines.
- Protocols were in place for 'as required' medicines which ensured staff understood when people may need these types of medicine. For example, how people displayed they were in pain to ensure they were supported with pain relief medicines.
- Staff told us they were trained in the administration of medicines, which we saw documented in the training records. Competency assessments were carried out to ensure the medicine training received was being used in practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Relatives told us they had been involved in the assessment of their relatives needs prior to using the service. Records we viewed showed that people had also been involved in the planning of their care.
- The service used positive behaviour support principles to support people in the least restrictive way in line with national guidance. There was guidance for staff to follow to support people in the least restrictive way when they displayed behaviour that may challenge.
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences. This included the characteristics under the Equality Act 2010, such as age, disability and religion.

Staff support: induction, training, skills and experience

- Staff told us they had an induction before they started to provide care and regularly received training to carry out their role. One staff member said, "We have ongoing training and I have received support to ensure it meets my specific training needs. The registered manager has been very supportive and is available if I have any questions about the training."
- Competency checks, and observations were carried out to ensure staff understood the training received and people were supported effectively.
- Staff felt supported in their role and received supervisions to ensure any issues or areas of development were discussed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to be involved in the preparation of their meals and drinks.
- People told us they had choices that met their preferences. One person said, "We meet and choose what we all like to eat. If there is something I don't like I can have something else."
- Staff explained how they supported people to manage their nutritional risks and there were detailed plans for staff to follow, which confirmed what staff had told us.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare professionals to ensure their health and wellbeing was maintained.
- Relatives told us staff supported their relatives to attend medical appointments. One relative said, "The staff make sure my relative's health is maintained. Any issues and the staff make sure they see a doctor etc."

- The records we viewed confirmed staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.
- People had health action plans and hospital passports in place, which ensured they received consistent care when moving between services.
- There was a handover system in place, which ensured staff provided consistent support that met people's changing needs.

Adapting service, design, decoration to meet people's needs

- Improvements had been made to ensure the environment met people's needs. For example; the kitchen had been improved to aid people's independence.
- A programme of re-decoration had been carried out throughout the service with the involvement of people, who were proud to show us around the service.
- Adaptations were available when needed. For example, one person's room had been fitted with a sensor to alert staff when they were mobilising to reduce their risk of falling.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff gained people's consent before they provided support. Where people lacked the capacity to make specific decisions staff supported people in their best interests.
- Staff and the registered manager understood their responsibilities to ensure people were supported in their best interests and in line with the MCA.
- The records in place supported what staff had told us and ensured staff had guidance to follow to support people in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at the service and staff were caring and kind towards them. One person said, "The staff are nice to me." Another person said, "I like all the staff very much."
- Relatives told us staff were all caring towards their relatives. One relative said, "The staff are 'bending over backwards' to help my relative and meet their needs. They are very caring towards my relative."
- Relatives told us they were able to visit at any time and there were no restrictions. Staff supported people to visit their relatives at their homes and overnight stays were arranged.
- Staff understood the importance of respecting people's diverse needs when they provided support. For example; people's sexuality and their religious beliefs.

Supporting people to express their views and be involved in making decisions about their care

- Staff asked people what they needed before they provided support and listened to people's choices. For example; one person was asked if they wanted to go out, this person wanted to stay in their room and staff respected their wishes.
- People were encouraged to make decisions about their care and staff provided support to ensure people were given information in a format that promoted their decision making.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected by staff. People were treated as equals by staff and spoken with in a dignified and respectful manner. One relative said, "Staff are always respectful towards my relative and my relative respects staff too."
- People's privacy was upheld by staff. For example; when people wanted to spend time to themselves staff respected their wishes to do so.
- Staff explained the importance of supporting people in a way that met their needs and encouraged their independence. For example; staff ensured people were asked what they felt they could do for themselves before they provided support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in the planning of their care which ensured their preferences were met. One relative said, "I have been fully involved in my relative's care. The staff always let me know what is happening and I visit regularly to discuss my relative's needs."
- People were in the process of making goals to increase their independence. The registered manager told us these goals were centred around each individual person. They said, "Some people's goals may be small such as making a cup of coffee, but this is a point to start at to encourage independence."
- People were involved in the review of their care on a regular basis, which meant people's needs were discussed and changes implemented when required.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had guidance to follow to enable them to communicate with people effectively. For example; one person had difficulties communicating verbally and there was a clear plan for staff to follow. Staff had a good understanding of how to promote this person's way of communicating.
- Information was available in an easy to read format to ensure people were given information in a way that met their understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed going out with staff. One person said, "I like going to the club, I have friends there." We saw two people were supported to go bowling, which they told us had been enjoyable.
- Staff knew people well and understood people's preferences and supported people to access interests that were important to them. This included accessing the community to socialise with friends and being involved in daily living activities around their home environment.
- Staff told us the registered manager had changed the culture within the service to ensure people's independence was promoted and people had more opportunities because of this.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain if needed. One person said, "I would tell the staff if I was unhappy." A relative said, "The registered manager is very approachable, and I would discuss any

concerns with them. I am confident they would act on any concerns raised."

- There was a complaints policy in place that was accessible to people in a pictorial format to aid their understanding.
- There had been no complaints received at the service since our last inspection..

End of life care and support

- At the time of the inspection there was no one who was receiving end of life care.
- The registered manager told us people did not always want to discuss their end of life and they respected this. They told us this would be continually reviewed with people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection improvements were needed to the way the provider's monitoring systems were carried out. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The registered manager had systems in place to monitor the service and mitigate risks to people. Audits carried out contained details of the actions taken to ensure improvements were made to the way people received their care.
- The registered manager had an improvement plan in place with clear actions needed to make improvements which they were working towards. This was regularly reviewed by the regional manager.
- The provider had systems in place to ensure the service was working in line with regulations. For example; a manager's workbook was completed, and regular management meetings were held to ensure the registered manager was undertaking their responsibilities of their registration.
- The registered manager understood their responsibilities of their registration with us. They had notified us of events that had occurred at the service and their previous rating was on display.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the registered manager and deputy manager. One person said, "I like [Registered manager's name] they are nice to me." A relative said, "The registered manager has done wonders for the home. So many improvements have been made it is like a different place."
- Staff felt supported by the registered manager and deputy manager. They told us both managers were approachable, and they were always available for advice. One member of staff said, "The registered manager is very approachable, as is the deputy. It is a better place to work now."
- Staff told us they felt valued and the provider had an awards programme to celebrate good care practices.
- The registered manager was committed to providing a good quality of care to people that was person centred and outcome based. They said, "It is very important that we support people to be as independent and active as possible, ensuring we listen to people's wishes and preferences."
- Staff understood and respected the values promoted by the registered manager and were complimentary about the improvements the registered manager had made at the service. One staff member said, "[Registered manager's name] has made such a difference to the way we do things. People are at the forefront of everything we do, and we are focussed on supporting people to lead a fulfilling life and to be as

independent as possible."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities in relation to duty of candour. They were open and responsive to feedback and were committed to continually improve the service people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were involved in the service. Feedback was gained through telephone calls and surveys. Action was taken to make improvements as a result of the feedback received.
- Staff were encouraged to provide feedback to improve the service during handovers, staff meetings and supervisions. Staff told suggestions they made were listened to and changes made to make improvements to the way people received their care.

Continuous learning and improving care

- Staff told us the registered manager encouraged them to develop their skills and knowledge to assist them to support people effectively. One staff member said, "The registered manager has helped me develop my skills and I feel I have learnt so much since they have been managing the service. They are approachable and always patient with me."
- Regular spot checks and competency assessments were carried out to ensure that staff were supporting people in line with their assessed needs and national guidelines.

Working in partnership with others

- The registered manager had developed good working relationships with a range of external organisations and professionals. This ensured people received their support in a consistent way and enabled the plans of care to include a holistic view of people's needs.