

Prospects for People with Learning Disabilities

34 St Ronans Road

Inspection report

34 St Ronans Road
Reading
Berkshire
RG30 2QE

Tel: 01189508781
Website: www.prospects.org.uk

Date of inspection visit:
25 May 2016

Date of publication:
24 June 2016

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

This inspection took place on 25 May 2016 and was announced. 34 St Ronan's Road is a residential care home providing care and accommodation for up to six people with a learning disability. On the day of the inspection there were six people living at the service.

At the time of the inspection there was a registered manager in post. 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 were safe. Systems were in place to manage risks to people, visitors and staff. Health and safety checks were conducted to ensure the safety of the premises and the environment. Staff knew their responsibilities and how to respond to any safeguarding concerns. They felt any concerns would be taken seriously and acted upon by the managers of the service.

A robust recruitment procedure helped to ensure suitable staff were employed at the service to support people. People received their medicines safely and when they required them.

There were sufficient staff to meet people's needs. Staff received training and were supported in their role by regular one to one meetings and team meetings to discuss their work and matters relevant to the service. Annual appraisals allowed staff to reflect on their achievements and plan their future development needs.

Staff gained people's consent before providing support and care. People's right to make decisions was protected and when necessary decisions were made in their best interests.

People were supported to stay healthy. Healthcare advice was sought and followed through appropriately. Regular reviews of people's health and wellbeing were undertaken.

People were supported to eat and drink. A variety of nutritional food was available in sufficient quantities to maintain a balanced diet. People were supported in their choice of food and drink and when necessary their nutritional intake was monitored.

People were treated with kindness, dignity and respect. They and their relatives were involved in planning and reviewing decisions about their care. Staff were kept up to date with information related to the changing needs of people they supported.

There were positive interactions between people and staff. Humour as well as compassion was seen throughout the inspection in the dialogue and relationships observed.

People were supported in a variety of activities that were available for people to take part in. These were

based on their personal preferences and needs.

Feedback was invited to help assess the quality of the service and assist in its development. A complaints procedure was available but no complaints had been received since the previous inspection.

We found an open culture in the service. People, staff and relatives thought the service was well-led and managed. Staff were comfortable to approach the registered manager or practice manager for advice and guidance. They felt they all worked together as a team for the benefit of the people they supported.

The quality of the service was monitored by the registered manager and provider through a system of audits and reviews.

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 is safe.

Risks to people's safety were assessed and managed. Staff were knowledgeable on how to safeguard people.

Staff were recruited using a robust procedure and there were sufficient numbers of them to support people safely.

Medicines were managed and administered safely.

Regular checks and maintenance helped to provide a safe environment.

Is the service effective?

Good ●

The service was effective.

Staff received induction, training and assessment to help ensure they had skills and knowledge to support people effectively.

Staff were supported through regular meetings and guidance from managerial staff.

People received effective healthcare and saw professionals when appropriate. The service supported people to follow up any health concerns.

People were supported to eat and drink in sufficient quantities to maintain their wellbeing.

Is the service caring?

Good ●

The service was caring

People were treated with kindness, compassion and respect. People were encouraged and supported to maintain their independence.

People were shown respect. Their privacy and dignity was maintained and they were involved in their support as much as possible. Staff knew people's individual needs and preferences

well.

Is the service responsive?

Good ●

The service was responsive

People's needs were assessed and they were supported with an individualised approach relevant to their needs.

People and where appropriate their relatives were involved in planning and reviewing their support.

People benefitted from an individualised programme of activities based on their interests and needs.

Information on how to make a complaint or raise a concern was available.

Is the service well-led?

Good ●

There was an open and welcoming atmosphere in the service.

Staff and relatives told us they found the registered manager and practice manager approachable and supportive.

The quality of the service was monitored by the registered manager and provider.

Staff had opportunities to discuss how the service could be improved and raise concerns if necessary.

34 St Ronans 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 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 25 May 2016 and was announced. We gave the service 24 hours' notice of the inspection because it is small and there are often times when people and staff are out taking part in activities. Therefore we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We also looked at notifications. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they are required to tell us about by law. The service had not had any reason to send a notification since the previous inspection.

We contacted and spoke with the quality and performance team at the local authority. We also requested feedback from three other professionals with knowledge of the service however, we did not receive a reply.

During the inspection we spoke with the six people who use the service. We also spoke with five members of staff including the registered manager, the practice manager and three care staff. Following the inspection we spoke with two relatives of people using the service.

We observed meal time activities and made general observations in the communal areas of the service. We also observed people taking part in activities supported by staff. We reviewed three people's support plans and four staff files including recruitment records. We reviewed staff duty rotas, quality assurance surveys, audits and a selection of other documents relating to the management of the service.

Is the service safe?

Our findings

Some people were able to tell us they felt safe living at 34 St Ronan's Road and others smiled or nodded their head. People were seen to be relaxed and comfortable. There was laughter and an easy-going atmosphere within the service. People felt easy to approach staff throughout the day and they were responded to positively. Relatives also told us they felt their family member was safe at the service. One said "oh definitely" and another commented that their family member was "never unhappy to go back" after a home visit which indicated they felt safe.

Risks to people were identified and assessed. The risk management plans were incorporated into each individual person's care plan. They gave detailed information on how to support the person in a way that minimised the risks to them, but respected their freedom. Risks that had been identified, included, social isolation, personal safety in the community, travelling in a vehicle, malnutrition and poor communication.

The staff team were knowledgeable with regard to keeping people as safe as possible from any form of abuse or poor care. They received training to provide them with the skills to identify and report concerns about safeguarding people. Staff told us they had never had any cause for concern and "that sort of thing doesn't go on here". They were confident that the registered manager and/or practice manager would take immediate action to ensure any safeguarding concerns were dealt with promptly.

There had been no safeguarding concerns since the previous inspection. However, the registered manager and staff were fully aware of their responsibilities to make reports to the relevant authorities should a concern arise. The provider had a whistle blowing policy, staff told us they would not hesitate to use it, should it be necessary. One member of staff told us the registered manager would not tolerate poor practice and added, "[Name] is always supportive but firm when necessary." Staff were aware they could report issues to other authorities such as the local authority or the police if action was not taken by the service.

Accidents and incidents were recorded, investigated and when appropriate, action was taken to prevent recurrence. When an accident or incident had occurred the service took the opportunity to learn from it and to review and improve their practice. For example, where a discrepancy in a person's personal money had been detected, a full review of the procedures took place and a further risk assessment was carried out. All staff were informed and involved to ensure their practice followed the provider's policy. All accidents and incidents were additionally reported to the provider's compliance team for analysis. If emerging trends or the need for further action was identified an action plan was drawn up. Progress was then reviewed at future audits.

Staff told us there were sufficient numbers of them to care for people safely. Staffing levels were determined, based on the needs of the people using the service. The registered manager also took account of activities and events planned in order to calculate the staffing level required to support people safely. We reviewed the duty rota for the month of May 2016 and saw additional staff were on duty at busy times of the day and when support was required for appointments or activities. The service employed a number of relief staff who worked when they were required to cover additional support or absence due to sickness or annual leave.

Agency staff were used when required to supplement staffing levels. A consistent group of agency staff worked at the service and had done so for a long period of time. The registered manager commented that they knew people very well and were considered part of the care team.

The registered manager told us they were able to deploy additional staff if a person using the service was ill or in hospital. One person had recently had a hospital admission and had received support from staff who knew them well, 24 hours a day while they were there. The registered manager and practice manager told us that the medical staff had commented to them that having this consistent support had contributed significantly to the person's positive experience and outcome of their hospital stay.

The service used a monitored dosage system (MDS) to help them administer medicines safely. An MDS is prepared by a pharmacy and each dose of medicine is sealed into a blister pack. The medication administration records were signed accurately and showed that people had received the correct amount of medicine at the right times. We saw two staff worked together to administer medicines and careful checking of each dose was carried out by both staff members. Some people had been prescribed medicines to be taken when required (PRN), for example, pain relief. The provider's policy required a manager to be consulted to discuss the administration of PRN medicines to ensure it was appropriate and guidelines were followed. Medicines were ordered, stored and disposed of safely.

The provider had a robust medicines policy. Staff received appropriate training in the safe administration of medicines and their knowledge and competency was checked and tested regularly. Where a medicines error had occurred it was fully investigated, the member of staff was spoken to and when necessary they were provided with additional training and supervision until the managers were confident in their competence.

Recruitment procedures were robust, this ensured people were cared for by suitable staff. The provider carried out a number of recruitment checks on prospective employees. These included Disclosure and Barring Service checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers were taken up and verified to check on applicant's behaviour in other employment and employment history was checked for any gaps. Where gaps were identified they were discussed and explanations noted.

The provider ensured regular checks were undertaken to maintain the safety of the environment and any equipment used at the service. These included a gas safety check in May 2016, Lifting operations lifting equipment regulation checks in February 2016, legionella checks in July 2015 and checks on all fire safety equipment in November 2015. In addition to these checks carried out by professionally qualified contractors the service's staff carried out routine checks on things such as water temperatures, fridge and freezer temperatures, emergency lighting and shower heads. Regular three monthly fire drills were carried out and each person had an individual personal emergency evacuation plan. The service had a continuity plan (emergency plan) which provided guidance for staff in areas such as staff disruption, severe weather or loss of utilities. In addition a 'Grid Down' policy had been drawn up in case of failure to the electrical power for an extended period of time.

Is the service effective?

Our findings

Staff received an induction when they began work at the service. This helped to ensure they were orientated to the environment they were working in and were provided with information to help maintain their safety. Following this they spent time working alongside experienced members of staff to gain the knowledge they needed to support people effectively. Staff told us this had involved reading people's care plans and getting to know their individual preferences as well as how best to support them in their day to day life. The care certificate had been introduced to provide training in the essential skills required by care staff. An outside training provider had been engaged to provide and assess this training and three new members of staff were about to embark on this.

Staff felt they had received sufficient training and told us that regular training was available to them. The provider had a comprehensive training policy which had been recently reviewed. A training manager had been employed by the provider and they were undertaking a review of the refresher training provided for staff and the frequency it should be completed. For example, fire awareness training was now refreshed annually instead of every three years. Other training which had previously not required refresher sessions was now part of the refresher programme. This included training relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These changes meant that not all staff were currently up to date with their mandatory training. The registered manager was working hard to ensure staff updated their training as soon as possible.

Other training was available for staff in relation to people's specific needs. For example, a member of staff told us that they had received training in specialised equipment used to support a person whose needs had recently changed. They went on to say that they were never left "without support" and were provided with appropriate training and guidance to provide effective care. A variety of training methods were used including face to face sessions, e-learning and workbooks. The knowledge and skills acquired by staff were tested through competency assessments.

Staff were well supported and told us they could go to their managers "with anything" and "they will always listen". Staff had regular one to one meetings with their manager. They told us these meetings were planned every six to eight weeks but unplanned meetings could also be arranged if they wished to discuss anything more urgently with their manager. During these meetings staff had the opportunity to discuss any aspect of their work and were able to seek guidance or advice as needed. Staff had an annual appraisal of their work, this was used to review and reflect on the previous year and discuss their development and training needs. Staff meetings were held six to eight weekly and records showed discussions relating to individuals, health and safety matters, things to celebrate and improvements in the service had taken place.

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 so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had completed relevant training and understood their role in protecting people's rights to make decisions. We observed how staff encouraged people to make their own choices whenever possible. For example, one person usually helped prepare the evening meal but did not want to do this on the day of the inspection. Instead they chose to listen to music with a member of staff. Care plans referred to how people made decisions. Agreements were recorded detailing who the person wanted to be involved in helping to make best interest decisions when they were unable to do so by themselves.

During the inspection we observed staff sought people's consent and offered explanations before doing anything for them. The registered manager was aware of the legal requirements in relation to DoLS and when an application should be made to the supervisory body. At the time of the inspection applications had been made for all six people living at the service and they were waiting for the local authority supervisory body to carry out their assessment. The applications had been made in March 2016 and no contact had been received from the local authority. Following the inspection the registered manager confirmed they had contacted the local authority to follow up these applications and they were being progressed.

People appeared to enjoy their food and encouragement was given to support people in choosing nutritious meals. We observed the lunch and evening meal during the inspection. We saw people were relaxed and a sociable atmosphere prevailed throughout. This was aided by staff sitting with people and engaging in conversations with them. People discussed menus on a weekly basis so that supplies could be purchased. However, there was always opportunity to change the menu or have alternative choices if people changed their mind. At lunchtime people chose where to eat, for example one person wished to eat sitting on the floor in front of the TV with their meal on a tray. Others chose to eat at the dining table or in the lounge. People engaged in preparing their meals and we saw people supported by staff to select and prepare food and drink of their choice.

Some people required assistance with their food and when necessary staff provided the appropriate support. For example, one person required their drinks to be thickened and another needed their food to be cut up into small pieces to make it safe for them to eat. The food was prepared with fresh ingredients and was well presented. Fresh fruit and snacks were available for people and staff guided them in selecting healthy choices whenever possible. People were offered a variety of drinks throughout the day. People's weight was recorded monthly and monitored for variation. When necessary referrals had been made to dietitians and speech and language therapists to assist in ensuring people's nutrition was monitored and maintained. This was particularly evident for one person who had very individual and limited dietary preferences. We noted how staff worked hard to try and encourage healthier and more varied options for this person.

People saw healthcare professionals whenever they needed to. Each person had a health care plan which recorded the support they required when attending appointments with health professionals or going to hospital. For example, one reminded staff to request a longer appointment to allow time for communication between the person and the health professional. Another referred to whether the person would need staff to stay and support them through the appointment. These plans were reviewed and updated monthly, recording outcomes of appointments and any advice or treatment prescribed. Routine screening with dentists, chiropodists and opticians was followed up and helped ensure people's well-being was maintained.

People moved around the service with ease. The service was spacious and uncluttered. There was an on-going programme of refurbishment and we were told new flooring had been ordered for one person's room to make it more practical for them. We saw a new bath was to replace a shower in order to meet another person's preferences and needs.

Is the service caring?

Our findings

People were relaxed and calm, there were smiles and laughter throughout the day as people went about their daily activities. One member of staff commented, "We do a lot of laughing here, we're very happy." There was a spontaneous rapport between the people living at the service and the staff supporting them. One person's care plan stated they enjoyed joking with the staff. We observed staff laughing and joking with this person on numerous occasions throughout the day gaining happy and jovial responses. People interacted with staff without hesitation and some actively sought their company. When people were unable to do this independently, staff approached them and endeavoured to engage them in conversation or activity.

Staff spoke with people in a manner that showed respect and indicated clearly how well they knew them. Those people, who were able to, told us staff respected their privacy and dignity. Relatives also said their family members were respected and were also encouraged to respect themselves and others. Staff had detailed knowledge of the people living in the service. They told us what people liked to do, the type and amount of support they needed and were familiar with their history and the relationships that were important to them. Staff spoke to people about their families, which for one person was clearly very important. They looked at photographs and pointed out members of the family by name to the person who smiled and laughed throughout this activity, clearly engaged with the staff member and what they were doing.

Staff displayed kindness and patience with people. People's dignity was preserved and staff commented that each person had an ensuite bathroom which helped to maintain their privacy. Staff enquired discreetly if people needed to use the bathroom or if they required assistance with personal care. Staff respected people's wish to spend time alone in their room and balanced this with checks carried out to ensure people were safe and did not become socially isolated.

People were helped to maintain relationships with their families and other people who were important to them. People and their families attended their annual review meetings and were involved as much as possible in reviewing and planning their care. The service used a key worker system. This meant staff had particular responsibilities regarding the person they were key worker to. One relative told us the key worker for their family member was extremely knowledgeable and they enjoyed speaking with them as they knew them so well.

Staff spoke about respecting people's rights and choices. We observed people being offered choices in all aspects of their daily life and being supported to make them in a thoughtful and patient manner. People's rooms reflected their own personalities and taste. Spiritual needs were treated with importance and people were supported to practice their faith if they wished to. For example, people were supported to attend church services, to listen to hymn singing or to pray as they wished.

Each person was encouraged to be as independent as they possibly could be and supported to develop skills to increase that independence. For example, one person had detailed plans for a regular outing they

made which, although supported by staff meant they could be as independent as possible.

People could receive visitors at any time and relatives were actively encouraged to visit. Gatherings for families to come together were organised quarterly and gave an opportunity for a social event which people and their relatives enjoyed. The next one was being planned to celebrate an important anniversary in the provider's history.

Is the service responsive?

Our findings

The service had written support plans which reflected how people wanted to receive their care and support. People were offered individualised care based on their preferences, needs and choices which had been established by a thorough assessment. People's support plans were tailored to meet their diverse needs. Staff knew people and the individual support they required very well. Throughout the inspection staff anticipated and responded promptly to people's needs. A member of staff told us, "We're very person centred here."

Support plans were reviewed annually or more frequently if anything changed in the support people required. For example, after a stay in hospital, one person's support plan had been amended to reflect the increased support they now required with such things as mobility and nutrition. Where people were unable to express their own views, family and professionals had been involved in helping to develop the support plans. People's support plans included their preferred daily routines and guidance for staff to follow. This helped to ensure people received the support they needed in a manner they preferred. For example, one person was particularly sensitive to tone of voice. The support plan guided staff on using particular tones to avoid making the person anxious.

Staff were kept informed of any changes to support plans or people's well-being through a variety of methods. Handovers took place at the beginning of each shift and notes were recorded in individual diaries for each person. Staff were clear that ensuring they had the most current information was essential to enable them to respond effectively to people's needs. One member of staff told us they were given time to read all relevant information and discuss this with the managers if necessary when they returned to work after a period of leave.

Each person had a personal timetable which detailed the activities they took part in. This was based on people's interests and needs. People were supported to engage in activities outside the service to help ensure they were part of the community. A range of activities included attending a day opportunity scheme run by the provider, swimming, singing, dancing and shopping. Where people had particular interests these were embraced and activities organised to incorporate them for example, outings to watch soldiers marching. People also took part in routine activities within the service such as assisting with cooking. Relatives told us there were activities for people to be involved in however, one said they would like to see their family member do more varied activities. The registered manager and staff told us they were always looking for different opportunities to widen the offer of activities to people.

The provider regularly sought feedback from people, their families and professionals about the care and support provided at the service. This was achieved through various methods such as support reviews, quality assurance questionnaires and speaking to the people and their families. A staff member said, "We have a good relationship with families, feedback is always welcomed."

We reviewed the responses received from the latest quality questionnaire and found they were mainly positive. Comments which described the service included, "The total ambiance at St. Ronan's Road is

outstanding." and "The overall service is excellent and [Name] is well cared for." Relatives told us they felt confident to speak with the staff and raise any queries or concerns they may have. They told us they felt they were listened to, although one commented that action was usually taken "but not always straight away".

The provider had a complaints policy. No complaints had been received since the last inspection. Relatives told us they were aware of the complaints procedure and knew how to raise one if necessary.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post as is required by law.

People benefitted from living at a service that had an open and friendly culture. Staff told us they worked well together as a team. Relatives told us there was a friendly and positive atmosphere when they visited.

It was clear from our observations that people found the registered manager approachable. We observed the relaxed way in which they approached her and they were comfortable in her company, engaging in dialogue between them or just spending time with her. Relatives were also complimentary about the management of the service and felt there was good leadership from the registered manager and practice manager.

We found there was an honest culture in the service. The provider had a duty of candour policy which staff were aware of. Staff told us they were encouraged to acknowledge mistakes so that lessons could be learnt from them and practice improved for the better.

Staff had a good understanding of the values and aims of the service and felt they were put into practice. For example, one staff member said, "We are always looking for better ways of doing things." Another said, "[We] always want to do the best we can for people." A third staff member commented, "No matter what, we always work to the needs of the service user." Staff also felt they worked as a team, one called it "a solid team" while another referred to there being a "happy team".

Staff felt well supported and said they could seek advice at any time. They said they could approach the registered manager or the practice manager if they had any worries or needed to talk anything through. One said, "[Name] is very hands on, this helps staff. She has a good balance, can be firm when needed but very supportive, [she] gives good practical advice." Staff told us any concerns they had were managed and dealt with promptly. During 'out of hours' a national on-call system was used by the provider. This meant there was always a senior manager who could provide support and advice for staff at any time of the day or night.

Links to the community were maintained through regular outings to a variety of places including, churches, social groups, sports facilities and shops. People went out into the community using both public transport and the service's own vehicle.

A programme of audits was conducted by the registered manager and provider. These included monitoring of equipment used in the service, health and safety, accidents and safety of medicines. In addition a monthly report was submitted to the provider of all significant events and audits completed to enable trends to be monitored. The provider carried out quality audits of the service to identify shortfalls. It had recently been decided that these audits would be conducted unannounced in the future.

The provider held regular managers' meetings which provided managers with the opportunity to discuss best practice and developments. They were able to share experiences from their various services and

become familiar with changes taking place including legislation and policy.