

G Plane and Miss D Newman

104 Tennyson Road

Inspection report

104 Tennyson Road
Luton
Bedfordshire
LU1 3RP

Tel: 01582418858

Date of inspection visit:
06 December 2017

Date of publication:
06 February 2018

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

104 Tennyson Road is registered to provide accommodation with personal care for up to eight people with mental health needs. At the time of our inspection eight people were using the service. 104 Tennyson Road is a large house and has accommodation over three floors.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient numbers of staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Effective infection control measures were in place to protect people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professionals when required, including Community Psychiatric Nurse's (CPN's), opticians and doctors, to make sure they received additional healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

Care plans were written in a person centred way and were responsive to people's needs.

People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

104 Tennyson 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 comprehensive inspection took place on 06 December 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was use of mental health services.

Before the inspection the provider completed 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. We contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in September 2015.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, general observations and activities.

We spoke with five people who used the service. We also spoke with the registered manager, the manager in training, an acting senior support worker and two support workers.

We reviewed three people's care records, six medication records, three staff files and records relating to the management of the service, such as quality audits.



Our findings

People told us they felt safe. One person said, "I feel safe here." There were processes in place to protect people. Staff had received safeguarding training. At each residents meeting, keeping safe was discussed.

Each person who was using the service had risk assessments in place. These were to assist staff with enabling people to keep their independence whilst keeping them safe. Risk assessments included, nutrition, finances and personal care. There were environmental risk assessments which included fire protection. These were to keep people in the house safe. Risk assessments had been reviewed and updated on a regular basis.

People told us there was always enough staff. There were sufficient numbers of staff on duty, with varying skills, to provide support for people and their assessed needs.

People told us that they received their medicines on time. One person said, "We go to the office, (for our medicines), but staff tell us when it is time." We observed staff offer people 'when required' (PRN) pain relief. Medication was stored correctly and records kept followed guidance and legislation. We checked six Medication Administration Record (MAR) sheets, there were no gaps or errors. We also carried out a stock check on boxed medicines, stock and records matched.

The provider had a cleaning schedule in place. People were encouraged to keep their own rooms clean, but staff assisted to ensure cleanliness. Staff signed each day to say what had been cleaned on the shift. There were plentiful supplies of cleaning equipment, which were kept locked away for safety.

The registered manager told us that they used any kind of incident as an opportunity to learn lessons and change practice if appropriate. They went on to tell us of an issue one person had with a friend who they found had been financially abusing them. New procedures had been put into place to try to stop this from happening in the future.



Our findings

People's needs were assessed prior to admission to the service. This was then used to start writing their care plan. Care plans we viewed showed they had been completed with the person themselves and updated regularly. People we spoke with told us they met with their key worker monthly to update their care plan, although two people said they were not really interested.

Staff told us that they attended training to keep their skills up to date. One staff member said, "The training is good." Another told us about some training they had recently attended and what they had learnt. We saw a training matrix which showed all staff training was in date. Staff told us, and documents showed that they received regular supervision on a one to one basis.

People told us the food was nice. One person said, "The foods brilliant." They told us that they all sat together and decided what meals they wanted for the week. Staff carried out most of the food preparation with people assisting if they wanted to. Staff told us special dietary needs were accommodated. One person was mainly vegetarian, they told us that vegetarian food was purchased and cooked for them. We observed a variety of drinks and snacks being offered throughout the day along with a cooked lunch. There was a small area in the dining room where people were able to make their own drinks. Documentation we viewed showed nutritional assessments had been carried out for each person.

People told us they were assisted to access additional healthcare when required. One said, "I have got a dentist appointment soon. Staff will come with me if I want them to." Within care records we saw documentation showing people had attended a variety of health care appointments. Referrals had been made in a timely manner. The provider employed a clinical advisor who was able to work with people immediately whilst awaiting referral appointments. There were close links with the local community mental health teams, staff had direct access and a good working relationship.

Each person was encouraged to furnish their own room as they wished and to make it personalised. The provider had recently refurbished the dining room. People had been involved in the planning and décor choices.

There was a rear garden where people went out to smoke. A shelter had recently been built for protection. We observed this being used. The lounge was a good size which enabled people to sit and chat or watch television together. We saw people interacting and discussing their day.

People told us staff always gained consent. One person said, "Yes, they always ask us, and they knock on our doors." We observed staff gaining consent throughout our inspection. This included for speaking with the inspector and asking if ready for medication. Within care records we saw people had signed consent forms for care and treatment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Everyone using the service was assessed as having capacity. Staff had received training for MCA and DoLS and were aware of the requirements.



Our findings

People told us staff were kind and caring. One person said, "This is the best place I have ever been, I have been in other car homes but this is the best. The staff help us." We observed staff treating people with kindness, there was a good rapport between staff and people and this was enjoyed. Staff spent time with people and they were not rushed. They chatted throughout the day about things of importance and interest to people.

It was obvious staff knew people well; they were able to tell us about people, their histories, likes and dislikes and their family and friends.

People told us they were supported to express their views and were involved in decision making about their care and support. One person said, "I tell them what I want." Another told us that their key worker sits with them to discuss their care plan but they were not really interested in the paper work. Within peoples care plans we saw evidence that people had been involved in every step of their care plan and decision making.

The registered manager told us that there was an advocacy service available for anyone who needed it. This service would enable people to have independent support if required.

People told us they had their privacy and dignity respected. They had keys to their rooms to enable them to be kept locked and private. We observed staff knocking on doors and awaiting a response before entering. People were introduced to the inspectors and asked if they wanted to speak with them. If they chose not to, this was respected.

Staff encouraged people to be as independent as they could be, whilst keeping safe. Within care plans we saw documentation which recorded people abilities and longer term goals. When goals had been achieved this had been documented and new goals made.

People told us they could have visitors at any time. One person told us their family visited on a regular basis and they went to visit family.



Our findings

Within people's care records we saw they had been involved in their development. People told us that they had been involved from the beginning by assisting with the completion of forms and telling staff about themselves.

Care plans were written in a person centred way for each individual. They showed the person's background, social and emotional needs and future goals. Each person had a named key worker who sat with them on a regular basis to update their care plan, assess their progress and make new achievable goals.

People told us, and we observed, they were supported to follow their interests. On the day of the inspection people went out and there were activities for the Christmas period on the notice board. One person said, "There are things going off but I do not want to join in."

People were encouraged to develop friendships and they went out into the community to meet people.

People told us they knew how to complain. One person said, "I would speak with [staff member]. I would complain if I had to." There was a complaints policy in place. There had been one complaint since the last inspection. This had been responded to following the providers own policy. The registered manager told us how they had responded and changed some practice following the complaint.

Within peoples care plans, we saw evidence that people had made decisions regarding their end of life care and funeral arrangements. The registered manager told us that if required they would use an advocacy service to assist people with making future plans. They had done this in the past. One person had actually arranged a pre-paid funeral plan. Staff were aware of this and documentation was in their care plan.



Our findings

The management team had a clear vision for the service. They were aware of the day to day culture of the service as they were on site on a daily basis. There was an open door policy where people and staff could speak with the registered manager or the manager in training. People and staff we spoke with told us that the management was available and very supportive.

There was a registered manager in post who was aware of their registration requirements. 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.

Staff and management were aware of their responsibilities. There were processes in place for staff to account for their decisions made on a daily basis. Data was kept confidential, staff had individual log in accounts for the computer and paper files were kept locked in the office.

People who used the service told us they had been involved in the recent refurbishment. They told us the staff always kept them involved.

Staff told us there was a whistle blowing policy in place. One staff member said, "I would not hesitate to report someone if they were doing something wrong." Staff and residents meetings had been held on a regular basis to enable people to speak about any concerns they may have had or to make suggestions.

One staff member had recently been promoted to acting senior; this showed staff were encouraged to develop within the service. One staff member said, "If there is something we would like to do we ask and it is arranged for us."

A number of quality audits had been carried out. These included care records, medication and maintenance records. The provider had carried out regular inspections of the service and reports for these were seen. If any issues had been found action plans had been put into place and signed off when complete. The registered manager told us that these would be used as learning and to assist with future development of the service.

The registered manager told us they had a very good open relationship with other agencies who were

involved in supporting people who used the service. They explained they had direct contact with a number of agencies to enable swift action to be taken if required. These included; hospitals, psychiatrists and community mental health teams. Documentation we saw confirmed this had taken place.