

Noble Care Limited

# 62 Cheltenham Road - Learning Disability & Autism

## Inspection report

62 Cheltenham Road  
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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 18 November 2015 and was unannounced. 62 Cheltenham Road provides accommodation and personal care for up to three people. There were three people who were living at the home on the day of our visit.

There was a registered manager in place at the time of our inspection. 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 lived in a safe environment as staff knew how to protect people from the risk harm. Staff recognised signs

# Summary of findings

of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

People told us there were enough staff to help them when they needed them. Staff told us there were enough staff to provide safe care and support to people. The provider did not use agency staff and used their own staff to cover any staff shortages, to support people with continuity of care. People's medicines were checked and managed in a safe way.

People received care and support that met their needs and preferences. Care and support was provided to people with their consent and agreement. Staff understood and recognised the importance of this. People's independence was promoted to eat a healthy and balanced diet. We found that people had access to healthcare professionals, such as their doctor when this was required.

People were regularly involved in planning their health and social care. People's views and decisions they had made about their care were listened and acted upon. People told us that staff treated them kindly, with dignity and their privacy was respected.

People told us they knew how to make a complaint and felt comfortable to do this should they feel they needed to. Where the provider had received a complaint, these had been responded to.

People felt listened to by the registered manager and deputy manager. The registered manager demonstrated clear leadership and staff told us they felt supported to carry out their roles and responsibilities effectively.

We found that the checks the registered manager and the provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve the service.

# 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.

People were cared for by staff who had the knowledge to protect them from the risk of harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People received care they had consented to and staff understood the importance of this.

Good



### Is the service caring?

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Good



### Is the service responsive?

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened to and responded to.

Good



### Is the service well-led?

The service was well-led.

People were included in the way the service was run and were listened to. Clear and visible leadership meant people received quality care to a good standard.

Good



# 62 Cheltenham Road - Learning Disability & Autism

## 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 18 November 2015 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with three people who used the service. We also spoke with one care staff, the deputy manager and the registered manager. We looked at two people's care records and medication records. We also looked at staff schedules, complaints and compliments, three staff recruitment record and relatives' surveys.

# Is the service safe?

## Our findings

All people we spoke with told us they felt safe living at the home. One person told us how they could sometimes feel anxious and staff helped reassure them and made them feel better. Another person we spoke with told us that they felt safe in their home with the staff. They told us that they attended the safeguarding training that staff attended and were familiar with what constitutes abuse and how to report it.

All the staff we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware about the different types of abuse. We found that safeguarding information was on display at the home. We found that the registered manager had a good awareness of the safeguarding procedures to ensure people were kept safe.

The registered manager had assessed people's individual risks in a way that protected them and promoted their independence. For example, one person told us that they liked to go out for walks on their own. They told us how staff made sure they remained safe while they were out. Staff we spoke with were aware of the process that had been agreed with the person. The person told us that they enjoyed their independence but also with the knowledge that staff were, "looking out for me".

All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us that staff, "There is always someone here". Staff told us they felt there were enough staff on duty to meet their needs through the day and night time.

The registered manager told us that they had a steady staff team and absences were covered by their own staff. The registered manager explained that they preferred this as they knew the needs of the people who lived at the home. They told us that staff worked hours that reflected people's needs. For example, where people required staff support with external activities more staff were on duty. When some people were at voluntary work placements, the staffing levels within the home reflected this. People and staff we spoke with told us that the registered manager and deputy manager were visible within the home. One staff member told us that there was a good team of staff and good management in place.

We saw staff records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. Staff we spoke with told us that they had completed application forms and were interviewed to assess their abilities. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Two people we spoke with about medication did not have any concerns about how their medication was managed. One person said, "I take my medicines every day". We spoke with a staff member that administered medication. They had a good understanding about the medication they gave people and the possible side effects. We found that people's medicine was reviewed and where staff felt that a medicine may not be appropriate for the person they would contact the person's doctor. People's choices and preferences for their medicines had been recorded within care plans. We found that people's medication was stored and managed in a way that kept people safe.

# Is the service effective?

## Our findings

All the people we spoke with felt that staff who cared for them knew how to look after them well. People told us that they felt confident that staff supported them in the right way.

Staff told us they had received training that was appropriate to the people they cared for, such as diploma's for health and social care. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, a staff member told us how the mental capacity training had helped them develop awareness and understanding to ensure people's rights were respected.

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 we spoke with told us that staff ensured they maintained their independence and staff promoted this. Two people told us that they were able to go out when they wanted to. Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. Staff told us they always ensured that people consented to their care. Two staff members told us that they did what the person wanted and would respect their decision.

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. 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.

We saw that registered manager had considered people's capacity when consent was needed. The registered manager completed an assessment to gain an understanding of the person's capacity to make the decision about a treatment that they required. We found that following the assessment the registered manager had taken appropriate action and acknowledged that the person had the capacity to make a decision about their treatment and accepted the person's right to refuse treatment.

People who we spoke with told us they enjoyed the food at the home. People told us that they ate food that they enjoyed and food that they had chosen. People were supported to maintain their independence and would plan, prepare and cook their own food. One person told us that staff knew what food they enjoyed and helped them to prepare this when they asked for assistance. People told us that staff supported them to go out to eat. Staff spoke of how people were given the choice of cooking in the home or going out for a meal if they wished.

People were independent in making their own drinks and we saw that people had access to the kitchen to make drinks when they wanted to.

Staff told us they monitored people's weight monthly to ensure they maintained a healthy weight. Staff spoke of healthy eating, while respecting the person's choice of food. At the time of our inspection staff had no concerns about people's food or fluid intake.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged when they requested them. People told us that they saw a doctor when they needed to. One person said, "They call the doctor when I've needed them". They also told us that they were supported to hospital appointments when this was required. We saw in care records that staff ensured people maintained their appointments and worked with external healthcare professionals to ensure the person received the care and treatment in a timely way.

# Is the service caring?

## Our findings

People we spoke with told us staff were kind and caring towards them. One person told us how 62 Cheltenham Road was their home and they were happy with the staff that cared for them. We found that the interaction between people and the staff was relaxed and friendly

and there were easy conversations and laughter. People approached staff for assistance when they required it. People were comfortable talking with us about their lives within the home and were proud of what they had accomplished.

Staff spoke with people kindly and made sure people were comfortable. Staff were respectful and spoke with people in a considerate way. We saw and people told us that staff did not hurry people and were caring in their attitude towards people.

People told us that staff supported them to make their own decisions about their care and support. People told us they felt involved and listened to and that their wishes were respected. People told us that they had information they required in a format that was suitable for their individual needs. For example, learning information, such as safeguarding, raising a complaint and information that related to their care plans. People told us that staff worked

with them to ensure they received the support when they required it. One person told us that a voluntary work placement had become unsuitable for them. They told us that when they told staff this, they encouraged the person to find alternative voluntary work that would better suit their wishes.

People were supported and encouraged to maintain relationships with their friends and family. People told us that visitors were welcome and they could visit their family members when they wished. The registered manager showed us how they involved people's family members. They showed us how they created video's to share with family members of different activities they had enjoyed. For example, two people enjoyed walking in the local hills, a presentation video of this was developed with people and shared with their family members.

People told us they had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people's bedroom or bathrooms doors and waited for a reply before they entered. Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

# Is the service responsive?

## Our findings

People told us they felt staff understood their needs and provided appropriate support in response to them. People told us that staff asked them regularly what they would like as part of their social care needs. We found that people's care was reviewed on a monthly basis or when their needs changed. One person told us that staff were responsive to their emotional needs and provided them with reassurance when they needed it.

There was a small staff team who worked at the home. People had lived at the home for many years which meant that staff were aware of people's health and social care needs. People we spoke with told us that staff always respected their decisions about their care. We spoke with staff about some people's care needs. All staff we spoke with knew about the person's health and social care needs and what support the person required. Staff told us that they would speak with the person to ensure they were providing care to them the way in which they preferred. Staff told us that people's most recent information was in people care records and this was easy to follow.

One person told us how they had many hobbies and interests and staff supported them to pursue this. They told us how they liked to go to church regularly and staff

supported them to attend. They told us that they attended an art group when this did not meet their needs anymore, staff worked with them to sort a more suitable art group for them to attend.

We spoke with one person who shared with us their ambitions and told us how staff had supported them to help them fulfil these. For example, they had wanted to play their favourite music to people on a radio station. Staff had arranged for the person to play their selected music on the local hospital radio station. The person told us how they were excited to do this.

People and staff felt confident that something would be done about their concerns if they raised a complaint. One person told us, "I don't have any concerns, but there is a letter which tells you how to complain".

The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint. We found that the provider had provided information to people about how to raise a complaint. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome.

We looked at the provider's complaints over the last 12 months and saw that one complaint had been received. We found that this had been responded to with satisfactory outcomes for the person who had raised the complaint.



# Is the service well-led?

## Our findings

People told us they had many opportunities to contribute to the running of the service. We saw examples where the registered manager had listened and promoted the views of people who used the service. For example, people would spend time with a potential new staff member before they began their role. They told us that people were listened to if they felt that the potential new staff member was not suitable for them to provide care and support within their home.

People who we spoke with told us they found the registered manager and deputy manager was approachable and responsive to their requests where it was required. One person we spoke with said, “Yes, I like [the registered manager]”. Another person told us how they enjoyed spending time with the deputy and registered managers.

All staff we spoke with told us they felt supported by the registered manager and their colleagues. All staff members we spoke with told us they enjoyed their role. Staff had confidence in the registered manager to be able to make positive changes should they have any concerns. One staff member said, “I haven’t had any problems, but I know if I did I would just talk it through with the [registered manager]”.

The registered manager shared with us compliments that the service had received. We saw one compliment from a

pharmacist during their medication audit. They had expressed how the service had a “warm and welcoming atmosphere” and that people had told them how “happy and content they were with the service”.

The registered manager had checks in place to continually assess and monitor the performance of the service. They looked at areas such as environment, care records, staffing, training, incidents and accidents. This identified areas where action was needed to ensure shortfalls were being met. For example, it was recognised by the registered manager that better recording of mentoring new staff was required. The registered manager felt that this would help with training future staff into the role.

The provider had sent surveys to relatives to gain their views about the service provision. Overall, these were positive comments about the care and service that was provided. We found that a relative had commented about the garden. Staff told us that they had cleared the garden following this and told us that plans were in place to improve the space outside in the spring.

We found that the provider completed regular checks of the service provision. The registered manager told us that the provider was supportive and knew people who lived in the home well. We spoke with the provider about a discussion we had with staff about modifying the bathroom to provide people with a walk-in shower. The provider had recognised that people’s health needs were changing and that adaptations to the bathroom would be required, in order to ensure they were able to meet people’s needs as they changed.