City of Wolverhampton Council

Duke Street Bungalows

Inspection report

21-25 Duke Street
Wednesfield
Wolverhampton
West Midlands
WV11 1TH

Tel: 01902553356
Website: www.wolverhampton.gov.uk

Date of inspection visit:
01 August 2016

Date of publication:
13 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Our inspection was unannounced and took place on 1 August 2016.

At our last inspection on 28 October 2013 the provider was meeting all of the regulations that we assessed.

The provider is registered to accommodate and deliver personal care to a maximum of twenty people who had needs relating to a learning disability or autistic spectrum disorder. On the day of our inspection 18 people lived there. People lived in three bungalows on one site. Each bungalow was self-contained having its own bedrooms, lounge/dining areas, bathing, cooking and laundry facilitates.

The manager was registered with us and was present during our inspection as was the provider. 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.

Although there were systems in place to keep people safe and to protect them from the risk of abuse staff had not always followed these. The provider could not evidence that they had assessed staffing to ensure sufficient numbers to consistently meet people's needs and preferred routines. Medicines were not always managed in a safe way. The provider had safe systems in place to recruit new staff.

Staff received an induction which gave them the initial knowledge and support they required to meet people's needs. Staff had training and one to one supervision to equip them with the knowledge they needed to provide appropriate support to the people who lived there. Staff felt that they understood their job role and responsibilities. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the provider was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted. Diet and fluids offered were to people's liking. People were supported to access to health care services to promote good health.

People felt that the staff were nice and kind. Interactions between staff and the people who lived there were positive, staff were polite and helpful to people. People's dignity and privacy were promoted and maintained.

The provider used feedback forms to get the views of people, their relatives and external healthcare professionals on the service provided. A complaints system was available so that people and their relatives could state any concerns and dissatisfaction if they had the need. People were offered a range of activities that they enjoyed.

Feedback from people, relatives and staff was that the service was good. We saw that the provider had

monitoring and auditing systems in place to ensure that the service met people's individual needs and preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff had not always followed procedures to ensure that people were protected from abuse.

Medicine administration systems were not always safe.

The provider had not accurately assessed the number of staff required to ensure that people would be safe and that their needs would be met.

Is the service effective?

Good

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and received care in line with their best interests.

People told us that they were happy regarding the meals and meal choices on offer.

Staff worked closely with multi-disciplinary teams of health and social care professionals to provide effective support and health monitoring.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind and caring.

People's dignity and privacy were promoted and maintained.

Staff ensured that people dressed in the way that they preferred and that they were supported to express their individuality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed regularly and their care plans were updated where there was a change to their needs.

People were encouraged to engage in or participate in recreational pastimes that they enjoyed.

Is the service well-led?

Good

The service was well-led.

People and staff felt that the service was well-led.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The provider had monitoring processes in place to ensure that the service was being run in the best interests of the people who lived there.

Duke Street Bungalows

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.

Our unannounced inspection took place on 1 August 2016 and it was conducted by one inspector and an expert by experience. Experts by experience are people who have personal experience of using or caring for someone who use this type of care service. As the service provides support to younger adults who were often out during the day, we started our inspection early in the morning so that we could meet the people who lived there.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; these could include accidents and deaths we refer to these as notifications. We looked at the notifications the provider had sent to us. We asked local authority staff their views on the service provided. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We met all of the people who lived at the home and spoke with four people. The majority of people who lived at the home were not able to communicate with us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four relatives, four care staff members, a cleaning staff member, a team leader [senior staff member] and the registered manager. We looked at care records for three people, medication records for two people, two staff recruitment, supervision and training records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at provider feedback forms that had been completed by the people who lived at the home and their relatives. We spent time in communal areas observing routines and the interactions between staff and the people who lived there, breakfast and lunch meal times.

Requires Improvement

Is the service safe?

Our findings

A person shook their head and said, "No", to indicate that they had not been hurt or frightened by anyone. A relative we spoke with said, "No abuse that I am aware of. They [person's name] seem happy with the staff". Another relative told us that their family member had not indicated any experience of abuse. They said their family member was happy at the home was always happy to return to the home after they had been out with them. In 2015 the registered manager had made a number of alerts to the local authority safeguarding team when there were some concerns raised. The local authority safeguarding team had made enquiries about the concerns which had since been closed. This showed that the registered manager knew of and followed the provider's policies to protect people from the risk of abuse. Staff told us that people were protected from harm and abuse.

We saw that people who lived there were at ease with the staff. We saw that they were comfortable to approach staff if they wanted anything. We saw from staff supervision and staff meeting records that staff were asked regularly about safeguarding and what they would do if they had a concern. This was for the registered manager to judge if the staff had sufficient knowledge of what to do if they had a concern. Staff we spoke with told us that they had received safeguarding training and records that we looked at confirmed this. Staff we spoke with knew how to recognise signs of abuse and how to report their concerns. One staff member said, "Any concern all of us [the staff] would report it straight away". However, one person's review records for the end of June 2016 read, "Hit on leg by another person the area [where they had been hit] was red but not bruised". We were not aware of this incident and asked the registered manager about it. Who after reading the records told us that the two staff who had witnessed and recorded the incident had not reported the issue to them or another senior staff member. This highlighted that the staff on this occasion had not followed the providers procedures to ensure that the person were protected from further harm. The registered manager said, "I am devastated that staff have not reported this. I don't know why they did not. I will report to the safeguarding team and investigate".

A person told us that they felt safe at the home. A relative said, "I feel [person's name) is safe living here". Another relative told us, "I think they [their family member] are safe". Staff told us that generally people who lived at the home had their safety needs met. We were told of a situation that had occurred when a person had left their bungalow on their own when they were not safe to do so. The registered manager confirmed this incident had happened prior to them being in post. The staff had noticed quickly that the person was absent and had searched the area. The person was found safe and well. However, we saw that a gate [that could be accessed by the people who lived there to go out] was unsecured. The registered manager told us that the gate was never secured in the day time. No risk assessment had been carried out regarding this in view of the previous incident. The registered manager told us that they would undertake an assessment to prevent further risk to people. We saw that some hot water pipes had been replaced in one bathroom. The pipes were metal and when water flowed through them they were hot to touch. This meant that there was a potential risk of skin burn. The registered manager alerted the maintenance section to this risk who visited and confirmed they would cover the pipes to decrease any risk to people.

We saw that risk assessments had been undertaken regarding falls, moving and handing and the prevention

of sore skin and that the outcome of these were transferred to people's care plans to minimise risks. We found that the incidence of accidents and injury to people was low and no person had sore skin. Staff told us that they had received training on how to move people by means of a hoist and that they felt confident to do that task. This showed that those risks assessment processes had worked to prevent accidents and ill-being.

Staff and relatives had mixed views about staffing levels. A relative said, "I think there could be more staff at times". Another relative told us "I think the staff are stretched". Staff told us that although people's needs were met and they were safe they did not feel that staffing levels were adequate to provide quality time with people. A staff member said, "As people get older their needs change and they need more support". We saw that there were times for short periods (ten minutes) when there were no staff consistently in the lounge with people. They were going in and out of the lounge supporting people to go to the breakfast table. However, we observed that there were adequate staff to support people at meal times, take people out into the community and to support them to go to appointments. However, the registered manager told us that they had not used any formal tool to determine the precise staffing levels required. This meant that there was a potential risk that insufficient staff were available to keep people safe and meet their needs.

The registered manager told us that there had been problems due to long and short term staff sickness. They also told us that some staff had now returned to work and others were due to return which could improve the staffing situation. We found that there were systems were in place to cover staff leave. The registered manager told us that the provider had a bank of staff that they could call upon to cover sickness. They said, "We try to use the same staff so that they know the people". A staff member said, "We usually cover shifts when other staff are off sick or on holiday. All sick leave is covered by us or the council [the provider] bank staff however no annual leave is covered by bank staff it is always covered within our staff team here. This works fairly well as it ensures that people are supported by staff they are familiar with".

A person told us, "The staff give me my tablets and I'm happy". Records we looked at and staff we spoke with confirmed that people could be given the opportunity to manage their own medicine if assessment processes confirmed them safe to do so. We saw that when staff offered people their medicines they explained what they were doing to give people an informed choice. We saw that people willingly took the medicines offered by staff. We observed staff offering one person their tablets on top of a spoon of yogurt. The tablets were visible and staff told the person that the tablets were on the yogurt. The staff member explained, "They person's name does not like to take the tablets without jam or yogurt. They know the tablets are there". Staff told us and records confirmed that if people had refused their medicines frequently then they alerted the person's GP. This showed that people were encouraged and enabled to take their medicine and in a way that they preferred.

We looked at what arrangements the provider had in place for the safe management of medicines. We saw that medicines were stored in an appropriate medicine cupboard. Staff we spoke with told us that they had received medicine training and felt confident and comfortable managing medicines. Records that we looked at confirmed that staff had received medicine training and a medicine competency had also been undertaken. We looked at Medicine Administration Records (MAR) for three people. We saw that the MAR were maintained correctly. We carried out an audit of two people's medicine, we looked at records to see how much medicine should have been available against what was actually available and found that the balances were correct. This confirmed that processes were in place to ensure that people received their medicines as they had been prescribed by their doctor to promote their good health. We found that there were protocols in place to instruct staff when 'as required' medicine should be given. This meant that the medicine would be given when it was required.

We found that some improvements were needed to increase medicine management safety. We saw that

some Medicine Administration Records (MAR) that had been handwritten by staff. There was no second staff signature on the records to confirm that what had been written was correct to prevent a risk of error. This meant that the checking process for handwritten MAR was not in place to ensure that people would be medicines would be given correctly. We identified and this was confirmed by the registered manager and staff that there was no process in place to monitor and record the temperature of areas where medicines were stored. This meant that the provider could not give assurance that medicines were stored at the required temperature to ensure that they would work as they were designed to promote good health.

The registered manager told us, "All staff are fully checked before they start work". This was confirmed by staff that we spoke with. A staff member said, "All of the checks are carried out before any staff can start work". We found that safe recruitment systems were in place that included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if prospective staff members had a criminal record or had been barred from working with adults due to abuse or other concern. This gave assurance that only suitable staff were employed to work in the home which decreased the risk of harm to the people who lived there.

Good

Is the service effective?

Our findings

A person told us, "I am happy". Another person said, "I like it here". A relative said, "I have no real worries about their [person's name] care and support. I think the care is good". Another relative told us, "This home's been good for him [person's name]. Before he came here he had few skills but has gained a lot. He seems happy when I visit." Staff we spoke with told us that the service provided overall was effective and that people's needs were met. A staff member said, "I think the service people get here is fairly good".

A staff member said, "I had induction when I was first employed. It was quite good it showed me what I needed to know". Other staff told us that their induction training had involved looking at policies and procedures, being introduced to the people, and working alongside experienced staff. Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place and the induction documentation had been completed for each staff member. The provider had information about the 'Care Certificate' and staff who needed to undertake this training had the opportunity to work towards this. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work.

People we spoke with told us that the staff looked after them well. A person said, "I like living here. I am well looked after". Relatives said, "I think the staff have had the training they need" and, "The staff seem to know what they need to know". A staff member told us, "I am able to do my job". Other staff we spoke with confirmed that they had received the training they needed. Staff training records confirmed that staff had received most of the mandatory and specialist training for their role which would ensure they could safely meet people's individual needs.

A staff member said, "I think we [staff] are all supported alright". Other staff told us that they felt supported by the registered manager, senior staff and their colleagues. A staff member said, "All staff have fairly regular supervision sessions". Records that we looked at confirmed this. We saw where problems had been identified with staff performance or training was needed this was discussed with staff to assist them in their professional development.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with understood the principles of MCA and DoLS. They knew that people should be given options and enabled to make everyday choices and should not be unlawfully restricted. Where people lacked capacity to make decisions the registered manager had acted correctly and referred the people to the local authority who had authorised their DoLS. Staff we spoke with knew which people had a DoLS and the reasons for this.

A person told us, "Staff ask me first". Staff we spoke with understood the importance of asking people's permission before they provided support. A staff member said, "I ask people if they would mind doing something for them. I don't just assume that it is ok". We heard staff asking people before they supported them. We heard staff saying, "Shall we go out?" and, "Do you want a coat on?" We observed that people verbally agreed or acted willingly to undertake the tasks which demonstrated that they were happy to do so.

A person said, "We have what we want to eat". Another person told us, "The food is nice". Although there were no menus displayed we found from records that people were consulted where possible about meal planning. We heard staff asking people what they would like to eat and drink at breakfast and lunch time. We saw that staff showed some people what food and drink was on offer to make it easier for them to decide what they would like. We looked at people's care plans and saw that their food and drink likes and dislikes and risks had been determined. Staff we spoke with knew what food and drinks that people preferred. We looked at food stocks and saw that they were varied and plentiful and that fresh vegetables and fruit were readily available.

Some people could not eat certain foods and some of their food required special storage and preparation due to religious and cultural needs. Staff we asked knew of these needs, told us how they prepared food and showed us the fridge that was used to store the food appropriately.

We observed that one person looked of a low body weight. We looked at their weight records for the last six months that highlighted that there had been no weight loss in that time. Staff confirmed that when needed referrals to external health professionals regarding identified risks concerning eating and drinking and weight loss had been made. Records that we looked at confirmed this. There were instructions for staff to follow in the care plans to ensure that people were supported effectively. When we asked staff were able to tell us who had risks regarding food and fluid intake and they were aware of the instructions they should follow. We saw that staff sat and assisted people to eat and drink and added thickening agent to some people's drinks to prevent them choking. We saw that people were offered drinks regularly throughout the day. This showed that action was taken to decrease potential risks to people's health regarding their food intake.

A person told us, "I see a doctor". Another person said, "I am going to go to see the doctor for a check-up in September [2016]". A relative said, "They [person's name] had a fall a few months ago and staff took them to hospital for a check-up. The staff also take them [person's name] for hospital appointments". A provider feedback form read, "People's heath care is always a priority. Any problems we are told". Staff we spoke with confirmed that they supported people to access health and social care appointments. Records we looked at confirmed that where staff had a concern they referred people to their doctor and a wide range of external health professionals which included the dietician and speech and language therapists. Records and staff we spoke with also confirmed that each person had regular checks from the dentist and optician had an annual health check. This ensured that people accessed the health attention they needed. We saw that health plan documents were in place. The aim of health plan is to ensure that people and staff know what action needs to be taken regarding health conditions and to record the outcome of health appointments and reviews.

Good

Is the service caring?

Our findings

A person described the staff as being, "Lovely". Another person said, "The staff are kind". A relative told us, "The staff are friendly". A staff member told us, "I think all the staff here are here because they want to help the people. They [the staff] are all caring". We observed staff interactions with the people who lived there. We saw that staff took time to listen to what people said and showed an interest. We saw that the staff gently touched people's arm to calm and reassure them.

Records showed that staff had found out the preferred form of address for each person and we heard that this was the name they used when speaking to people. During the day we heard staff speaking to people in a respectful manner they were polite. A relative told us, "The staff are polite".

The provider had a confidentiality procedure in place. Staff we asked explained how they maintained people's confidentiality. They told us that they knew that they should not share people's information with unauthorised people. Staff ensured that records about people were kept safe. We saw that care records were held securely.

A person said, "I wear what I want". Staff told us that they encouraged people to choose what they wanted to wear each day and supported them to express their individuality. We saw that people wore appropriate clothes went they went out into the community that day. This showed that staff knew that people's individual appearance was very important to them and they supported people to look their best.

Staff we spoke with were able to give us an account of how they promoted dignity and privacy in every day practice and gave examples of ensuring toilet and bathroom doors were closed when they provided personal care. A staff member told us, "We always encourage people to do as much as they can for themselves. It may be a simple thing like encouraging people and enabling them to wipe their face, eat independently or go shopping with us to select items. These small actions help people to have some independence". This showed that staff promoted people's privacy, dignity and independence.

We saw that staff were aware of people's individual communication needs and how to address them. We observed that staff faced people when speaking with them and spoke with them calmly. We saw staff using hand gestures to communicate with people. We heard staff asking people questions to ensure that they had understood what had been said. We saw that the person understood as they responded appropriately.

People told us that maintaining contact with their family was important to them. A provider feedback form read, "I can visit when I want to. The staff are welcoming, there is a relaxed atmosphere and it is an enjoyable experience". Another relative said, "There is open visiting". Records we looked at and staff we spoke with highlighted that there was no visiting restrictions and families could visit when they wanted to.

The registered manager told us and we saw records to confirm that where people were unable to make decisions their family, a social worker or an independent person (an advocate) would be secured to assist them. An advocate can be used when people may have difficulty making decisions and require this support

to voice their views and wishes. We found that people had used advocacy services previously when there had been a need.

Good

Is the service responsive?

Our findings

The registered manager told us about the processes they had followed before new people were offered a place at the home. This involved the person and/or their relative and/or social services staff to identify their individual needs, personal preferences and any risks. Staff told us that following the assessment of need where appropriate a person would be offered the opportunity to visit the home and spend time there for a meal. This allowed the person to decide if the home would be suitable for them and for the staff to be able to ascertain that the person's needs could be met.

A person said, "I am looked after in the way I like". A relative told us that they had been involved in the planning of their family member's care and that they were involved in meetings and reviews. We saw that care plans were reviewed and updated. This would help to ensure that people were supported and cared for in the way they preferred.

A relative told us, "I think the staff know them [their family member] well, their likes and dislikes". Another relative said, "They [person's name] can be difficult at times. The staff seem to know how to manage this". Some people communicated some of their needs or well-being through behaviour. Care plans that we looked at highlighted what made people feel happy or unhappy and what triggered behaviours. A trigger is something that may happen to provoke behaviour. When we asked staff about people's individual behaviour 'triggers' they were aware of them. Where the triggers were known action was taken to reduce the behaviour. This showed that the staff had the information and knowledge of how to support people who may challenge the service to prevent them being at risk of being unhappy or distressed.

Care records that we looked at contained some history about each person. Documents highlighted important things about each person including their family members, where they lived previously, what they liked and did not like. We read this information and asked staff about individual people. Staff had a good knowledge of what was written in the documents. A staff member said, "We all [the staff] know the people who live here well and the people seem content".

People were supported to attend religious services if they wanted to. Staff told us during recent years how they had supported people to attend their chosen place of worship. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow it. During the day three people were supported by staff to visit a local temple. Their faces looked happy when they knew where they were going.

We found that an external provider had assessed the quality of life and activities provided and had suggested improvements were made. The registered manager and staff had listened to what had been said and had taken action to improve. People told us that they went out regularly into the community and records confirmed this. A person said, "I go out more". Relative told us, "The staffs do more activities now". Staff said, "We do things with people every day either in-house or in the community". A relative told us, "They [person's name] goes out a lot and enjoys this". We saw people going out with staff to the shops and to the temple. They looked happy they were relaxed and smiling.

We saw provider surveys that had been completed by relatives and visiting professionals. The feedback was positive and confirmed that people and their relatives were satisfied with the service provided. The content of the surveys highlighted that staff asked people about their care and support and they were happy with for example, the meals, the staff and activities.

A relative told us that their family member was, "Safe and well looked after and that they had no need to complain". Another relative said, "I have raised some small issues in the past and they have been dealt with". The complaints procedure had been produced in words and pictures to make it easier for people to understand. No complaints had been received over recent years.

Good

Is the service well-led?

Our findings

A relative told us, "The service has been good for them" [person's name]. A staff member said, "When I go home from here. I know I have done a good job and in the best interests of the people who live here". Staff we spoke with were positive about the service and told us that in their view it was well-led.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by team leaders [senior staff] The registered manager was visible within the home and we saw that people were familiar with and recognised them. People we asked who had the understanding knew who the registered manager was as did the relatives we spoke with.

The provider met their legal requirements and notified us about events that they were required to by law. They had also informed us about Deprivation of Liberty Safeguarding (DoLS) approvals that had been made and any issues of concern.

The provider was considering the future management and running of the service. A number of relatives were not happy about this and told us that they did not feel that communication and consultation about this had been sufficient. However, a number of relatives told us that meetings had been arranged but they had not been able to attend them. The registered manager and records that we looked at confirmed that the meetings had been held but attendance had been poor. This showed that the provider had tried to and did consult with and involve relatives in the future of the service.

The provider had a range of monitoring systems which ensured that people received a safe, quality service. Internal audits were undertaken and we saw records to confirm that those relating medicine and the safekeeping of people's money were carried out frequently. Staff told us and records confirmed that the provider undertook 'spot checks' of staff work We saw from staff meeting minutes that where shortfalls were identified this was discussed with staff to ensure that action was taken to address any issues.

Staff we spoke were aware of the on call process and who they needed to contact in an emergency evenings and weekends. This ensured that staff could get advice if they needed to so that people would not be left in a vulnerable situation or at risk. Staff told us and records confirmed that meetings were held regularly for them to update them and give them the opportunity to share their views on the running of the service.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member said, "We have policies and procedures regarding whistle blowing". We saw that a whistle blowing procedure was in place for staff to follow. This demonstrated that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.