

# Doncaster Metropolitan Borough Council

## Wickett Hern Road

### Inspection report

123 Wickett Hern Road  
Armthorpe  
Doncaster  
South Yorkshire  
DN3 3TB  
Tel: 01302 831969

Date of inspection visit: 19 December 2014  
Date of publication: 20/01/2015

#### 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

The inspection took place on 19 December 2014 and was announced, 48 hours' notice of the inspection was given because the service is small and we needed to be sure that the registered manager was available and that people who used the service would be in. At the last inspection in December 2013 the service was judged compliant with the regulations inspected.

Wickett Hern Road is a care home situated in Armthorpe, Doncaster which is registered to accommodate up to nine people. The home is provided by Doncaster Metropolitan Borough Council and provides respite services for people with a learning disability.

The service has a registered manager. 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'.

# Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. Since then there has been no incidents or concerns raised that needed investigation.

People we spoke with told us they felt safe while staying at the home. One person said, “I feel very safe here, staff have helped me a lot and now I feel I can live independently on my own.” Staff had a clear understanding of potential abuse which helped them recognise abuse and how they would deal with situations if they arose.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people’s needs. Procedures in relation to

recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards, however because the service was used by people to have respite stays at the home. At the time of this inspection the registered manager told us they had not found it necessary to use the safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own.

People were encouraged to make decisions about meals during their stays and people were supported to go shopping and be involved in menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities.

People had access to a wide range of activities that were provided both in-house and in the community. One person told us they were going to the theatre in the evening of our visit and they told us staff had arranged to pick them up after the show as it would be quite late to travel using public transport.

We observed good interactions between staff and people who used the service. People were happy to discuss the day’s events and they told us they were looking forward to their stay at Wickett Hern Road

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

# 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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. There were robust recruitment systems in place to ensure the right staff were employed

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Good



### Is the service effective?

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people staying in the home. We observed people being given choices of what to eat and what time to eat.

Good



### Is the service caring?

The service was caring.

People told us they were happy with the support they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke positively about the staff at all levels and were happy with the care.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they stayed at the home.

Good



### Is the service responsive?

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to them staying at the service. A relative told us they had been consulted about the care of their relative before and during their stay at the home.

Communication with relatives was very good and a relative we spoke with told us that staff always notified them about any changes to their relatives care.

Good



# Summary of findings

People told us the manager was approachable and would respond to any questions they had about their relatives care and treatment.

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

## Is the service well-led?

The service was well led.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People were regularly asked for their views; staff told us they contacted relatives to get any updates from family members prior to their stay. They also gave feedback to relatives about their family members stay following discharge back home.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

**Good**



# Wickett Hern 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 19 December 2014 and was announced. The provider was given 48 hours' notice because the location provides a respite service for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was undertaken by an adult social care inspector. At the time of the visit there were eight people using the service. One person had been staying at the home for two months while waiting for a supported living placement. Three people had been staying for one week and the others were admitted on the evening of the inspection to stay over the weekend and over Christmas.

Before our inspection, we reviewed all the information we held about the home including notifications that had been

sent to us from the home. We contacted Healthwatch Doncaster and looked on the NHS Choices web site to gather further information about the service. The provider was not asked to submit a Provider Information Return (PIR) for this inspection. 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 spoke with three support staff, the assistant manager and the registered manager. We spoke with three people who used the service and one relative who was visiting the home. We spent time observing how staff greeted people returning from day services for their respite stay at the home.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and supported at the home. One person said, "I come here to give my parents a break it's like going on holiday. I meet lots of people I see at the centre." Another person said, "I feel safe we all get on its great, I would tell staff if I was worried about anything." Relatives told us they had no concerns about the way their family members were treated. They said, "I would know instantly if my relative was worried about anything, they always return home and say they have had a great time at Wickett Hern Road."

We spoke with staff about their understanding of protecting vulnerable adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. This meant incidents would be dealt with quickly and appropriately. Staff we spoke with said they would report anything straight away to their line manager or the registered manager.

Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one person told us that they had become more independent since staying at Wickett Hern Road. They told us they travelled independently using public transport, they said, "I tell staff where I am going and when I am coming back to make sure someone will be at the home when I return."

There were emergency plans in place to ensure people's safety in the event of poor weather conditions. The local council transport department ensured company vehicles were fit for purpose to support the home. The vehicles were used to collect people from adult social care centres. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place in their records.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by this service. The registered manager told us that the service had not recruited any new staff over the last few years. The registered manager was fully aware of his accountability if a member of staff was not performing appropriately.

When staff were recruited application forms had been completed, two references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager. Staff files were held centrally by Doncaster council and the registered manager was informed when all the required checks had been received. He told us that staff were unable to be put on the pay role until all employments checks were received.

Staff we spoke with told us they had worked for Doncaster council for over many years. They told us the recruitment process was rigorous and fair.

Through our observations and discussions with people, relatives and staff members, we found there were enough staff with the right experience or training to meet the needs of the people staying in the home. The assistant manager showed us the rotas which were consistent with the staff on duty. She told us the staffing levels were flexible to support people who used the service. The number of staff tended to be higher at the weekend as occupancy levels were usually higher. Staff we spoke with confirmed the staffing arrangements.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines were to be taken and when they were required. The registered manager had improved the systems for monitoring medication in response to a previous safeguarding alert. Training and competency checks were seen in staff files. This ensured staff understood the importance of supporting people to take their medication as prescribed.

The registered manager told us that prior to admission into respite services staff contact relatives and carers to check if any changes were made to the prescribed medication. Relatives and carers were asked to bring in sufficient medication for their relatives stay and insisted the

## Is the service safe?

medication was in the original packaging with clear dispensing labels. This ensured staff continued to administer medication at the times when the person received them at home.

# Is the service effective?

## Our findings

People were supported to live their lives in the way that they chose. The registered manager told us that people staying at the home for short periods were encouraged to maintain their lifestyles as they would do if at home.

People who stayed at the home told us that they were supported by staff who understood their needs. People told us that staff helped them to maintain their independence. One person staying at the home told us that they were being supported to make the transition into independent living. They said, "I do most things myself, I am looking forward to moving into supported living with another person. I need to be able to do tasks like washing, cleaning and shopping and staff have supported me every step of the way."

The assistant manager told us that people's health care needs were usually met while at home with family and carers. However, if a person became ill while staying at the home they would contact a local GP surgery. The service had an arrangement with local GP's to see people at short notice if needed. The assistant manager told us that they had procedures to follow if a person became ill during their stay. This would involve contacting relatives and carers. She told us often relatives would collect their family member and take them back home where medical attention would be sought.

The staff were able to communicate effectively with people who used the service. The assistant manager told us that staff had completed a course using 'Makaton' to help them understand some of the people who used the service. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. We observed staff communicating with people as they returned to the service from adult social centers. Staff were knowledgeable about people's needs and knew how to support them.

People's nutritional needs were assessed during the care and support planning process and people's needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. We saw people's likes, dislikes and any allergies had also been recorded. We spoke with staff about how menus were devised. They told us people were encouraged to make suggestions about the food served during their stay. One person we spoke with

told us they had been shopping with staff and had made suggestions about the food for the weekend. One person we spoke with told us that they were trying to lose weight and wanted to continue eating similar food during their stay. They said staff knew the things they could eat during their stay at the home.

We spoke to the registered manager about gaining consent to care and treatment. He told us that staff had received training in the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The staff we spoke with during our inspection had a good working knowledge of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. They told us they had training in the principles of the Act. The training records we saw confirmed this.

Records we looked at confirmed staff were trained to a high standard. Managers and support staff had obtained nationally recognised care certificates to levels two, three, and four. The registered manager told us all staff completed a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent. We spoke with one staff member who worked at the home as a relief. They told us they started as an apprentice and they had attended all the training that would be expected of a permanent member of staff.

Systems to support and develop staff were in place through monthly supervision meetings with their line manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the manager was always approachable if they required some advice or needed to discuss something. One staff member said, "We are a small team and work very closely together. The managers



## Is the service effective?

support us and it is a lovely place to work.” With the consent of staff we looked at supervision records and they confirmed staff had the opportunity to discuss their competencies and skills.

# Is the service caring?

## Our findings

People who used the service told us they were involved in developing their support plans and three people agreed to show us their records, which were written in a way they could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, taking part in activities both in the home and outside in the community. One person said, “I like to go shopping for clothes, staff support me but I mostly go on my own. I am going shopping for Christmas presents later today.”

Staff were able to describe in detail how they supported people who were staying at the home. Staff gave examples of how they approached people when they were admitted for their stay. They told us that some people had limited communication skills, however because they knew them from previous stays they had learned to communicate in a way that each person understood. They said people could reserve a certain room that they had used during past stays at the home, which helped them settle in quickly.

People told us that staff were respectful and spoke to them in a way that made them feel at home. One person we

spoke with said, “Staff respect my privacy, sometimes I want to be on my own and I know I can go to my room, staff knock on my door and ask me if I want to join people for tea.” Another person said, “I chose to come here at Christmas because I know I will meet friends and have a good time.”

We observed staff interacting with people in a positive encouraging way. When people struggled to answer questions they gave them time and gave prompts to answer questions like ‘what they would like for tea’ and ‘did they need support to unpack their clothes’.

Before people were admitted into the respite service they were asked if any changes had taken place that meant they may need more support. After their stay people were asked to complete a satisfaction survey, which gave people who used the service, their carer’s and family members an opportunity to comment on their stay at the home. For example, were activities suitable and was there anything staff could do to make their stay better.

One relative we spoke with told us that staff were caring and supportive. They said the stays helped them to maintain their relative at home, they said, “I have no worries when my family member comes here the staff are brilliant, they make sure they have a great time.”

# Is the service responsive?

## Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. We looked at three support plans for people staying at the home during this inspection. It was clear that the plans were person centred and reviewed as their support needs changed. Support plans included things medical staff should know if the person became ill and needed hospital attention. It also included who to contact in the event that their relatives and carers were on holiday and unavailable.

People we spoke with told us they knew what was written about them by staff and staff always discussed how they could support them better. The plans also told us the activities that people were involved in during their stay, what was working well and things that may have changed. Staff told us that people were encouraged to maintain life skills like helping with cooking and cleaning. However, some people using the service used their stay as a holiday and did not want to take part in such activities.

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities during their stay. They said activities such as attending social events and going for meals were arranged around people who were visiting. The service had access to a mini-bus to enable staff to take people to their social centres during the day and activities at weekends and evenings.

People were provided with information about the service. This is called a 'Service User Guide'. The information was set out in an easy read format with photographs and pictures used to illustrate the main points.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. They told us they had received no formal complaints in the last 12 months. However some minor issues were dealt with by the appropriate staff straight away. The registered manager told us that he met regularly with staff to learn from any concerns raised to ensure they delivered a good quality service.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss with the staff or the manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with their line managers. They told us they had regular contact with their manager both formally at staff meeting and informally when their manager carried out observations of practice at the home.

# Is the service well-led?

## Our findings

People and their carer's and relatives were actively encouraged to give feedback about the quality of the service. People we spoke with told us, they could choose to come to Wickett Hern Road for their respite or another service in Doncaster. They said they had chosen Wickett Hern Road as the staff were friendly and made them feel at home. One person said, "I have been here several times before, staff involve you in things so you feel happy."

At the time of this inspection there was a registered manager who was registered with the Care Quality Commission in 2013.

The registered manager told us that the provider had a clear vision and set of values that the service works towards. This involved treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people staying in the home. They told us the registered manager was approachable, supportive and they felt listened to. One member of staff said, "We all work as a team. Most of the staff have worked here for many years so that says we all love working with the people we support."

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who had been admitted for their short stay at the home. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days.

There were effective and robust systems in place to monitor and improve the quality of the service provided. We saw that the provider visited regularly to undertake quality monitoring of the service. The visit included gaining the views of people staying at the home and also looking at how the home audited things like health and safety, infection control and medication. The provider also carried out a yearly audit which looked at all aspects of the service. We looked at the last full audit which took place in January 2014. We saw there were clear fire risk assessments in place and regular maintenance of the fire alarm system took place to ensure equipment was well maintained.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The Registered Manager confirmed there were no identifiable trends or patterns in the last 12 months. We looked at the incident records and saw there was areas for staff learning and action planning within the document. There had been two safeguarding referrals raised within the last year. We saw evidence of learning from the two events which led to staff receiving further training in the safe administration of medication.

Outcomes from quality assurance surveys were used constantly improve the service for people who used the respite service. Questions asked how well the service was doing, for example, did staff encourage people to make their own decisions, if they felt safe, did they know how to raise concerns, were activities appropriate and about the meals. We saw from the results that people regarded the service as very good.

'Guest meetings' also took place 4 times a year to enable people to feel part of the planning to improve the service. We looked at the minutes from the last meeting held in November 2014, which looked at plans for activities over Christmas.