

Quarryfields Health Care Limited

6 Woodfield Road

Inspection report

6 Woodfield Road
Doncaster
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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 ●

Summary of findings

Overall summary

About the service:

6 Woodfield Road is a registered care home and provides accommodation and support one person living with a learning disability.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

The person using the service was safe. Staff had received training to enable them to recognise signs and symptoms of abuse and they felt confident in how to report these types of concerns. The person had risk assessments in place to enable them to be as independent as they could be in a safe manner. There were sufficient staff with the correct skill mix on duty to support the person with their required needs and keep them safe. Effective and safe recruitment processes were consistently followed by the provider.

Medicines were managed safely. The processes in place ensured the administration and handling of medicines was suitable for the person who used the service. Effective infection control measures were in place to protect people.

The person was 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.

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 line manager supervision.

The person could make choices about the food and drink they had, and staff gave support if and when required to enable people to eat a balanced diet.

The person was supported to access a variety of health professionals when required, 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 person who used the service well. The person and relatives, where appropriate, were involved in the planning of their care and support.

The person's privacy and dignity was maintained. Support plans were written in a person-centred way and were responsive to the person's needs. The person was supported to follow their interests and join in activities.

The person knew how to complain. There was a complaints procedure in place which was accessible to all.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement, although, these were being upgraded to be more specific to the service.

More information is in the full report.

Why we inspected:

This was the first inspection of this service.

Follow up:

We will continue to monitor the service through the information we receive.

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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

6 Woodfield Road

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a single occupancy property. The service is registered to provide accommodation for persons who require nursing or personal care.

Notice of inspection:

This inspection was unannounced and took place on 4 April 2019.

What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with the registered manager and three care staff. The person who lived at the service did not wish to speak with us. We looked at care records, three staff employment related records and records relating to the quality and management of the service.

Details are in the Key Questions below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk and supporting people to stay safe from harm and abuse.

- The person receiving support appeared safe and comfortable with the staff present.
- Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm.
- Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
- The service maintained a record for any safeguarding incidents that may occur. No significant incidents had occurred; however, the registered manager was aware of their responsibility when recording and reporting safeguarding incidents.
- We found assessments were carried out to identify any risks to the person or the staff supporting them. These included environmental risks and any risks to the person's health and well-being. Risk assessments were person centred and gave guidance to people and staff on how risks could be minimised and managed whilst promoting the person's independence and opportunities. Records showed that risk assessments had been regularly reviewed and updated when people's needs changed.
- Contingency plans gave information to staff on action to take for events that could disrupt the service. These included; flood, loss of electricity and gas and outbreak of illness.

Staffing and recruitment

- There were sufficient numbers of staff to provide people with the support they needed. To ensure continuity of support, cover for staff on sickness or annual leave was provided by staff from the home or from another of the provider's services.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. Staff had received training in health and safety and their understanding and competency was discussed in one to one supervision meetings with a line manager.

Using medicines safely

- Staff were trained and administered medicines safely and the registered manager told us senior staff periodically observed staff practice to ensure they were competent.
- Medicines records were checked by the management team and action taken when any errors, for example, missed signatures, were found.

Preventing and controlling infection

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.
- We found the home to be visibly clean in all areas and there were no unpleasant odours. Records showed staff had received training in infection prevention. There were robust systems in place to prevent the spread of infection or disease.

Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the management team. They detailed the nature of the incident, time and action taken to resolve it. When accidents or near misses occurred, they were reviewed so that lessons could be learnt and to reduce the risk of similar incidents occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Care and support was planned, delivered and monitored in line with the person's individual assessed needs.
- Systems were in place to assess the person's needs and choices in line with legislation and best practice. The assessments were completed prior to the person receiving support to ensure the service and staff could meet the person's needs and provide effective support.
- Assessments by the service and those obtained from social care professionals resulted in planned, effective care which also included expected outcomes for the person based on their needs and choices.

Staff support; induction, training, skills and experience.

- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. A staff member told us the induction was supportive and included shadowing more experienced before they worked independently. They told us, "The training and induction were very comprehensive and gave me confidence." The registered manager told us new staff were expected to complete the care certificate. This is a set of standards that health and social care workers are expected to adhere to.
- The person was supported by staff who had ongoing training. Staff were positive about the training provided. The registered manager and senior staff undertook competency observations of staff's practice.
- Staff had regular supervision. This was a meeting with their line manager and an opportunity to review their individual work and development needs.
- We found staff to be competent and understood the needs of the person living at 6 Woodfield Road.

Supporting people to eat and drink enough with choice in a balanced diet

- Care plans seen confirmed the person's dietary needs had been assessed and support and guidance recorded as required.
- We found that the person's nutritional needs were met. Food was stored and prepared safely.
- The person's who used the service chose what food to purchase and cook. People were involved in shopping for and preparing food.
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation and always checked food use by dates.

Staff providing consistent, effective, timely care within and across organisations

- Where the person received additional support from healthcare professionals this was recorded within their care records.
- The person was supported by staff to attend medical appointments when needed.
- Staff were able to tell us of the healthcare needs of the person they supported, and were aware of the processes they should follow if the person required support from any health care professionals.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing.

Ensuring consent to care and treatment in line with law and guidance.

- 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 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 with appropriate legal authority. People living in their homes can only be deprived of their liberty through a Court of Protection order.
- The person who lived at 6 Woodfield Road did not have capacity. We found the provider was working within the principles of the MCA. Conditions on DoLS authorisations were being met.
- The person was supported by staff that knew the principles of The Mental Capacity Act 2005 and recognised the importance of people consenting to their care.
- Staff described to us the approaches they took when supporting people. These discussions demonstrated that the person was involved and encouraged to make their own decisions that staff listened to and respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Staff received training in equality and diversity and the person's cultural and spiritual needs were respected.
- The provider had systems which ensured staff were monitored to make sure their practice was kind and caring.
- Staff related to the person in a respectful, easy and friendly manner. Staff spoke with genuine compassion and empathy about them.
- The person was respected as an individual. Care records contained information about the person's life history.
- We found staff knew the person well, both their care needs and as individuals. They knew about the person's family and their preferences, what food they liked, what might upset them and what activities they enjoyed. This showed us staff and the registered manager took time to get to know the person and genuinely cared about the people in their care.

Respecting and promoting people's privacy, dignity and independence.

- We observed staff interaction and saw staff treated the person with dignity and respect.
- The person's dignity was maintained when staff provided personal care in privacy. Staff told us how they ensured they were sensitive and the person was comfortable with the care provided. Staff explained how they knocked on doors and waited for a response before entering the person's home, bedroom or bathroom. One staff member commented, "Preserving dignity and treating people respectfully is essential to providing good quality care."
- The person was given choice and control over their day to day life and they were supported to maintain their independence wherever possible. One staff member said, "It may well be easier to do something for a person, but supporting them to do it themselves is so much better."

Supporting people to express their views and be involved in making decisions about their care.

- The person was involved in their care and were encouraged to make choices about how they wanted their care provided. One staff member said, "Care is always given just how the person wants it done."
- Care plans contained individual guidance for staff to follow when supporting the person to express their views.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- The person's individual care needs had been identified. Care plans had been developed with the involvement of the person and their family members where appropriate.
- Care plans were person centred; they took account of the person's likes, dislikes, wishes and preferences in relation to their daily routines.
- Staff had access to information about the person's care needs; care plans detailed all tasks required and ensured that people received care that was person centred and appropriate to their needs.
- Staff completed a daily record of each shift to ensure that any concerns or identified changes were recorded. This ensured that staff had access to relevant and up-to-date information.
- The person received care and support from regular staff who knew their routines well. Comments from staff included, "It is mostly the same core team of staff who provide support to [person]" "If there is someone new because of illness or holidays, then it is someone from the same site who [person] would have some familiarity with."
- The service recorded and shared information relating to the person's communication needs as required by the Accessible Information Standards; for example, where people were identified as having speech difficulties.

End of life care and support

- The registered manager told us the service at present does not support people with end of life care although the service had provision for staff training in 'end of life care'.

Improving care quality in response to complaints or concerns

- The person knew how to provide feedback about their experiences of care and the service provided accessible ways to do this. We saw easy read questionnaires asking about the views of the service. The care plan also had a document titled; 'When I say'. This document, through experience, interpreted the wants, needs and emotions of the person by the phrases they used. This was referred to when assessing the views of the person about the service they received.
- The registered manager had a complaints policy in place and said they would look at any complaints received to assess if action could be taken to prevent further occurrences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Continuous learning and improving care:

- Quality assurance arrangements set out by the registered provider were used effectively to identify concerns and areas for improvement. However, these were generic to where the provider was providing care at other services. The registered manager informed us they were in the process of developing these systems so they were more specific to 6 Woodfield Road.
- Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of learning and development.
- The registered manager and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.

Promotion of person-centred, high-quality care and good outcomes for people:

- The registered manager promoted a culture of person-centred care by engaging with the person using the service and their family members.
- Staff understood the service's vision, values and philosophy. They felt respected, valued and well supported. They told us they felt trusted by the registered manager. One staff member told us, "The registered manager is very supportive, professional and always approachable."

Engaging and involving people using the service, the public and staff. Working in partnership with others:

- The service involved the person and their family through regular reviews and conversations to allow them to put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.
- The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for the person. This included working with health and social care professionals as well as external agencies such as the local authority.