

Scope

43a and 43b Morley Road

Inspection report

43a and 43b Morley Road
Colchester
Essex
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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

The inspection took place on 20 October 2015 and was unannounced. 43a and 43b Morley Road provides accommodation and care for up to six people with a learning disability and physical disabilities within two bungalows. At the time of our inspection six people were living in the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice.

Summary of findings

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. The atmosphere in the home was friendly and welcoming. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

People's care plans were individual and contained information about how they preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. They were supported to see health professionals and referrals were made to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

There was an open and transparent culture in the service. The management team had systems in place to monitor the quality and safety of the service provided.

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 understood their responsibilities to safeguard people from the risk of abuse. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

The provider had systems in place to manage risks. However these were not always person-centred and clearly written.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

There were systems in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how the Acts applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good



Is the service caring?

The service was caring.

Staff had positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had their privacy and dignity respected and were supported to maintain their independence.

Good



Is the service responsive?

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was an open culture at the service. The management team were approachable and had a visible presence in the service.

Staff were clear about their roles and responsibilities and were encouraged and supported by the manager.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

43a and 43b Morley 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 20 October 2015 and was unannounced. The inspection was completed by one inspector. We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

We spoke with three people who used the service and used observation as our main focus to gather evidence of their experiences of the service. We spoke with three family members, four care staff and met with the team leader and registered manager.

We met with one visiting professional and made telephone calls to one other professional for feedback about the service. We looked at records relating to the management of the service and staff recruitment and training.

We looked at three people’s care records and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Is the service safe?

Our findings

People told us they felt safe living at Morley Road. One person told us, “I feel really safe living here, I am really happy.” They also told us they could speak with the manager if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. One relative told us, “I have absolutely no worries at all [relative] is definitely safe.”

The provider’s safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. For example, they had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority. The manager had maintained clear records of any safeguarding matters raised in the service. Our records demonstrated that they were clear of their roles and responsibilities with regards to keeping people safe, and reported concerns appropriately.

The provider had systems in place for assessing and managing risks. People’s care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. However, these were not all person centred and clearly written. After a discussion with the manager we were told they were in the process of being reviewed and re-formatted. Staff we spoke with were aware of people’s individual risks and worked with people to manage them effectively.

Accidents and incidents were recorded, analysed and management action plans put in place to keep people safe. This involved the manager submitting a monthly log of all incidents and accidents to the provider. This assured us that there were systems in place to monitor trends so that action was planned to reduce the likelihood of any reoccurrence.

We saw records which showed that equipment at this service, such as the fire system and mobility equipment, hoists and wheelchairs, were checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. There was a 24hour on-call support system in place which provided support for staff in the event of an emergency.

Staff told us they felt there was enough staff on shift to keep people safe. One staff member said, “We do have enough staff to keep people safe, the team leader is supernumerary and will help out if needed.” Staffing levels had been determined by assessing people’s level of dependency, and staffing hours had been allocated according to the individual needs of people. Staff rotas showed that staffing levels were enough to keep people safe.

The manager told us that recruitment was on-going at the moment as they had a couple of staff vacancies. In the interim staff were picking up some extra shifts and agency staff were used if needed. If agency staff were used the manager tried to ensure that there was consistency in the care provided by using the same agency staff.

During the day we observed staff providing care and one-to-one support at different times of the day. For example, mealtimes or when doing an activity or going out into the community. Staff were not rushed when providing personal care and people’s needs were attended to in a timely manner.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check which checks that applicants are suitable to work with people who require care and support and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people.

Records relating to medications were completed accurately and stored securely. People’s individual medication administration record sheets had their photograph and name displayed so that staff could identify people correctly before giving medication to them. This minimised the risk of people receiving the wrong medication. Where medications were prescribed on an as required basis, clear written instructions were in place for staff to follow. This meant that staff knew when as required medicines should be given and when they should not.

We observed medication being administered and the staff member told us they only administered medication after receiving training. In addition, staff had received up to date medication training and had completed competency

Is the service safe?

assessments to evidence they had the skills needed to administer medications safely. Regular medication audits were completed to check that medications were obtained, stored, administered and disposed of appropriately.

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, “The staff help me when I want them to.” One relative told us, “The staff are fantastic with [relative] they all know them really well.”

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and moving and handling. Training for staff was mostly e-learning and group based sessions. Staff told us they felt the training gave them the skills needed to care for people effectively. The manager and senior staff carried out observations to ensure that staff were competent in putting the training into practice. Staff told us that they were supported with regular supervision and that their professional development was discussed as well as any training requirements.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Staff had a good understanding of the MCA and DoLS. These safeguards were in place to protect people’s rights. They ensured that if there were processes in place to restrict a person of their liberty these were fully assessed by professionals who considered whether the restriction was appropriate and required. The manager had

made appropriate DoLS referrals where required and was waiting for a response from the local authority. Care plans showed that, where people lacked capacity, decisions had been made in their best interest. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought their consent before providing care.

People were supported to express their preferences and this informed the planning of menus. People told us, “The food is good it’s lovely.” Another one said, “I help [staff] to order the food after we have all chosen what we want.” We observed the lunchtime meal and saw people were given a choice of what they would like to eat and drink. We saw a menu on display with a choice of different meals for the day. The staff showed us some picture cards which were used to help people to make food choices. Care plans contained information for staff on how to meet people’s dietary needs and provide the level of support required.

People’s day to day health needs were being met and they had access to healthcare professionals according to their specific needs. For example, we saw that people had been referred to speech and language therapists or for assessments for a new wheelchair or alterations to their existing one. The service maintained regular contact with the GP and people’s notes showed that they had access to other healthcare professionals according to their individual needs. For example, to an occupational therapist, chiropodist, dentist and GP.

Is the service caring?

Our findings

People told us staff were caring towards them and always treated them with dignity and respect. One person said, “I like the staff all of them.” One relative told us, “[relative] is so happy the staff are fantastic so kind and caring, they can’t do enough for them.”

The atmosphere within the service was welcoming, relaxed and calm. Staff interactions with people were kind and compassionate. People were seen smiling, laughing and joking with staff. One person indicated, by smiling, that they were happy with their care when asked if the staff supported them well.

Wherever possible, people were involved in making decisions about their care, and if this was not possible, their families were involved with their consent. We saw that people had access to Advocates. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

One person told us, “[Manager] lets me help her interview people and I can ask them questions, I really enjoy doing that.” Staff thought this was really important for this person’s identity and self-esteem.

Whilst we were unable to understand some people due to their communication needs, we spent time observing the

care they received. All of the interactions with people were considerate and caring. Where people were unable to verbally communicate, staff looked for a response from the person by body language such as a smile or hand gesture. People were relaxed with the support they were given from staff. We observed staff wiping people’s faces after they had eaten or had a drink and this was done respectfully and in a caring dignified manner.

Staff, when speaking to us about the people in their care, spoke with affection and compassion. Staff were caring and respectful in their interactions with people. For example, they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. They understood people had preferred routines, likes and dislikes and, were able to talk to us about them. We observed people who used the service in the company of the staff. People presented as calm and comfortable, smiling and enjoying friendly interaction with staff. People engaged in daily activities and discussed their plans for the day.

Staff respected people’s privacy and dignity. We saw that staff discreetly asked people about personal issues and supported them appropriately. Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care.

Is the service responsive?

Our findings

People told us that they felt the service met their needs and were satisfied with the care and support they received. People had been given the appropriate information and opportunity to see if the home was right for them prior to moving in and could respond and meet their needs appropriately. They had also had the opportunity to be involved in their care planning.

The service was responsive to people's needs for care, and support. Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Support plans were in the process of being reviewed and updated to reflect people's changing needs. A new style of person centred review had been introduced and was in the process of taking place for all of the people in the service. These reviews were interactive and had the full involvement of the person. Their support plan was then updated with the things the person wanted to do and achieve and the agreed plan of support was then put in place.

People had a designated member of staff known as a keyworker, who was responsible for supporting that person with their individual care plan. Meetings took place on a regular basis between the person and their keyworker and discussions were held around their health and wellbeing and any activities they would like to take part in.

Records confirmed that everyone had access to and took part in a variety of community activities according to their personal preferences. For example, dance and music

classes, trips to the pub and college classes. One person told us, "I go out a lot and I also have [name of therapist] come and see me here to give me a massage." People told us they had recently been on holiday to Jersey, and staff were supporting them to plan other day trips such as a trip to Wembley to watch a football match and to see a pantomime. We observed one person having their nails painted and another person was discussing their relative's birthday and what they could buy for a present.

Relatives told us they could visit and phone whenever they wanted to and one person was supported to use the internet and make Skype calls to keep in contact with their family.

We saw that the management routinely listened to people through care reviews and organised meetings. Surveys were completed by the people who used the service. These were in an easy read format which included pictures, which enabled people to understand the questions being asked.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand by everyone. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. Records of complaints received previously, showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve any concerns. One relative told us, "There is a good complaints procedure in place but [relative] has lived in the home for a long time, and I have never had any reason to complain, and I certainly would if I was not happy with anything."

Is the service well-led?

Our findings

The manager told us they promoted an open and honest approach and encouraged involvement from people who used the service. The management and staff were clear about the vision and values of the service in relation to providing compassionate care and encouraging people to maintain their independence.

The service was well managed and the manager was visible and accessible. From our discussions with staff, it was clear that they were familiar with the people who used the service and their relatives. All the people we spoke with told us they knew who the manager was and comments included, “[Manager] is helpful and very supportive.” Another person said, “I would talk to [manager] if I wanted anything.” Staff told us, “We can talk to the [f manager], she has an open door policy.” Relatives told us, “The manager is so professional, never any problem in talking to her she is always available if needed.”

Staff told us the service was well organised and they enjoyed working there. They said the manager had a visible presence within the service and in its day to day running.. They also told us that the manager treated them fairly, listened to what they had to say and that they could approach them at any time if they had a problem.

Regular supervision took place where staff had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. Some

of the staff had worked for the service for many years and therefore had extensive knowledge and experience with the people they supported. This enabled consistent care from staff who knew them and with whom they had built up meaningful relationships.

The manager carried out a range of audits to monitor the quality of the service. These audits included daily medicines checks and monitoring areas relating to health and safety such as fire systems, emergency lighting and testing of portable electrical appliances. Records relating to auditing and monitoring the service were clearly evident.

Effective quality assurance systems were in place to identify areas for improvement and appropriate action to address any identified concerns. Audits were carried out by the registered manager and senior managers from the organisation, and included unannounced visits. Service improvement plans were put in place outlining what actions managers and staff needed to take to make the required improvements.

Annual surveys were completed by people and action plans put in place to address any issues. For example, a new television was requested for the lounge. Comments on the surveys included, “I am happy with the service.” And “I love living at 43a.”

Care files and other confidential information about people were kept in the main office. This ensured that people such as visitors and other people who used the service could not gain access to people’s private information.