

# The Old Posting Office (Haughton) Limited

# The Old Post Office

# Residential Home

## Inspection report

Newport Road  
Haughton  
Stafford  
Staffordshire  
ST18 9JH

Tel: 01785780817






Date of inspection visit:  
05 May 2017

Date of publication:  
21 June 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 5 May 2017.

The Old Post Office provides accommodation and personal care for up to seven people who have a learning disability. On the day of our inspection the home was fully occupied.

The home had a registered manager who was present for the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The recording and storage of medicines were unsafe. However, people did receive their medicines when needed. People were protected from the risk of potential abuse because staff were aware of their responsibility of safeguarding them. Systems and practices protected people from the risk of harm. People were cared for and supported by sufficient numbers of staff who were recruited safely.

The provider had systems in place to monitor the effectiveness and the quality of the service provided to people. However, these system did not identify the shortfalls with regards to the management of medicines. People were encouraged to have a say in the running of the home. Staff felt supported by the registered manager to carry out their role.

People were cared for by trained staff who were supported in their role by the registered manager. People's human rights were protected because staff included the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards in their work practice. People were supported by staff to eat and drink sufficient amounts to promote their health. People were assisted to access relevant healthcare services when needed.

People were cared for by staff who were kind and sympathetic to their needs. People's involvement in making decisions about their care ensured they received a service that reflected their preference. People's right to privacy and dignity was respected by staff.

People's involvement in their care assessment and reviews ensured they received a service the way they liked. People were able to live a lifestyle of their choice and were supported to pursue their interests. People felt assured that their concerns would be listened to and acted on.

## 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.

The recording and storage of medicines needed to be improved. However, people did receive their prescribed medicines when needed. People were protected from the risk or potential abuse because staff knew how to safeguard them. Care practices promoted people's independence and safety. There were sufficient numbers of staff to meet people's needs.

### Is the service effective?

**Good** ●

The service was effective.

People were cared for by skilled staff who were supported in their role by the registered manager. People's human rights were protected because staff included the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards in their work practice. People had a choice of meals and were supported by staff to eat and drink sufficient amounts. People were supported to access relevant healthcare services when needed.

### Is the service caring?

**Good** ●

The service was caring.

People were cared for by staff who were kind and compassionate. Staff were aware of the support people required to meet their needs. People's involvement in the care reviews ensured their preferences were met. People's right to privacy and dignity was respected by staff.

### Is the service responsive?

**Good** ●

The service was responsive.

People's involvement in their care assessment ensured they received a service that reflected their needs. People were

supported to pursue their specific interests. People felt confident to share their concerns with staff which were listened to and acted on.

**Is the service well-led?**

The service was not consistently well-led.

Systems were in place to assess and monitor the quality of the service provided. However, this did not identify the shortfalls with regards to the management of people's prescribed medicines. People were encouraged and supported by staff to have a say in how the home was run. Staff felt supported by the registered manager to carry out their role.

**Requires Improvement** 

# The Old Post Office Residential Home

## **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 5 May 2017 and was unannounced. The inspection team comprised of one inspector.

As part of our inspection we spoke with the local authority about information they held about the home. We also looked at information we held about the provider to see if we had received any concerns or compliments about the home. We reviewed information of statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

At the inspection we spoke with four people who used the service, two care staff and the registered manager. We looked at one care plan and a risk assessment, medication administration records, accident reports and records relating to quality audits.

# Is the service safe?

## Our findings

People's prescribed medicines were not managed safely. For example, one person had been prescribed a medicine. Information on the box identified this medicine had been opened on 30 December 2016 and should be disposed of after two months of opening. However, this medicine was still in use. A staff member who confirmed they were responsible for the management of medicines was unable to say why this medicine had not been disposed of. We saw that another person had also been prescribed the same treatment. The label on the medicine bottle was missing. This meant staff were unaware of when the medicine had been opened and did not have instructions about how to administer this medicine safely. However, we found that staff were aware of how to administer this medicine. However, practices placed people at risk of receiving medicines that were unsuitable for use.

The provider had systems in place for the safe disposal of medicines. However, staff were not adhering to these systems that promoted good and safe practices. For example, we found a large amount of unwanted medicines in the drug cupboard but these had not been recorded appropriately in the drug returns book. One record showed there were 25 tablets to be returned to the pharmacist but we saw 64. A staff member who was responsible for the management of medicines confirmed these medicines had not been recorded elsewhere. We found tablets and prescribed creams that had not been recorded. This meant the provider could not demonstrate the safe disposal of medicines or account for all medicines in their custody. The registered manager said a recent medication audit had been carried out and they were awaiting the report. They said the concerns we identified had not been highlighted in their feedback.

We spoke with people about the support they required to take their prescribed medicines. One person told us they received their medicines when needed. Another person said, "I don't feel confident to manage my medicines, so staff do it for me." The registered manager said people were made aware of why they needed their medication. People were also informed about how their medicines may make them feel and the implications of not taking them.

The medication administration records showed that some people had been prescribed 'when required' medicines. These are medicines prescribed to be taken only when needed. For example, for the treatment of pain. There was a written protocol in place to support staff's understanding about how to manage these medicines safely. We saw that these medicines had been managed appropriately.

People told us they felt safe living in the home. One person said, "I feel safe because I am so happy here." Another person told us, "I feel safe because there is always someone around." A different person said, "If I felt unsafe I would speak to the manager." The staff we spoke with knew how to recognise the signs of abuse. One staff member said, "If a person became withdrawn or there were signs of bruising that would raise suspicion of abuse." A different staff member said, "I always listen to people and if they tell me anything of concern I would act on it." Both staff members told us they would share any concerns or suspicion of abuse with the registered manager. They were also aware of other external agencies they could share their concerns with to protect the person from the risk of further harm. The registered manager said there had not been any recent concerns or suspicions relating to abuse. Further discussions with the

registered manager confirmed they were aware of when to share information about abuse with the local authority to safeguard people.

People were protected from the risk of harm because the provider had safety systems in place. Staff had access to risk assessments that told them how to support a person with their mobility safely. We spoke with two staff members who were aware of the support this person required and the equipment needed to reduce the risk of harm. Staff told us about people who were at risk of choking and were aware of the support they required to reduce the risk of this happening. For example, one staff member said, "We just sit with one person and encourage them to eat a bit slower." Staff told us that people were supervised whilst in the kitchen to reduce the risk of burns and scalds. One staff member said, "There is always an element of risk but we try to reduce this happening where possible."

We looked at how the provider managed accidents. Accidents were recorded and showed what immediate action had been taken. For example, where medical intervention was needed. One person had been identified as being at high risk of falls. The provider had introduced appropriate equipment to reduce the risk of further falls. The registered manager said information relating to accidents were sent to the regional manager who monitored them for trends. This enabled the provider to take the appropriate action to avoid a reoccurrence. The registered manager said accidents were infrequent and there were no identified trends.

People were supported by sufficient numbers of staff. One person told us staff were always available when they needed support. Another person who lived in a flat adjacent to the home said, "There are always staff around to help me." A staff member told us, "There are always enough staff on duty to meet people's needs and we have a good skill mix of staff." The registered manager said the staffing levels were determined by people's needs. For example, some people were provided with specific times when they received one to one support. Staff confirmed these people did receive this level of support. This enabled them to engage in their chosen activity. We observed that staff were always available to assist people when needed.

People could be confident that the provider's recruitment process would ensure the suitability of staff. All the staff we spoke with confirmed that before they started to work at the home a Disclosure Barring Service [DBS] check was carried out. A DBS check helps the provider to make suitable recruitment choices. The records we looked at evidenced these checks had been carried out. Staff informed us that references were also requested prior to their employment. This demonstrated that suitable safety checks were carried out.

## Is the service effective?

### Our findings

People were cared for by staff who had access to regular training. The registered manager said that all staff received relevant training to ensure they had the appropriate skills to carry out their role and staff confirmed this. One staff member said, "Things change all the time so training keeps us up to date." Another staff member said, "After receiving training I feel I have the necessary skills to do my job." We were also informed that staff had the opportunity to access workshops relating to specific areas. For example, how to help people manage their behaviours and staff confirmed this. We spoke with the registered manager about how they ensured skills learnt by staff were put into practice. They told us they observed care practices and worked alongside staff and staff corroborated this. This meant people could be confident that staff had the appropriate skills to meet their care and support needs.

People were cared for by staff who were supported in their role by the registered manager. Staff told us they had access to regular one to one [supervision] sessions and the records we looked at confirmed this. One staff member said, "At my supervision my work performance is discussed and the manager also checks that we have reviewed people's care plans to reflect their current needs." Another staff member said, "Supervision enables me to make suggestions." They told us they had asked for a cooker to be installed in a person's flat to give them the opportunity to learn to cook. They said their suggestion had been listened to and a cooker was installed. This meant that the provider had systems in place to ensure staff were adequately supported to provide a safe and effective service.

We looked at how the provider supported new staff in their role. The registered manager said all new staff were provided with an induction and staff confirmed this. One staff member said, "During my induction I had the opportunity to get to know people and their care needs and to read the provider's policies and procedures." Another staff member told us, "My induction gave me the opportunity to work with an experienced staff member." They continued to say, "This was of value because I hadn't done this kind of work before." This meant that new staff were appropriately supported in their role to ensure people's needs were met.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. One person told us, "I am able to make my own decisions and staff respect that." Discussions with the registered manager and staff confirmed that with the use of pictorial aids, people were supported to make their own decisions. We saw pictorial aids in place with reference to the choice of meals and social activities. Staff also used Makaton to support people in their decision making. Makaton is a form of sign language. Staff were aware of the importance of obtaining people's consent before supporting them. All the people we spoke with confirmed staff always asked their permission before they did anything for them. This meant people could be confident their human rights would be respected by staff.

We checked whether the service was working within the principles of the MCA, and whether any conditions



on authorisations to deprive a person of their liberty were being met. 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). The registered manager said one person had an authorised DoLS in place and they had submitted a further four applications to the local authority. The registered manager told us these people lacked capacity to make a decision. They also said these people required constant supervision to ensure they received the appropriate care and support. We found that the least restrictive measures were used. People told us they were able to do what they like and were able to go out with the support of staff. The registered manager told us that mental capacity assessments had been carried out and we saw evidence of this. This assessment reviewed the person's ability to make a decision and to ensure the DoLS application was appropriate.

The registered manager said that no one had a best interest decision in place. However, they were aware of when this would need to be considered. For example, for the undertaking of medical procedures. They confirmed the relevant medical practitioners and the person's advocate would be involved in these decisions. They told us that people had access to an advocacy service when needed. However, this service was not being used because people's families were used as their advocate. Advocacy is a process of supporting and enabling people to express their views and concerns. Also to support people to access relevant services when needed.

People told us they were provided with a choice of meals. All the people we spoke with told us the meals were good and they could have a drink whenever they liked. Weekly meetings were carried out with people to discuss their meal preference. Pictorial menus were used to assist people to select what meals they wanted. We spoke with one person who lived in a flat adjacent to the home. They told us, "The staff help me to cook my meals." They told us they were able to do their own food shopping.

Staff had a good understanding about suitable meals for the individual. Staff told us about some people who had been diagnosed with dysphasia. This is where people have difficulty in swallowing. These people had received support from a speech and language therapist [SaLT]. SaLT provided people and staff with advice about suitable meals to reduce the risk of choking. For example, staff told us these people needed to have their meals cut up. Further discussions with staff confirmed their awareness of appropriate meals with regards to the individual's health condition, food intolerance, likes and dislikes. We observed that staff were available during mealtimes to assist people where needed. One staff member sat with a person during their meal and gently encouraged them to eat. To promote people's independence to eat and drink, where needed they were provided with specialise crockery and cutlery. For example, thicken handles on cutlery, rimmed plates and beakers and we saw these in use.

People were supported to access relevant healthcare services when needed. One person said, "I was poorly and the staff came to the hospital with me." They continued to say, "The staff took me to the optician and I had some new glasses." Another person told us, "When I am ill the staff take me to the doctor." A different person told us they attended a clinic each month to help them with their anxiety. They told us they had recently visited their GP to have their medication reviewed. A record was maintained of people's medical appointments and when follow up visits were needed. For example, one person told us they had not seen an optician in a while and records showed an appointment had been made for them. The registered manager informed us that staff assisted people to attend their medical appointments. However, some people become anxious about attending healthcare services. Hence, domiciliary visits were arranged so people did not miss out on vital health screening.

## Is the service caring?

### Our findings

People were cared and supported by staff who were kind and attentive to their needs. The people we spoke with described the staff team as kind and nice. One person told us, "All the staff are very nice and I would recommend living here." We saw that staff took the time to listen to people and engaged in conversation with them. One person showed a staff member their electronic tablet and appeared concerned. The staff promptly reassured the person and told them it just needed charging and did this for them. We observed the registered manager took the time to sit with a person and helped them to read the newspaper.

Staff were aware of people's specific care needs. One person told us about the support they needed to maintain their personal care needs. They said, "Staff know I prefer a shower and they help me to have one." We observed that one person needed additional support to mobilise safely. Staff were always available to help them to walk with the use of the equipment identified in their care record. A staff member told us of the importance of listening to people so they provided care and support specific to their needs. The continued to say, "I always talk with people about their preferences."

Staff demonstrated a caring approach to people's emotional needs. For example, one person told us about the bereavement of a family member. They found comfort in visiting the cemetery to place flowers on their grave. They told us when they wanted to do this staff always supported them. Another person told us about the anxiety they experienced because of the loss of their parents. They told us they received counselling to help them deal with their emotions.

People were supported to make decisions about their care. The people we spoke with were aware of their support plan and told us they were involved in planning their care. This ensured they received care and support the way they liked. One person said, "My relative will be coming today because it's my review." Support plans were provided in a pictorial format to promote people's understanding and assisted them to make decisions about their care. The registered manager said, "Although people may not be able to understand we encourage them to be present in meetings relating to them."

People's right to privacy and dignity was respected by staff. People told us staff respected their privacy and always knocked on their bedroom door before they entered. One person told us there were times when they preferred to be alone in their bedroom and staff respected their choice. People were able to choose what staff worked with them. One person preferred to have a male care staff to assist them with their personal care needs and their choice was respected. People had their own bedroom and their door was fitted with a privacy lock and they were provided with a key. One person said, "The staff respect my privacy but they do check to see if I am alright." A staff member told us about a person who required support to get into the shower. They said, "When they are in the shower I leave the bathroom and wait outside to give them some privacy." Another staff member said, "When I assist people with their personal hygiene I encourage them to do as much as they can themselves to preserve their dignity."

## Is the service responsive?

### Our findings

People were supported to be involved in their care assessments and reviews. One person said, "I am involved in my care reviews and I am happy with the service I receive." Information relating to the individual was provided in a pictorial format to support their understanding. For example, during their assessment they were able to point at pictures to inform staff of their choices in relation to things important to them and the support they required.

People were supported by staff to live a lifestyle of their choice. People told us they were able to make their own decisions about their daily routine and staff respected this. For example, one person told us they liked to have a newspaper and staff supported them buy one each day. People had access to a variety of social activities. One person told us they enjoyed going out for meals and said staff supported them to do this. They also informed us of their interests of aeroplanes and visiting the airport. We spoke with another person who told us they enjoyed watching boxing and staff had taken them to boxing matches. They told us about their interest in fishing and said one staff who shared their interests often took them fishing.

The registered manager said keyworker meetings were carried out regularly. A key worker is a member of staff who works closely with the person to find out their specific needs and interests and to support them to access the services they need. A staff member said, "Everyone has the opportunity to do things that interests them." They told us activity plans were in place and these were flexible to meet people's daily needs. For example, one person had chosen to carry out an outdoor activity. However, on the day of the inspection they changed their mind and wanted to stay at home and their choice was respected.

We spoke with a person about employment opportunities and found this had not been explored. The registered manager said people had not shown an interest in finding a job. However, they assured us this would be discussed further with people. People were supported by staff to access their local college. One person had expressed an interest in further education and had recently completed a pottery course. They told us they had enjoyed this and looked forward to learning new skills.

The service provided was 'person centred' and specific to the individual. For example, one person who lived in a flat within the home had recently been provided with a cooker. The person told us they were supported by staff to cook but they could do this independently now. Another person told us they were able to go out alone and enjoyed being independent. People's religious beliefs were respected by staff and they were supported to visit their chosen place of worship.

People had the opportunity to develop new relationships. Staff informed us that people were supported to access local amenities and this enabled them to meet new people. People were supported to maintain contact with people important to them. One person said, "I went to a show with my friend." They continued to say, "The staff take me to see my [relative]." Another person told us their friend came for a meal and they watched television afterwards. One person said, "I am able to chat with my family on the phone." They told us that staff were going to make arrangements for them to visit their family. Staff told us that people's decision not to maintain contact with people they were uncomfortable with was also respected.

People's concerns were listened to and acted on. One person said, "If I am sad I would tell the manager and they would sort it out." Another person told us, "If I am unhappy I would ring my relative and tell them." The registered manager showed us a pictorial complaints procedure that helped people to express their concerns. They said, "If someone appears unhappy we use the complaint procedure to enable them to point at what is making them sad." The registered manager said they had received concerns from a relative. This related to their relative's prescribed treatment. The registered manager had taken the appropriate action to address these concerns and to ensure the person's wellbeing.

## Is the service well-led?

### Our findings

The provider had systems in place to assess and monitor the quality of service provided. The provider had a six monthly governance audit in place. However, this was not effective to identify shortfalls with the management of medicines. We found that medication systems that were in place to promote good and safe practices were not being carried out by staff. Medicines that were required to be disposed of after two months after opening were still in use. Systems to record unwanted medicines were not being followed by staff and the registered manager was unaware of this. This meant the provider was unable to account for all medicines in their custody and to ensure they were disposed of appropriately.

People were given a quality assurance survey to complete. The registered manager said information collated from these surveys was discussed with people. A staff member said, "We provide a good service and I would live here. I always look forward to coming work." We saw an audit of complaints had been carried out and to find out if people knew how to share their concerns. All four people we spoke with knew how to share their concerns. The audit also reviewed care records to ensure information reflected the individual's current support and care needs. Accidents and incidents were looked at and where applicable action was taken to avoid a recurrence. For example, one person had been provided with walking equipment. This reduced the risk of further falls. The audit process also looked at whether staff had read and signed the provider's policies and procedures that promoted safe practices. The audit systems reviewed people's planned medical appointments to ensure they had been supported to attend them. People confirmed they were supported to attend their medical appointments. People could be confident systems were in place to monitor the effectiveness of the service provided to them.

People were supported to have a say in how the home was run. Regular meetings gave people the opportunity to tell the provider about their experience of using the service. One person said during a meeting they told staff their wardrobe had broken. They told us, "Staff will be taking me shopping to buy a new one." The registered manager said during meetings people were informed of any proposed changes. For example, plans to redecorate the home. People were encouraged to participate in choosing the colour scheme. During another meeting people had suggested having a cooked meal at lunch time instead of the evening. The registered manager said measures were in place to do this. This meant people views and suggestions were listened to and acted on. The registered manager informed us that people were involved in the staff recruitment process. This gave people the opportunity to have a say who worked with them. Meetings with staff and the management team were carried out. This gave staff the opportunity to discuss people's specific needs and to ensure they were being met appropriately.

People were provided with an effective service. One person told us how happy they were living at the home. Another person said, "The manager is very nice." The home was run by a registered manager who was supported by a deputy manager and two team leaders. Discussions with the registered manager confirmed they were supported in their role by the regional manager and had access to regular one to one [supervision] sessions. They said during their supervision they talked about future plans and developments for the service. For example, plans were in place to have a wet room to assist people who have limited mobility. The registered manager also confirmed they had access to training to maintain their skills. Staff

told us the registered manager was supportive and always found the time to listen to them. Discussions with the registered manager confirmed their awareness of when to send us a statutory notification of events that have occurred in the home which they are required to do by law.

The registered manager described the culture of the service as, "A very happy place to live and people's needs are fulfilled." A staff member told us, "The home is relaxed and we provide a friendly atmosphere and all the staff are approachable." Another staff said, "I would describe the culture as homely and a real sense of family." They continued to say, "When one person is ill all the staff and people who live here show concern for the person's wellbeing." The registered manager said their plans for the future were to have 'champions' in place to promote better living. For example, to explore different opportunities regarding social activities. To ensure staff are aware of the importance of equality, diversity and human rights so everyone lives a lifestyle that reflects their choice.