The Wilf Ward Family Trust

Muston Road

Inspection report

70 Muston Road
Filey
North Yorkshire
YO14 0AL

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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

This inspection took place on 16 January 2018 and was announced.

Muston Road (the service) is a residential care home for four people with a learning disability or physical disability. It is a large detached property situated on a main road into Filey and is within walking distance of the town centre. There are three large bedrooms and a separate flat with its own facilities. A large private and secluded garden is situated to the rear of the property. At the time of our inspection there were three people who used the service.

People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The 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 using the service can live as ordinary a life as any citizen.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The provider had a registered manager in post. A registered manager is a person who has registered with the 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 2008 and associated Regulations about how the service is run.

People were safe and well cared for. The registered manager followed robust recruitment checks, to employ suitable people. There were sufficient staff employed to assist people in a timely way. People's medicines were managed safely.

Staff had completed relevant training or were booked on a refresher course where needed. We found that they received supervision, to fulfil their roles effectively.

People were 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.

People enjoyed good food. Their health needs were identified and staff worked with other professionals, to ensure these needs were met.

People's independence was promoted. The service provided people with care that met their wishes and choices, whilst protecting their privacy and dignity.

Staff were knowledgeable about people's individual care needs and care plans were person-centred and detailed. People participated in a wide range of activities within the service and in the community, and they also enjoyed the company of others in the service.

The service was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People, relatives and staff were asked for their views and their suggestions were used to continuously improve the service.

Events requiring notification had been reported to CQC. The service met all relevant fundamental standards we inspect against.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Muston 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 comprehensive inspection took place on 16 January 2018 and it was announced. We gave the service 48 hours' notice of the inspection visit because the service was a small care home for adults who were often out during the day. We needed to be sure that someone would be in the service.

The inspection team consisted of one inspector. Due to the complex nature of people's conditions we were unable to hold in-depth conversations with individuals, but we did meet all three people who used the service and explained who we were and what we were doing.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted North Yorkshire County Council (NYCC) safeguarding and commissioning teams. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The information we gathered was used to plan this inspection.

At this inspection we spoke with the registered manager, assistant manager and chatted to the five members of care staff on duty. We met with three people who used the service and spent time with them over the course of our inspection. People who used the service had some difficulty communicating verbally, but were able to make their wishes and choices known to the staff. We observed staff interactions with people and the level of support provided to people throughout the day. All three people required support on a one-to-one or two-to-one basis to ensure they remained safe both in the service and out in the community.

We looked at two people's care records, including their initial assessments, care plans, reviews, risk

assessments and medication administration records (MARs). We also looked at a selection of documentation pertaining to the management and running of the service. This included quality assurance information, audits, stakeholder surveys, recruitment information for three support workers, staff training records, policies and procedures and records of maintenance carried out on equipment.

Good

Is the service safe?

Our findings

We observed that people looked comfortable and at ease when talking with each other and with staff. We asked two people if they felt safe in the service and they smiled, nodded and said, "Yes."

We found that people were unable to go out into the community on their own, as they were extremely vulnerable individuals. Staff accompanied them to keep them safe from risk of harm. Everyone who used the service was independently mobile and we saw that prompt assistance was offered willingly and cheerfully when people requested it. We observed there were very positive relationships between the staff and people.

Staff were assigned on the staffing rota to the one-to-one and two-to-one support of specific individuals each day, although the registered manager said staff could and did swap over to give everyone a change from being with the same people all day. We saw there were sufficient staff on duty to enable people to go out when they wished for social activities and to attend hospital appointments. The service had an on-call system in place for emergencies during the night time with contact details on display in the office, the night worker folder and in the health and safety folder.

Staff received training on making a safeguarding alert so that they would know how to follow local safeguarding protocols. Staff told us they would have no problem discussing any concerns with the managers and were confident any issues they raised would be dealt with immediately. There was written information around the home about safeguarding and how people could report any safeguarding concerns.

There were care notes and risk assessments in place that recorded how identified risks should be managed by staff. These had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe but also ensured they were able to make choices about aspects of their lives as they were involved in their own risk assessment process.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We saw they completed an incidents log including any occurrences of distressed behaviour. We saw one person had demonstrated some anxious behaviours in December 2018, but staff had documented how they managed this through distraction techniques and monitoring the person's trigger points. Staff worked with the person's GP to ensure their medicines were reviewed regularly including those medicines used to calm the person down in times of anxiety and distress. Staff kept clear and detailed records of all behaviour incidents which included the length of time of any incident, any injuries sustained by the person or others and the input received from health care professionals. During our inspection, people presented as calm, relaxed and at ease in the service.

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. The fire risk assessment for the service was up to date and reviewed yearly. People were involved in fire drills which were completed on a regular basis. The last one was held in November

2017.

Records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. There was a health and safety checklist completed by staff on a monthly basis. The registered manager told us that different staff completed this so they all knew what to look out for. We saw an action plan and a document to record the action taken, which included actions such as buying a new lamp for the communal area to improve the level of lighting in the area. Colour coding on the water taps had faded so this was replaced to prevent people scalding themselves with hot water.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service.

An infection prevention and control audit had been completed and had an action plan in place. We looked at the communal areas and a sample of bedrooms (with people's permission). Premises were clean and there were no malodours. Cleanliness of individual rooms was good and bedrooms were clearly recognised as people's own spaces.

Information on people's medical conditions such as epilepsy were kept in the night staff folder so staff had easy access to the information, including how to administer medicines in the event of a person having a seizure. Medicine competency checks were carried out yearly for all staff. The arrangements for managing people's medicines were safe. People's medicines were kept under review and medicines were administered to people in a safe way. People were helped and supervised if they needed to be.

Good

Is the service effective?

Our findings

Observations showed that people got on well with the staff and there were some very positive interactions with a lot of laughter and good humour. People who used the service were interested in what we were doing in the service and we saw staff communicate effectively with them using clear speech, Makaton signs and gestures.

People were cared for and supported by well trained, motivated and highly skilled staff. Staff who were new to the caring profession were required to complete the Care Certificate; this ensured that new staff received a consistent induction in line with national standards. A comprehensive training programme was in place for new staff and there was continuing training and development for established staff.

Our observations showed that staff had the appropriate skills and knowledge to care for people effectively. They had access to a range of training deemed by the provider as 'essential' as well as subjects specific to meet people's needs. Staff completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding and medicine management. Records showed staff had participated in additional training including topics such as epilepsy, management of challenging behaviour, diabetes awareness, autism and Deprivation of Liberty Safeguards and the Mental Capacity Act 2005.

Staff were supported by having regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Minutes of the supervision meetings were made available to us during the inspection. Staff had also received annual appraisals of their work performance.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Records showed that three people who used the service had a DoLS in place around restricting their freedom of movement. These were kept under review and new applications had been submitted where needed. We found that people had been assessed for capacity. Staff understood the importance of consent and we saw that capacity issues were explored when planning people's packages of care and support. When people were unable to make a decision around their care and support due to a lack of capacity, then a Best Interests meeting had been held with their families and others involved in their care.

People had good access to social and health care professionals. They received regular dental check-ups, GPs carried out medical reviews and they had health care checks with practice nurses and saw opticians when needed. Each person had a health care plan which detailed the people in their circles of support

including family, friends and health care professionals. Information that they would take to hospital with them was detailed and descriptive, person centred and written in an accessible format.

Input from specialists such as Speech and Language Therapy (SALT), dieticians and the community learning disability team was used to develop the person's care plans and any changes to care were updated immediately. Within people's files we found extremely detailed care plans relating to nutrition. These included likes and dislikes, level of understanding and methods used to encourage independence. There were risk assessments relating to nutrition, choking and swallowing and where appropriate referrals had been made to the dietician or SALT team. Within the service there was promotion of a healthy diet and lifestyle, with visual aids to aid recognition. We saw people were able to make choices around their diets and for one person that involved them going out for lunch, to a local social club, during our inspection.

Good

Is the service caring?

Our findings

The service was caring. The atmosphere within the service was calm and relaxed and, as we walked around the building in the morning, we saw that people were well presented and dressed appropriately for the weather. We asked people if they enjoyed living at the home and they responded by smiling and nodding their heads.

The two managers and staff showed genuine concern for people's well-being. It was evident from discussion that all the staff knew people very well, including their personal history, preferences, likes and dislikes. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. For one person we met, that included going out daily into the local community and taking public transport to go further afield. For others, this was taking comfort in time spent in the service surrounded by their own possessions and staff who interacted with them throughout the day.

We spent time with people in the registered manager's office and in the communal areas. We observed staff who encouraged people to communicate and listened patiently to their responses. The interactions between staff and people were relaxed and informal and indicated a good relationship. Staff displayed kindness and empathy towards people who used the service. Staff spoke to them using their first names, as they preferred, and they were not excluded from conversations. We saw that staff took time to explain to people what was happening, when they carried out tasks and daily routines within the service. The staff spoke with them in a tone and manner demonstrating care, kindness and respect and people responded positively towards the staff.

Everyone who used the service was in long term care placements, but they were encouraged by staff to develop daily living skills where possible. For example, one person who lived in the flat was supported by staff to do simple cooking and housekeeping tasks such as keeping their flat tidy and doing their own washing.

Discussion with the managers and members of staff and our observations of the service indicated that the care being provided was person-centred. It focused on providing each person with practical support and motivational prompts to help them maintain their independence. We were told that regular discussions about care and support were held with people who used the service and their representatives.

Two people who used the service had a voice through the appointing of an Independent Mental Capacity Advocate (IMCA) from an external company. The same IMCA worked with both people and visited them regularly at the service to check on their wellbeing. An IMCA is someone who supports a person to express their opinions and views and enables a person who lacks capacity to have their interests represented.

People were treated with dignity and respect. The staffs' approach was professional, but friendly and caring. Staff spoke with people in a polite and respectful way, showed an interest in what people wanted to say to them, knocked on people's doors before entering and ensured they had privacy whilst they carried out their personal care.

We found that people who used the service were dressed in clean, smart, co-ordinating clothes. Their hair was brushed, finger nails and hands were clean and well cared for and gentlemen were clean shaven (if that was their choice). We were told by staff that people could have a bath or shower whenever they wished and information in the care files and bathing records showed that these usually took place on a daily basis.

Good

Is the service responsive?

Our findings

An assessment was carried out prior to admission, to identify each person's support needs. Care plans were developed outlining how these needs were to be met. Involving people in this assessment helped to ensure support was planned to meet people's individual care preferences.

Some people who used the service had agreed restrictions on their daily life due to their behaviour. Risk assessments had been completed and care plans were in place to make sure people stayed safe and well. The care plans and risk assessments had been reviewed to make sure they contained relevant information and were up-to-date. Each person had a record of all interactions of care and support, both during the night and during the day.

We were unable to talk with people who used the service about their care plans. However, The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs, which enabled them to provide personalised care. People and their representatives were involved in reviews of care. This made sure care plans were current and continued to reflect people's preferences as their needs changed. Staff were keen to make sure the care plans were tailored around the person.

People who used the service each had their own personal timetable of activities and outings written for them by the staff and based on each person's preferences, interests and hobbies. People were engaged in one-to-one activities that met their individual preferences throughout the day. Activities included attendance at social clubs playing snooker and darts, swimming and sporting events. People were encouraged to maintain links with their families and friends. There was open visiting at the service so visitors could come and go at times convenient for them and the people who used the service.

Staff used the information from people's assessments to ensure people received care that made them feel valued. For example, staff took an interest in each person's hobbies and made an effort to make sure they were able to pursue their individual preferences. One person we met enjoyed going on holiday with the staff to Skegness. They had risk assessments in place to cover the activities they liked to do whilst on holiday, such as swimming.

There was an on-line complaints policy and procedure which could be accessed by staff, families and others. A hard copy was also available in the welcome pack in each person's bedroom. Staff and relatives had drop in sessions with the area manager so they could discuss any issues with care and support at that time. The area manager kept meeting minutes. Only one informal complaint was received in the last year, which was investigated and resolved quickly by the registered manager.

The service had thought about the provision of accessible information for people and families, as there were user friendly formats on 'Share Point', which was the provider's on-line information system.

There was no-one requiring end of life care at the time of our inspection. However, we saw evidence that

work had gone into discussing end of life wishes and choices for people who used the service.

Good

Is the service well-led?

Our findings

The service benefited from strong leadership and enthusiastic managers. We saw that the provider visited the service regularly and completed reports of each visit, which gave advice and guidance to the managers about any necessary changes to be made. There was a registered manager in post and they were supported by an assistant manager.

We found the service had a welcoming and friendly atmosphere. The provider was introducing 'Be Kind, Act Kind' training for the staff. This training focused on the provider's expected values and behaviours for employees to follow, which ensured staff understood what was expected of them.

Staff morale was high and the atmosphere within the service was warm, happy and supportive. The culture of the service was open, honest, caring and fully focused on people's individual needs. Our observation of the service was that it was well run and that people who used the service were treated with respect and in a professional manner.

We saw copies of the staff supervision sessions; the information within the records indicated that this gave the staff an opportunity to discuss their work, any concerns they might have and was also a time for them to be updated with any changes needed. The staff told us they felt well supported by the registered manager. Staff were not asked to do tasks they were not confident about completing. The staff training plan showed that all care staff completed essential training and then went on to undertake more specialist training and vocational training courses such as diplomas in health and social care to further develop their knowledge. This demonstrated that people were looked after by well trained and knowledgeable staff, who were confident and capable of meeting their needs.

Feedback from people who used the service, relatives, health care professionals and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered manager and where necessary action was taken to make changes or improvements to the service.

The response rate to questionnaires sent to relatives and health care professionals was poor. The registered manager told us they were considering different ways of obtaining their views. For example, when meeting with families to discuss people's care and support. We found an engaged, friendly and experienced staff team in place. All staff were encouraged to share ideas and reflect on their performance through team meetings and supervisions, which were used to inform the annual appraisals.

Meetings for health and safety matters were held every eight weeks. The registered manager also attended a health and safety circle, which met before the main meeting. There was a new on-line audit tool which covered all areas of quality assurance within the service. We saw that the registered manager monitored and analysed risks within the service and reported on these to the provider. The registered manager carried out monthly audits of the systems and practices to assess the quality of the service, which were then used to make improvements.

We asked for a variety of records and documents during our inspection. We found these were easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the service had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.