

Care 24-7 Leicester Limited

Hartington Road Care Home

Inspection report

75 Hartington Road
Leicester
Leicestershire
LE2 0GQ

Tel: 01162425779

Date of inspection visit:
06 October 2016

Date of publication:
23 November 2016

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

The inspection took place on 6 October 2016 and was unannounced.

Hartington road care home is a care home registered to provide accommodation for up to eight people who have a learning disability. Accommodation was over two floors. There were six single occupancy rooms and one shared room, two communal lounges and two kitchens. At the time of inspection there were eight people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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 protected from the risk of harm because staff knew how to recognise abuse and how to report it. Risk was assessed and management plans were put in place where risk was identified. There were sufficient numbers of staff to meet people's needs. Staff were supported and trained. Recruitment procedures were robust so that people with the right skills and character were employed.

People's medicines were managed in a safe way.

There was an on-going staff training programme so that staff knew how to meet people's needs and keep them safe. The provider agreed to access more sector specific links to ensure that staff were following current best practice guidelines.

People had their needs assessed and care plans were developed for each identified need. The care plan format had recently changed so that care plans were more focused on the person and their individual needs and preferences.

People were asked for their consent before care and support interventions were carried out. Staff were working within the principles of the Mental Capacity Act 2005 and had applied to the relevant authorities where people had their liberty deprived in order to keep them safe.

People were supported to choose their own meals and to have a balanced diet. Food and fluid intakes were monitored where this was required. Appropriate referrals were made to healthcare professionals such as doctors and community nurses.

People were treated with kindness and respect. Staff knew about people's likes and dislikes and the things that were important to them. People had their privacy and dignity respected.

People received care and support in the way they preferred. People were asked for their feedback and knew

who to make a complaint.

The service was well managed and promoted an open positive culture. The provider's vision and set of values were understood and adopted by staff. Systems were in place to monitor the quality of the service and this included seeking feedback from people and their families.

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.

People were protected from abuse and avoidable harm. Risks were assessed and managed.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was managed safely.

People were supported with their medicines in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people. Staff recruitment procedures were robust.

People had enough to eat and drink and had a balanced diet. People were well supported by health and social care professionals.

Is the service caring?

Good ●

The service was caring

Staff were kind and patient and treated people with dignity and respect and protected people's dignity.

Staff had positive and caring relationships with people who used the service.

People were encouraged to express their views.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in the way they preferred.

People, and those close to them, shared their views on the care they received and about the service more generally. Their views were used to improve the service.

Is the service well-led?

Good ●

The service was well led.

There were clear lines of accountability and responsibility within the management team.

There were effective quality assurance systems in place to monitor the quality of the service and to make improvements where required.

Hartington Road Care 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.

The inspection took place on 6 October 2016 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had experience of caring for someone who had used this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the form.

We checked information that we held about the service and the provider. This included statutory notifications. A notification is information about important events which the service is required to send us by law. We contacted the local authority that had funding responsibility for some of the people who used the service.

During our inspection we spoke with five people who used the service and two relatives of people who used the service. We also spoke with the registered manager, the deputy manager and two care workers.

We reviewed a range of records about people's care and how the service was managed. These included care records for three people, two staff training and employment records, quality assurance audits, incident reports and records relating to the management of the service.

Is the service safe?

Our findings

People were protected from abuse and avoidable harm. A relative told us their relative was safe. They said they could raise concerns with any of the staff or managers. Written information and information in picture format was displayed prominently in the service. This told people about different types of abuse and what to do if they felt frightened. These formats were also used during monthly meetings to support people to raise concerns should they need to. Reporting abuse was an a regular agenda item for individual and group staff meetings.

Staff had received training and knew how to recognise the signs of abuse. They knew when and how to report suspected abuse. This included contacting the police and local authority safeguarding team. A staff member explained how the slightest change in behaviour could indicate a problem and could be a sign of abuse. This knowledge was particularly important as some people were not able to verbally articulate their concerns.

Risk was assessed and staff knew what to do to keep people safe and minimise any risk. Staff checked that each person was safe every hour when they were not in a communal area. People's freedom was respected so that people could take informed risk. One person sometimes went out and stayed out late. Staff respected this but said they would trigger a missing person alert should the person not return at the agreed time.

There were policies in place for dealing with accidents and incidents and a business continuity plan for unforeseen emergencies. There was also an emergency folder for staff to quickly find important information in an emergency situation. All accidents and incidents were recorded and checked by the registered manager and action was taken to reduce further risk. A health and safety check was carried out annually on the premises and equipment. Routine maintenance and safety checks were carried out and within the required time frames.

Staffing numbers were sufficient to meet people's needs. A relative told us there were enough staff on duty. We saw that staff were in attendance with people throughout the inspection. Staff told us they had time to meet people's needs and time to sit and chat with people. There was always a senior member of staff on duty and staff had access to the registered manager or deputy manager should they need them.

There was a recruitment policy in place which the registered manager followed. This ensured that all relevant checks had been carried out on staff members prior to them starting work. We looked at the recruitment files. We found that all the required pre-employment checks had been carried out before they had commenced work. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) Check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

People received their medicines in a safe way. Staff were following current professional guidance about the

management of medicines. Each time a person received their medicine, two members of staff checked it was the right medicine, the right dose, the right time and the right person. Medicines were stored securely in a well organised way. Each person had a medicines profile which recorded each medicine the person had been prescribed and the possible side effects of the medicine. Staff also had access to the providers medication policies and to on line sources of information about medicines. Staff had received training and had their competency assessed. At the time of the inspection there was no one who wanted to manage their own medicines. The provider told us they could support people to do this should this be requested.

Is the service effective?

Our findings

People were supported by staff that were trained and knew how to meet their needs. We saw that staff responded to people in a positive way. They understood people's needs and knew how to meet them. Staff described the particular ways people preferred to be supported. They knew the things that were important to people. Induction training was provided when staff first began working at the service. They spent at least two weeks working with the registered manager or deputy manager before working unsupervised. Training was also provided by an external trainer and this was updated annually. The provider had a training matrix; this showed that staff had received the training they required. The majority of staff had achieved a nationally recognised qualification in care and the remainder of staff were working towards this qualification.

The service did not have established links with organisations that provide sector specific guidance. This was discussed with the provider who told us they would establish these links to ensure that care would be delivered in line with current best practice.

Relatives told us that staff knew how to meet people's needs. Staff told us they received all the training they required and felt supported. Monthly staff supervision sessions were held. This gave staff opportunity to discuss their training and development needs and for their manager to provide feedback on their performance.

Staff obtained consent before providing care and support. They told us they achieved this by explaining what they were doing and where people could not consent verbally they looked for non-verbal communication. Staff knew people well and knew the way they preferred to be supported and cared for.

We checked whether the provider was working within the principles of the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), 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 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 when this is in their best interests and legally authorised under the MCA. We saw that staff were working within these principles and had applied to the relevant authorities where restrictions were required.

People were supported to eat and drink enough and to maintain a balanced diet. We saw staff offering choices to people by showing them different types of drinks they could have. Staff knew about people's nutritional needs and preferences. People were given choices and a varied diet. Pictures of the different meals available were used so that people could make choices and let staff know what they would like to eat.

Each person had a care plan in place for eating and drinking. Staff monitored the amount people ate and drank to make sure people had a balanced diet and enough to drink. People had their weight monitored.

People were supported to maintain good health. People had a health action plan in place. This recorded peoples' individual health care needs. Records showed that people had access to the healthcare services they required. One person had recently seen their doctor for an annual review of their diabetes. Other people had attended dentist and optician appointments. Staff knew how to recognise deterioration in health and what action to take.

Is the service caring?

Our findings

People were treated with kindness and compassion. Relatives told us the staff were caring. We saw staff engaging with people in a kind and respectful way. People were relaxed spending time with staff. When people returned from the day centre they were warmly greeted by staff.

Staff knew about people's individual needs and the way people preferred to be supported. They gave us examples of supporting people in a person centred way. One person who was not able to communicate verbally enjoyed being asked about their day and would smile when staff spoke with them. Another person preferred to have their breakfast before having a shower in the morning and this was respected.

Staff knew the things that were important to people and the things they liked and disliked. They told us about the triggers that may cause distress or anxiety and made sure these triggers were avoided. Communication passports were in place so that staff knew the best way to communicate with the person. When new staff began working at the service they did not provide direct care and support for the first two weeks. This gave people time to get to know the staff member and to feel comfortable with them.

Staff told us they felt supported and worked as a team. A staff member said "The staff who work here care about people, this is what makes the place special".

Regular meetings were held where people were supported to be involved and make decisions about their care and support. Accessible formats were used to communicate information such as pictures and easy read documents. People had access to advocacy services and people's family were consulted and asked for their feedback. Some people had an 'appointee' to manage their financial arrangements. There was a key worker system in place so that each person had an allocated member of staff to support them and keep a check on their wellbeing.

People had their privacy and dignity respected. Staff received training about this when they first began working at the service. Staff explained how they maintained people's privacy and dignity. They told us how they knocked on people's doors and provided privacy during personal care. Independence was promoted and people were able to do as much for themselves as possible. The things that people could do for themselves was recorded in people's care plans. We spoke with staff at the day centre where some people attended. They told us that people were treated kindly by staff and had their privacy and dignity respected. They said that people were always dressed appropriately and looked smart and clean.

Is the service responsive?

Our findings

People had their needs assessed before moving into the service. The provider told us this assessment process was critical to ensure that the service could meet the person's needs and that people already using the service would not be adversely affected. A plan of care was formulated for each assessed need. A relative told us they were aware of the care plan and agreed it met their relative's needs. The provider was in the process of changing the format of their care plans so they were more people focused. We saw that the new format provided more detail about people's preferences and the way they preferred to be supported. Staff gave us examples of how they met people's needs and in the way they preferred.

People's cultural and religious needs were recorded and staff understood how to meet these needs. People were supported to follow their chosen religion and to take part in the associated festivals and attend their places of worship. We saw that staff knew people well and were often able to predict and pre-empt needs. Information such as the providers service users guide was available in accessible formats and in other languages.

People had busy lives and took part in activities. People accessed the local community such as daycentres, places of worship and shops. During our inspection we saw that staff were encouraging people to engage in activities. Some people had gone out to attend day care services. Staff were flexible and responded to people in a positive way. One person changed their mind about the meal they had requested and staff quickly provided an alternative. We saw one person playing football in the garden with staff and they seemed to enjoy this interaction.

For some people activities were limited because of their disabilities. However, the range of activities on offer did not always reflect the unique preferences of people who used the service, nor did it encourage people to try new things. Information about people's social and cultural history had been recorded but was not always used to plan appropriate activities for the person. We discussed this with the provider who agreed to address this and plan activities accordingly.

Regular meetings were held to communicate any changes and gather feedback from people who used the service. Questions and discussions were facilitated by pictorial aids. This meant that people with communication difficulties could be asked about their experience. For example, there were pictures of meals used when the discussion was about food and drink. People were asked for feedback about any new members of staff. A review of each person's wellbeing or otherwise was carried out and recorded as part of these meetings.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. People kept in touch with their friends and relations. Relatives told us they felt welcome at the service and were kept informed about any changes.

Complaints and concerns were investigated and used as an opportunity to improve the service. People were given an 'easy read' guide to the service so they knew what they could expect and an easy read complaint

procedure to help them complain should they need to. Relatives told us they knew how to make a complaint and would feel comfortable doing so. Staff told us their managers would listen and take action if they raised a complaint. There had been no formal written complaints since our last inspection.

Is the service well-led?

Our findings

The service was well led. The registered manager knew about people's needs and was involved and visible in the day to day running of the shift. Relatives told us the manager was accessible and easy to talk to. Staff told us they felt supported and the management culture was open and accessible. The registered manager was keen to develop and improve the service; they encouraged people to share their views. They were supported by a deputy manager and senior care staff.

There was a clear vision and set of values based on compassionate and respectful care and these were stated in the service user guide and staff handbook. The provider told us they observed staff on a daily basis to check their work and how they interact with people. Staff confirmed that this was the case. They told us that managers were on call 24 hours a day and could be contacted at any time. Staff received formal supervision every six weeks. This meant they could discuss any development needs and received feedback about their performance. As well as this staff told us they were frequently asked if they needed any further support.

The registered manager and deputy manager were experienced and qualified. The registered manager understood their responsibilities and met the conditions of registration. They sent us notifications to tell us about events and changes as they were required to do. There were clear lines of accountability and staff understood their roles and responsibilities.

Quality assurance systems were in place so that the quality of the service could be monitored on an on-going basis. Relatives were given satisfaction questionnaires and encouraged to give their feedback at each visit. Audits were carried out to check that records and care plans were up to date and accurate. Records and data management systems were robust and very well organised.

Staff were taken out for a meal every six weeks and a staff of the month prize awarded for their performance. The winner was chosen by the staff group. This meant that good service was encouraged in order to drive up quality. Staff told us they liked working at the home and were motivated to improve.

The registered manager checked accident and incident reports. They used this information to reduce risk and improve. For example, replacing steps with ramps to reduce trips and falls. Staff ensured the environment remained safe by carrying out regular tests and checks such as on fire safety procedures and equipment.