

Contemplation Care Limited

Five-Ways

Inspection report

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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

Five-Ways provides accommodation and personal care for up to three people living with a learning disability, physical disability, autism and/or mental health needs. The home is a bungalow at the end of a cul-de-sac. It is within walking distance of local shops and amenities. The accommodation comprises three bedrooms, a cosy lounge, dining room and a kitchen. At the time of our inspection three people were living at the home.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People were protected from abuse. Relatives and staff told us they felt the home was safe. Staff had received safeguarding training and knew how to report any concerns.

People received their medicines as prescribed from staff who were trained to do so safely.

There were sufficient staff deployed to meet people's needs and additional staff were brought in for community support when required.

Individual and environmental risks relating to people's health and welfare had been identified and measures were in place to reduce these. Emergency plans were in place and understood by staff if required.

People's rights were protected because staff understood and followed the Mental Capacity Act 2005. Deprivation of liberty safeguards had been submitted to the local authority for authorisation when required.

People had a choice of nutritious food and drink and were supported to maintain a healthy diet. People had access to health care services when required.

Staff received training, supervision and appraisal to support them in their roles and deliver effective support.

The provider met the Accessible Information Standards. Staff used a range of communication methods and provided information in a way people could understand, such as pictures, which helped them to make informed choices.

People took part in a wide range of activities in line with their interests and which increased their skills and independence. Staff knew people well and empowered them to make choices and take control of their lives.

People were supported to maintain important relationships and visitors were welcome at any time. Staff

were patient, kind and caring and respected people's privacy. They treated people with dignity and respect.

People had detailed support plans which provided guidance for staff. People and their relatives were involved in planning and reviewing their care.

Systems were in place to monitor and assess the quality and safety of the care provided. There were opportunities for people and relatives to feedback their views about their care and this was used to improve the service.

Complaints procedures were produced in picture format and displayed throughout the home. People and relatives knew how to raise a complaint if they needed to. There had been no complaints in the previous twelve months.

There was a positive, supportive and open culture within the home. Staff felt involved in the development of the service and felt supported by the registered manager. The registered manager understood their responsibilities and reporting of incidents to the commission.

We last inspected the service in April 2016 and rated the service as good overall. At that time we rated the well led domain as requires improvement as the manager was in post but had not yet registered with the Care Quality Commission. This inspection found that the required improvements had been made.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service has improved to good.

The service now had a registered manager. They understood their overall responsibilities and the reporting of events to the commission.

There was a positive, supportive and open culture within the home.

Staff felt involved in the development of the service and felt supported by the registered manager.

Five-Ways

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Five-Ways is a care home for three people with learning and/or physical disabilities and/or mental health needs. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service is delivered 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 which ensure people using the service can live as ordinary life as any citizen.

The inspection was carried out on 8 March 2018 by one inspector. The inspection was announced. We gave the registered manager 18 hours' notice. This was to make sure that there would be someone available at the home when we arrived.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection.

We spoke with three people who lived at the home. We also observed people being supported to help us understand their experiences. We spoke with a member of care staff and the registered manager. We also spoke with two relatives following the inspection.

We looked at each person's care records and pathway tracked two people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the running of the home, including health and safety checks, medicines records, quality assurance and staff training and appraisal records.

Is the service safe?

Our findings

People and relatives told us the staff provided safe care and support. One person told us they felt safe and said, "It's my room, no one comes in. They know it's my room." Another person said, "I feel safe. There is a chain on the door. I would speak to the manager if I was worried. I have a number to call when I am out." Relatives we spoke with told us they thought their family members were safe. One relative said, "They [my family member] are safe. I have no concerns." Another told us, "[My family member] is always very positive. He can't wait to get back after a short break [with us]. That speaks volumes."

People's individual needs in the home and in the community were met by sufficient numbers of staff. People living at Five-Ways were quite independent so there was usually one member of staff on shift to provide support and prompting. One person was able to go out to familiar places by themselves, whilst others required staff support in the community. Staffing was reviewed on an on-going basis to ensure people's needs could be met and where specific activities required more staff, there was an arrangement with another local home run by the provider. We observed this in action on the day of our inspection when a staff member from the other home arrived with transport to help support everyone to go out for lunch and bowling. On occasions when agency staff were required, these were regular staff who knew people well and were familiar to them. The staff member we spoke with told us they thought the shift pattern worked well. They felt confident they were able to support people safely and ensure they were able to access their community activities. They told us there was an effective on-call system and they knew who to contact at any time if they needed advice or assistance.

Staff understood how to protect people from abuse and improper treatment. They knew how to identify signs of potential abuse and how to report any concerns. Information about how and where to report concerns, such as to the Care Quality Commission and local authority safeguarding team, was clearly on display in the home. Staff told us they were aware of the safeguarding policy, including the whistleblowing process, and would not hesitate to use this. Whistleblowing is where staff can highlight poor practice without fear of recriminations. No new staff had been recruited since our last inspection, but robust recruitment processes were in place to ensure only staff suitable to work in a social care setting were employed.

People received their medicines from staff who had received training to do so. Staff were regularly re-assessed for their competency to administer medicines. A staff member told us, "I have observed practice when giving meds. [The registered manager] always finds time. Sometimes you don't even realise she's watching you." People told us they had support from staff to take their medicines. One person said they had recently had medicine for a cough and staff always asked them for their consent before giving it.

Medicines were ordered, stored and disposed of safely and in line with national guidance. People had adequate stocks of their required medicines which were stored securely in a locked cabinet. Unused or spoilt medicines were stored securely and returned to the pharmacy. We carried out a spot check of medicines and found everything was in order. Daily balance checks were carried out and monthly audits of stocks and records were undertaken. Any discrepancies, if found, were investigated and appropriate action

taken.

People's medicines records included information about each medicine, what it was for and when it should be given, including 'as and when' medicines such as pain relief. Each person had a medicine administration chart (MAR) which contained all of the required information to administer medicines safely. Each person had an annual review of the medicines with their GP to ensure they continued to receive appropriate treatment.

Staff were knowledgeable about the risks to people, such as choking, diabetes and talking to strangers, and knew what they should do to minimise the risks. For example, risks had been identified and measures were in place to enable one person to access their community independently. Staff had supported the person to learn various walking routes to familiar places until they were confident they knew where they were going. Staff ensured the person had an emergency number they could call if they got into any difficulty or became worried about something. Where people displayed behaviours that could challenge others, these had been identified, along with any triggers, and measures incorporated into their behaviour support plans to help manage these. Staff understood the range of approaches they should use to try to de-escalate behaviours in the least restrictive way.

Risk assessments had been completed to identify any hazards in the environment and appropriate guidance was in place in how to mitigate these risks, such as slips, trips, falls, legionella and fire risks. Staff carried out a range of daily, weekly and monthly checks to ensure the environment remained safe and well maintained. For example; fire alarms, fire doors and emergency lighting were checked. External contractors had checked the gas and electrical systems. Incidents were recorded and actions taken as appropriate.

An emergency plan was in place which provided staff with guidance and contact details of key people and utilities providers who would need to be contacted in the event of an unforeseen emergency. Individual emergency evacuation plans were in place for each person which provided guidance for staff about how people would need to be supported in the event of leaving the home in an emergency situation.

Infection control procedures were in place, including a policy and annual statement. Spot checks took place to ensure the home was clean and tidy and to check appropriate equipment, such as liquid soap and paper towels, were available. Cleaning schedules were completed daily and a six monthly deep clean took place. We noted that the toilet floor was in need of some attention. The registered manager confirmed the home was due for a refurbishment soon and this would be included in the work to be undertaken.

Is the service effective?

Our findings

People told us that staff supported them to look after their health and this was confirmed by relatives. One person told us, "If I'm not well they [staff] take me to the doctors." Another person said they had recently seen a doctor for a cough. They told us they had been given medicine and said, "I'm feeling better. It's nearly gone." A relative told us, "As far as I'm aware [my family member] has regular check-ups." Another relative confirmed, "[My family member] sees his GP when needed. His teeth and eyes are checked regularly. He's looking really well."

People were supported by staff to maintain their physical health and emotional wellbeing. Staff identified any concerns quickly and made prompt referrals to a GP or other relevant health professional. Records were kept of telephone calls, appointments or hospital visits and recommendations were followed up appropriately when required. Each person had a health action plan which included information about their general health, any specific conditions, such as diabetes and guidance for staff in how to support people with their healthcare.

People's rights were protected because staff worked within the principles of the Mental Capacity Act 2005. 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. The registered manager had a good understanding of the Act. Mental capacity assessments had been completed for specific decisions when required and best interest decisions were made as necessary, and recorded.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). Appropriate applications had been submitted to the local authority for authorisation where required.

Staff told us they felt very well supported by the registered manager who was on hand to assist and provided advice and guidance when needed. Regular supervision and appraisal provided additional opportunities to support staff in their roles. Supervision and appraisals are formal opportunities for staff to review their performance as well as any issues, concerns or training needs they may have. The registered manager also carried out observed 'Fit to practice' sessions which enabled them to assess staff competency in areas such as safeguarding and medicines.

Staff were up to date with their training programme. Key training topics included; food hygiene, infection control and moving and handling. Staff had completed the care certificate when they had joined the company. This is a national standard that staff are required to meet when working in social care.

People were supported to eat a nutritious and balanced diet. Staff had a good understanding of people's

food preferences and helped them make healthy choices. Staff told us one person did not like to eat fruit, so they gave them more vegetables instead. This was confirmed by the person's relative. The weekly menu was on display in the kitchen and we noted that it was varied. One person told us, "I help choose the menu and help cook dinner. I have roast dinner on Sunday." Information about allergens was displayed for staff to refer to if needed. Drinks were freely available for people. Staff helped one person to monitor their sugar and caffeine intake. They used a daily medicine dosage box each with a spoonful of coffee and a sweetener in each one. This meant the person could remain independent with their drinks without the risk of taking too much coffee or sugar. A relative told us that staff kept an eye on their family member's weight. They said, "He's lost weight. It's much better for him. He's looking better, much healthier."

People's needs were assessed before they moved into the home to ensure their needs could be met. One person had moved into the home since our previous inspection. The registered manager talked us through the process of the assessment and the things they had considered before offering a placement. The person had settled into the home and got on well with other people living there.

The premises were suitable for the people who lived in the home as they were all fully mobile and could access all areas of the house and garden. Pictorial information was displayed around the home to support people's understanding of information about, for example, menus and complaints procedures.

Is the service caring?

Our findings

People and relatives told us the staff were caring. One person said, "They [Staff] are kind to me and respect me." Another person said, "Staff respect my room. They knock on my door." A relative told us, "They [Staff] are patient, kind and compassionate. [My family member] always speaks warmly of them [staff]."

We observed that staff treated people kindly and with dignity and respect. They knocked on people's doors and asked permission before entering. One person had a tendency to talk very fast and it was difficult to understand them. Staff spoke with the person patiently and in a way that encouraged them to slow down so that they could express themselves clearly.

We observed staff were caring. People were getting ready to go out and staff affectionately helped one person straighten up their hat so it covered their ears. They reminded the person to take their personal belongings with them and helped another person do up their jacket with gentle words of encouragement.

The atmosphere in the home was calm and relaxed. Staff understood it was the people's home and respected their privacy and personal space. People felt at home and chose where to spend their time, either in their rooms or in the lounge and this was respected by staff. People's rooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests. One person had decorated their room with football memorabilia and had some music CDs and DVDs which they enjoyed listening to. Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. People were supported by staff to maintain relationships with friends and family and they could have visitors whenever they wanted. A relative confirmed they visited regularly or their family member came home to stay with them. They also called every weekend to speak with their family member.

There was a strong, person centred culture within the home and people's wishes and choices were respected by staff who empowered people to take control of their daily lives, make decisions and maintain their independence as much as possible. We observed staff throughout the inspection supporting people to make choices and decisions. One person told us, "I'm happy living here. I like it. I get up at six. That's my choice. I do my own breakfast. I like rice crispies, honey on toast and coffee." They also told us that everyone shared jobs around the house. They said, "[One person] washes up, I dry up and [another person] puts away."

Is the service responsive?

Our findings

People and relatives told us they were satisfied with the support they received. One person said, "They [staff] help me with shopping and cleaning my room." Another person told us, "They [staff] help me getting up in the morning. They make sure I shave and my razor is charged." A relative confirmed, "We are very impressed with the standard of care."

People and their relatives were involved in planning and reviewing their support with staff to ensure this remained up to date and relevant. Relatives told us they were fully involved. One relative said, "They [staff] keep in touch and let me know of any changes." Another relative said, "Any concerns or issues and they will email or ring up. They keep us informed." People's support plans included information about their hobbies and interests and what was important to them. For example, one person's support plan said they liked having fun and laughs, Guinness and photos. Support plans also included information about people's preferred personal care routines, communication and the people who were important in their lives. We observed staff understood people very well which ensured people received their support in the way they wanted.

People were supported by staff to maintain their interests and hobbies. People's activities varied according to their wishes and preferences. For example, one person enjoyed going to church and to a range of clubs where they could meet their friends. They told us about the many activities they attended each week, such as a social group, a skittles evening with fish and chips, bingo and going out for lunch. They also told us about their annual holiday in Cornwall which they looked forward to in June. Another person's support plan stated they enjoyed gardening. The person confirmed this and told us, "I help with the garden. I like being outdoors." A third person worked as a volunteer at a stables. There was information on the noticeboard in the hall which reminded people of trips out and special events and other activities.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. Although people were able to communicate well, we noted that staff used pictures and gestures to help with communication when necessary. Some of the information on display around the home was also in pictorial format to make communication simpler.

The home had a complaints procedure in place. There was an easy read version which included pictures and photographs of who people could speak to if they were unhappy or concerned about something. People told us they would speak to the registered manager or staff if they had any concerns. Relatives told us they didn't have any complaints or concerns but would speak to the registered manager. They felt very confident that any issues would be addressed quickly. One relative told us, "I would go to [the registered manager]. She would look into it. It would be dealt with immediately." There had not been any complaints in the previous twelve months.

Is the service well-led?

Our findings

People and their relatives knew the registered manager well and spoke fondly of them and we observed their interactions with them were relaxed and friendly. A relative told us, "Since [the registered manager] has been here it has improved. We have always been happy with the care but communication has improved since she has taken over. I can't speak highly enough of her. It's improved 100%. I give it five out of five. The rest of them [staff] too. They have a good leader....it filters down."

At our previous inspection the manager had not yet registered with the Care Quality Commission so we previously rated the well led domain as requires improvement. The manager was now registered. They had a good understanding of the Health and Social Care Act 2008 and fulfilled their requirements to submit notifications to the Care Quality Commission when required.

The registered manager had created an open, transparent and supportive culture within the home which empowered staff to share ideas and raise any concerns. Staff felt supported by the registered manager and listened to. A staff member told us, "I'm quite happy here. It's like a family to me. It's the best home. I will stay! I can easily call the [registered manager] if I have a problem. She's very supportive. I feel well supported to do the job." They understood the registered manager's visions and values for the home and said, "It's their [people's] home, it's what they want. They are all still able, with supervision and support." This philosophy was observed in practice.

Quality assurance systems were in place. People told us they felt involved in running the home. They were encouraged to share their views and ideas for improving the service. For example, they were asked for their feedback about their support, activities and the food. Any issues raised were addressed. Relatives also had opportunities to provide feedback about their views of the care provided. The most recent survey results were all positive. A range of audits took place to help identify areas for improvement. These were in line with the five domains we inspect; safe, effective, caring, responsive and well led. Where actions had been identified these had been completed.

Staff meetings took place along with staff from another home. These meetings provided opportunities for staff to share information and good practice. Minutes of recent meetings showed staff had discussed issues such as safeguarding and training. Staff had a handover meeting so that staff coming on shift could be updated on important information and any changes to people's support. This helped to ensure that people received the right support and the home ran smoothly. A staff member told us that communication worked effectively and said, "The home is well organised."