The Old Posting Office (Haughton) Limited

The Old Post Office Residential Home

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

This inspection took place on 7 August 2018 and was unannounced.

The Old Post Office Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 has 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 and autism using the service can live as ordinary a life as any citizen."
The home accommodates up to seven people in an adapted building some people live in single occupancy flats others have bedrooms and share living space. At the time of the inspection there were five people living in the care home.

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. There was a registered manager in post, however they were not at work at the time of the inspection, the provider had made arrangements for another manager to provide cover for the home.

People were protected from abuse as staff understood how to recognise the signs and report concerns. Risks were assessed and there was guidance for staff to support people to stay safe. There were systems in place to minimise the risk of cross infection. People were supported by safely recruited staff and there were enough staff to meet people's needs. People had their medicines as prescribed and these were managed safely. The provider had systems in place to learn when things went wrong.

People had their needs assessed and plans were in place to meet them. Staff were trained to provide support to people and offered consistent care. People were supported to have meals of their choice and had their health needs met. The environment people lived in was adapted to meet their needs. 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 were supported by kind and caring staff and they had good relationships with staff. People could make choices about their care and their communication needs were understood by staff. People were supported to make decisions and maintain their independence. People were treated with dignity and respect.

People had assessments carried out of their diverse needs and plans put in place to meet them. People needs and preferences were understood by staff, and their care plans were reviewed regularly. People had support to go out into the community and follow their interests. People understood how to make a complaint and there was a system in place to investigate these. There was a system in place to consider

people's wishes for end of life care.

The quality of the service people received was checked and the information was used to drive improvements to the service. There were regular opportunities for people, relatives and staff to give their feedback ion the service and the provider had systems in place to use the information from these to make improvements. The provider had systems in place to monitor the delivery of people's care.

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 good.

People were protected from harm by staff that could recognise abuse.

People's risks to their safety were assessed and they had support to minimise these.

People were supported to live in a clean environment.

People were supported by sufficient staff that had been recruited safely.

People were supported to receive their medicines as prescribed.

Lessons were learned when things went wrong.

Is the service effective?

Good

The service was good.

People had their needs assessed and care plans were in place to meet them.

People received support from trained staff and had consistency in how their care was delivered.

People had support to meet their needs for food and drinks and their health needs were met.

People had access to adaptations in the home and their rights were protected and they had control over their lives.

Is the service caring?

Good

The service was good.

People were supported by caring staff with good relationships with people.

People were supported to maintain their independence and

communicate effectively and make decisions and choices for themselves.

People were treated with respect and their privacy and dignity was maintained.

Is the service responsive?

Good

The service was good.

People's diverse needs and preferences were understood by staff.

People were supported to follow their individual interests and access the community.

People were able to make a complaint and these were investigated.

Systems were in place to help people plan for support at the end of their lives.

Is the service well-led?

Good

The service was good.

There were systems in place to monitor the service.

There were checks in place to ensure people had the care they needed.

There were systems in place to drive improvements to the quality of the service.

The provider sought feedback from people to help shape how the service was delivered.

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 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.

This inspection took place on 8 August 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We reviewed feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return. 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.

During the inspection, we spoke with three people, three staff and the covering manager. We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of two people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including complaint logs, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At our last inspection on 05 May 2017 we found improvements were needed to medicines administration and we rated Safe as Requires Improvement. At this inspection we found the provider had made the required improvements and Safe was rated as Good.

People received their medicines as prescribed. One person told us, "The staff give me my medicines, I can't do them myself in case I get confused or forget to take them." Staff received training and had their competency checked. There was a policy in place which we observed staff followed. Staff could describe how medicines were administered and how they followed the guidance for people. Guidance was in place for people receiving 'as required' medicines to tell staff when the person would need to have their medicine. Stock checks were carried out to make sure people had sufficient medicines and there was safe storage. We confirmed from checks peoples medicines were in stock and stored safely. For example, medicines had dates to show staff when medicines had been opened and when they should be discarded. Checks were carried out on the storage of medicines, for example the temperature of the medicines room was checked daily to ensure it remained in a safe range. Medicine Administration Records (MAR) charts were in place and our checks confirmed the records were completed accurately. Checks on MAR charts were done daily to ensure there were no missed medicines and no missed signatures or errors. This meant people received their medicines as prescribed and systems were in place to safely manage medicines.

People felt safe. One person told us, "I am safe here, I love it, and I couldn't get a better place to live." Staff understood how to recognise the signs of abuse and told us they had been trained. Staff understood how to take action if they suspected abuse. There was a policy as in place and where incidents had occurred these had been investigated and reported to the appropriate authorities. This demonstrates systems were in place to safeguard people from abuse and protect them from the risk of harm.

People were protected from the risks to their safety. People told us staff helped to keep them safe. Risks were assessed and plans were put in place to mitigate these. Staff could tell us about risks for people and the actions they took to help minimise risks to their safety. Records showed and staff confirmed these plans were followed. For example, one person displayed behaviours that challenged and this posed a risk to themselves and others. There were plans in place to minimise the risks and guidance for staff to follow which was understood by the staff we spoke with. We looked at the persons care records and found where the person had displayed behaviours; staff had followed the plans and documented how this had kept the person safe. In another example, one person had risks associated with their diet documented in their care plan, staff could describe the action taken and the persons care records and our observations confirmed staff followed these plans.
The home had plans in place to manage in the event of a fire. Fire safety checks were carried out and people told us they were aware of how to exit the building in the event of an emergency. We saw checks were carried out on health and safety in the home and there were systems in place to maintain the home.

People were supported by sufficient staff. People told us they felt there was enough staff and they did not have to wait for their care and support. One person told us, "The staff are always here 24 hours a day to help

me." Staff told us they felt there were sufficient staff to meet people's needs. The covering manager told us there was currently only one vacancy which was being recruited to and that they were able to ensure there were sufficient staff to meet people's needs. Our observations confirmed what we were told, staff were observed spending time with people, supporting people to have their meals at the times they wanted and to go out into the community.

People received support from safely recruited staff. Staff told us checks were carried out to ensure they were suitable to work with people. The records we saw supported this. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed.

People were protected from the risk of infection. Staff could describe how they supported people safely to protect them from the risk of cross infection. Checks were carried out to ensure staff followed the procedures and the home remained clean. Our observations confirmed this, for example we found thee home was clean and staff used disposable gloves when they supported people.

Incidents and accidents were reviewed and learning was in place. The covering manager could describe how incidents which occurred were documented and how they reviewed them. For example, where a safeguarding concern had been investigated this had led to a change in procedures. In another example, where people displayed behaviour that challenged incidents were monitored and discussed with staff with updates to care plans made when required.

Good

Is the service effective?

Our findings

At our last inspection on 05 May 2017 we found the service was Effective and we rated it as Good. At this inspection the service continued to be effective and remained rated Good.

People had their needs assessed and plans were put in place to meet their needs. Staff told us the assessment and care plans were in place and helped to guide them to provide care and support for people. Assessments considered people's health needs, personal care needs, nutritional needs and their cultural, religious and sexual needs. The assessment formed the basis of risk assessments which were carried out and support plans which were put in place. Specialist information was included in the assessments and care plans where required, for example from speech and language therapy teams (SALT). Sensory needs were assessed and we saw plans were in place to meet these needs. Staff told us and our observations confirmed they followed peoples assessments and care plans when providing care and support.

People were supported by trained staff. Staff told us they had an induction into the role and had regular updates to their training. One staff member said, "The training is good and helps us to know everything we need to about the role." The covering manager told us the staff induction included training, reading policies and shadowing experienced staff. Staff competency was assessed and staff received annual refresher training. This was confirmed by staff and the records we looked at. The induction also included completing the care certificate over 12 weeks and observations were carried out by the registered manager. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. From our observations and conversations with staff we found they demonstrated their knowledge and skills. For example, when administering medicine, speaking with people and preparing and serving meals and drinks. Staff had regular opportunities to discuss their role. Supervision covered areas such as dignity and equality to enable staff to discuss their practice and they discussed how training they had received had made things better for the people they supported.

People were supported to maintain a healthy diet. One person told us, "Sometimes I cook my own meals." The person added, "We plan my meals and I do my own food shopping." People had their needs and preferences for meals and drinks assessed and there were care plans in place to offer guidance to staff on how people needed to be supported. One person had a food allergy and there was a risk assessment in place and a clear plan for staff to follow. Staff were observed following the care plan and from our conversations demonstrated a knowledge of the person's needs. In another example, one person had been assessed by the SALT team and guidance was in place to support staff to meet the person's nutritional needs. Staff were observed following the plan. People had their food and fluid intake monitored where required and action was taken if there were any concerns. People were encouraged to maintain their independence with meals and drinks. One person was observed laying the tables at lunchtime. Peoples care plans identified their preferences for food and drinks and we saw staff knew what people liked and offered them choices for their meals and drinks. One person had identified specific preferences for their meals, this was documented in their care plan and staff supported them to have the preferred choice.

We found people received consistent support. The covering manger told us consistency was maintained as the staff were a stable group many having worked with the people who lived at the home for some time. They told us there was a keyworker system in place which helped people build relationships with the person and ensure their care and support plans were up to date. Staff confirmed this and told us there were handover documents in place and communication books which helped them to stay informed. There were systems in place to track when people needed annual health checks and, where people may need hospital treatment; there was a document in place to go with them which explained to hospital staff how to support the person.

People were supported to maintain their health and wellbeing. The covering manager told us people had a health action plan in place which identified their health needs and what support they needed to maintain their health. This provided guidance for staff on how to ensure people received the support they needed to stay healthy. The plans gave specific guidance for staff about health concerns and also how to identify if people were unwell. For example where people could not communicate verbally, there was information about how they would express feeling unwell. Records of visits from health professionals were included in people's files and where advice was given this was followed by staff providing support.

People were supported in an adapted property. One person told us, "I have got my own space; I have a door from my flat to the garden which is nice." The building was made up of two flats where people using those had their own, living space, kitchen, bathroom and bedroom. The other rooms all had en-suite bathrooms. There were communal living rooms and a dining area and kitchen which everyone was able to access. The garden area was open to people to use and a swing had been made available to support one person with their sensory needs. The decoration and equipment available for people was suitable for their needs. People were supported to have their rooms decorated and furnished how they wanted and the home was personalised for the people that lived there.

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.

Staff followed the principles of the MCA. Consent was sought from people before providing care and support and staff told us they had been trained in the principles of the MCA. Staff offered support to people to make their own decisions and where people were unable to make decisions of consent to their care mental capacity assessment had been completed and decisions had been taken in the person's best interests. For example, one person was unable to consent to their care, there was a best interest discussion which guided staff to explain what was happening and follow a routine to support the person.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made where required to the authorising body where people had restrictions in place. Staff understood these and provided support in line with the authorised DoLS.

Good

Is the service caring?

Our findings

At our last inspection on 05 May 2017 we found the service was Caring and we rated it as Good. At this inspection the service continued to be Caring and remained rated Good.

People were supported by staff that were caring. People told us they had good relationships with staff and that staff knew them well. They told us the people that lived there all got on well together and were friends. One person told us, "All the staff are kind to me." The person added they had experienced bereavement and staff had been really kind and talked to them about all the good times they had with their loved one and helped them to feel better. Staff showed they knew people well, from our conversations with staff and our observations we found staff were caring in how they described people and their relationships. One staff member said, "We know people well, we spend time with them, we have been on holidays together." Another staff member said, "We have to build trust, you need to be approachable and listen to people."

People were involved in making decisions. One person told us they spent time with staff agreeing what they would do and when and could choose when to go out and what they spent their time doing. Staff offered choices to people for example, one person was observed having their meal with a staff member and talking about what they were going to do in the afternoon. Staff explained people had time to decide things for themselves and were supported to consider their options.

People were encouraged to maintain their independence. One person told us they could make some meals in their kitchen and were able to go out shopping on their own. Staff were observed encouraging people to do things for themselves for example, laying tables and taking their plates to the kitchen during at lunchtime. Care plans guided staff on how to ensure people maintained their independence and set goals for people to achieve for example going out and trying new activities and managing aspects of their personal care. Staff spoke to us about supporting people to learn skills such as cooking meals, cleaning their rooms and managing their own money.

People's communication needs were assessed and plans were in place which showed staff how best to communicate with them. This included pictures and symbols to help people understand and express themselves. Staff understood how to communicate with people. We observed staff using the communication techniques shown in people's plans for example, giving people the extra time they needed to communicate and using phrases which the person was familiar with. Staff were also able to show how they recognised what people wanted from their body language and signs to look for when they could not express themselves verbally.

People were supported to have their privacy protected and staff were respectful. One person told us, "Staff respect me, they knock my door on my flat." Another person told us they get to know staff really well and build relationships with them. They added, "If someone leaves it can be upsetting as I get to know them well". Staff were respectful with how they spoke to people and ensured people's privacy was maintained. When talking with us about people staff used language which was dignified and records were also observed to be respectful in how they were written. Staff knocked doors and waited to be asked to go in to people's

rooms. People were asked if they were ready for different aspects of their care such as to go out or have their meals. When people declined staff respected their choices.

Good

Is the service responsive?

Our findings

At our last inspection on 05 May 2017 we found the service was Responsive and we rated it as Good. At this inspection the service continued to be Responsive and remained rated Good.

People's preferences were understood by staff. One person told us, "The staff have regular chats with me about my plan, we update the activity planner and talk about the things I want to do." Staff understood how people liked to spend their time and looked for different activities and things to do which would be of interest to people. Peoples preferences were assessed and plans in place gave staff information about how to support people, this included peoples culture, religion and sexuality. Staff told us they understood people's preferences for all aspects of their life. They could describe for example how people were supported to maintain relationships which were important to them. Staff had knowledge of people's routines and preferences and used this to provide support. For example one person had sensory needs and staff used the information about this to provide support to the person. In another example, when having personal care staff knew the person liked to stand under the shower for a time with water running.

People received support which was person centred. Plans were individual and created with the person. People had individual discussions which helped them decide how they wanted their care and support delivered and they were helped to set goals for what they wanted to achieve. Plans were in place for staff to follow which outlined how people liked their care and support provided. The plans were reviewed and updated regularly and people told us they were involved in the discussions about their plans.

People had individualised support and were able to spend time doing things they enjoyed and had support to access the community. One person told us about their love of music and how they had been supported by staff to go and see a film which featured one of their favourite musician's songs. People agreed with staff a plan of how they would spend their week and these included doing different activities. People were attending courses such as art classes at a local centre. Some people had been supported to attend college and had taken up opportunities for employment in the past. People told us they were supported to take part in different activities. One person told us about going fishing and another how they had their own laptop and used this to watch their favourite films. One person used headphones to listen to their music and showed us pictures of them taking part in activities with other people living in the home.

Complaints were investigated and responded to. One person had made a complaint. The complaint had been investigated and the response had been discussed with the person, the records showed the person was happy with the outcome. There was information for people about how to raise concerns in a picture format.

There were no services users receiving end of life care at the time of the inspection. However, the covering manager told us they had a system in place which allowed people to consider what they would like to happen if they were at the end of their life. There was information for people in a pictorial format which helped them to decide where they would want to stay and what support they would want in place and arrangements for after their death.

Good

Is the service well-led?

Our findings

At our last inspection on 05 May 2017 we found improvements were needed to how the checks in place for ensuring people had their medicines as prescribed required improvement and we rated Well-Led as Requires Improvement. At this inspection we found the provider had made the required improvements and Well-Led was rated as Good.

Medicines audits were done daily, weekly and monthly to check the medicines stock, storage and recording, where issues were identified action had been taken to address them. Accidents and incidents were monitored and analysed weekly, learning was in place to prevent reoccurrence. The covering manager understood their responsibilities with regards to the duty of candour. We saw other checks were in place for example food safety; the checks resulted in action such as removing food nearing the use by date from refrigerators. Window restrictors and vehicles were also checked.

The covering manager understood their responsibilities in relation to their registration with us (CQC). We saw that the rating of the last inspection was on display in the home, there was not a website for the location. Notifications were received as required by law, of incidents that occurred at the service. These may include incidents such as alleged abuse and serious injuries.

The provider had systems in place to check on the quality of the service people received. There was an audit process in place which used the key lines of enquiry to assess the quality of the service people received. The audits were used to develop an action plan of improvements which were monitored by the provider. The audits covered all aspects of peoples care and how the service was run. The covering manager explained the audits and actions plans were monitored by the provider to ensure actions were taken.

People's care plans and daily records were checked to ensure people had up to date information in their records and their care had been delivered as planned. The checks identified where areas of people's plans required an update and this was completed.

People were involved in the service. There were individual meetings held with people to discuss their individual care and then group discussions took place to talk about things such as menus and outings and any concerns people had. There were also relatives surveys completed which sought feedback on how well the service was doing. Professionals involved in peoples care also were asked to give their feedback on the service. We could see where suggestions had been made these had been actioned.

People and staff told us the covering manager and senior team were approachable and would act if concerns were raised with them. One person said, "I always know what is going on, I can talk to the manager about anything." The person added they would always raise any concerns they had with the manager and they always responded. One person raised a concern about something to do with their room on the day of the inspection. The covering manager dealt with their concerns and explained to them what was happening and the person was happy with the result. Staff told us they could approach the covering manager and team leaders if they had any concerns and they felt able to influence how the service was run.

One staff member said, "We have good support, can go with any issue, they are all open to helping you with things." Another staff member told us, "We can go to head office if we are worried about things, but any issues raised always get sorted out." The covering manager confirmed they had an open door policy for people, relatives and staff to discuss the service.

The home had developed relationships and worked in partnership with other organisations, for example, with local colleges and community groups. The covering manager confirmed they also worked with a range of different health and social care providers to liaise about peoples care plans. The records we saw supported this.