Care Solutions Limited - 231 Stafford Road

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Inspection report

231 Stafford Road
Wallington
Surrey
SM6 9BX
Tel: 020 8647 1271
Website: www.careuk.com

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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

Overall summary

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 and to and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service. This was an unannounced inspection.

At our last inspection in September 2013 we found the service was meeting the regulations we looked at and did not identify any concerns about the care and support people who lived there received.

231 Stafford Road is a care home that provides accommodation and personal care for up to five people with learning and physical disabilities. There were five people living at the home when we visited.

Summary of findings

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they were happy living at the home. They also told us staff were kind and caring, and our observations and discussions with relatives supported this. We saw staff treated people with dignity and respect.

Staff were familiar with people's individual needs and knew how to meet them. We saw staff had built up good working relationships with people who lived at the home. There were enough properly trained and well supported staff working at the home to meet people's needs.

People were involved in developing care plans, and we saw people were supported to make decisions about their care and support. People had access to their local community and could choose to participate in a range of fulfilling social activities. We saw staff encouraged and supported people to be as independent as they wanted to be.

There was a clear management structure in the home and people who lived there, relatives and staff felt comfortable about sharing their views and talking to managers if they had any concerns or ideas to improve the service. The manager and deputy manager demonstrated a good understanding of their role and responsibilities, and staff told us the managers were competent, supportive and fair. There were systems in place to monitor the safety and quality of the service provided.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguarding (DoLS) which applies to care homes and hospitals. We found that the service was meeting the requirements of DoLS and staff had a good understanding of the Mental Capacity Act.

Summary of findings

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 told us they felt safe living at the home. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it. The provider met the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

Risks were assessed and managed well, with care plans and risk assessment providing clear information and guidance for staff. People were given their prescribed medicines at times they needed them.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Is the service effective?

Good

The service was effective. The provider ensured staff received training and were well supported to meet people's needs appropriately.

People were supported to eat and drink sufficient amounts of nutritious well-presented meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and access health care services and professionals when they needed them.

Is the service caring?

Good

The service was caring. People were happy at the home and staff treated them with respect, dignity and compassion. Care and support was centred on people's individual needs and wishes. Staff knew about people's life histories, interests, preferences and aspirations.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities that reflected their interests. Staff actively supported people to maintain and develop their independent living skills.

Summary of findings

People using the service and their representatives were encouraged to express their views about the home. These were taken seriously and acted upon. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People told us they knew how to make a complaint if they were unhappy about the home and felt confident any concerns they had would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led. Systems were in place to regularly monitor the safety and quality of the service people received. Accidents and incidents were reported and analysed to identify trends and patterns to minimise the risk of similar events reoccurring.

The registered managers demonstrated a good understanding of their role. She was approachable and ran the home in an open and transparent way.

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Detailed findings

Background to this inspection

The inspection was carried out by one inspector.

During our visit we spoke with three people who lived at 231 Stafford Road, two care staff, the registered manager and the deputy manager. We spent time observing care and support being delivered in the main communal area, and we viewed the bedrooms of two people who lived at the home. We also looked at a range of records, including three people's care plans, four staff files and other records relating to the management of the service.

Some people had complex ways of communicating and a few had limited verbal communication, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make. We also contacted three commissioners of the service to obtain their views about the home.

After the visit we spoke on the telephone with the relatives of two people who lived in the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People we spoke with were clear that they felt safe living at 231 Stafford Road. A relative we contacted also said, "The staff are all excellent at looking after my relative and make sure they're safe." We saw records that showed personal safety was often discussed with people using the service during their house meetings. We looked at the service's policies on safeguarding and staff whistle-blowing and saw they were up to date and appropriate for this type of care home. We also saw a copy of Pan-London's "Multi Agencies Procedures on Safeguarding Adults from Abuse" was available in the office.

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with two care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers within their organisation, the local authority's safeguarding team, the Care Quality Commission and the police (where appropriate). Managers and staff we spoke with knew about the provider's whistle-blowing procedures and we saw they had access to contact details for the local authority's safeguarding adults' team. Managers and staff told us they had received safeguarding training within the past 12 months and records we looked at confirmed this.

The manager told us they were the safeguarding lead for the provider and had experience of reporting previous allegations of abuse to the local authority's safeguarding team and the CQC. The local authority did not express any concerns about the way the service notified them about safeguarding incidents and we found the number that had been reported to them in the last 12 months matched the number the service had notified us about. It was evident from records we looked at and discussions we had with the manager that appropriate and timely action had been taken by the service to deal with the one safeguarding incident that had occurred at 231 Stafford Road in the last 12 months.

The service had policies and procedures in relation to the Mental Capacity Act (2005), Deprivation of Liberty Safeguards and consent. Managers and staff we spoke with said they had received training on mental capacity and DoLS and records we looked at showed that most staff had attended a course on this topic within the last 24 months. It was clear from our discussions we had with managers and staff that they had a good understanding of Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and issues relating to consent. The manager told us a DoLS decision needed to be made in respect of one person who lived at the home and it was evident from their comments that the appropriate procedures were being followed.

We found that when people were at risk, staff followed effective risk management strategies to keep them safe. We looked at the care plans for three people and saw they each contained a set of risk assessments, which were up to date and detailed. These assessments identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these anticipated risks. For example, we saw risk assessments that related to people's medical conditions, moving and handling, accessing their local community, falls, skin integrity, swallowing and choking, diet and weight. It was evident from discussions with staff that they were fully aware of the potential risks people using the service may face. One member of staff was able to give us good examples of the risks one person who lived in the home might encounter when they accessed their local community and the risk management strategies that were in place to keep this individual safe. Another member of staff was able to tell who was at risk of choking when they ate or drank, and demonstrated a good knowledge of the guidelines that had been developed to protect these individuals. We saw staff followed these risk management guidelines during lunch by cutting people's food into bite size pieces and staying with them throughout the meal.

People using the service, relatives and staff we spoke with felt there were enough staff available in the home at all times to meet people's needs. One relative said, "There always plenty of staff around when we visit the home." Throughout our inspection we observed there were two care staff and the deputy manager on duty to meet the needs and wishes of four people who were at home. Weekly duty rota's we looked at showed there were always at least two care staff working in the home both during the day and at night. The manager told us they had a flexible approach to arranging staffing levels and would regularly employ an additional third or fourth member of staff when necessary. For example, we saw extra staff were often used to ensure people who had expressed a wish to attend church services at the weekend could attend. The manager also told us staffing levels were regularly reviewed and

Is the service safe?

adjusted accordingly. The manager gave us a good example of how night time staffing levels had recently been reviewed and increased to ensure the service could continue to meet the changed needs of one person who lived at the home.

The service followed safe recruitment practices. We looked at the personal files of three members of staff and spoke with one member of staff about their own recruitment. We saw each staff file contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included Criminal Record checks at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK (where applicable). The managers confirmed that no one would be permitted to work unsupervised at the home until all the relevant pre-employment checks had been completed.

There were clear disciplinary procedures in place to use when staff's conduct or work performance fell below the providers' expected levels. The manager told us they had received training in how to investigate a disciplinary matter. They also told us they had carried out investigations into staff conduct at the home.

People received their prescribed medicines as and when they should. We saw all prescribed medicines handled by staff on behalf of the people who lived in the home were stored appropriately in a locked metal cabinet securely fixed to a wall in the office. The manager confirmed that people's capacity to manage their own medicines had been individually assessed. Records showed that best interest meetings were held involving the people using the service, their relatives (where applicable) and professional representatives to decide the level of support people needed to receive from staff in order to take their prescribed medicines safely. The manager told us these decisions were kept under constant review.

We found no recording errors on any of the medication administration record sheets we looked at. The manager told us, and staff training records we examined confirmed, that all staff authorised to handle medicines on behalf of the people who lived in the home had received medication training in the past 24 months. Staff told us, and we saw records to show; their competency to handle medicines safely was assessed annually.

Is the service effective?

Our findings

People received care from staff who were appropriately trained and supported. People who lived at the home told us they felt staff knew what they were doing and how to look after them. One person said, "My key-worker takes care of me." Relatives we spoke with also felt staff knew what they were doing and had enough knowledge, skills and experience to meet their family member's needs. One relative said, "All the staff here are excellent… Really good at their jobs." The two members of staff we spoke with both told us they felt they had received all the training and guidance they needed to do their jobs properly.

A relatively new member of staff told us that their induction had been thorough and they felt it had prepared them well for their role as a support worker. We saw records to show that the induction for all new staff included training in key aspects of their role, as well as shadowing experienced members of staff.

The manager showed us a staff training needs and development matrix that the provider had created that showed sufficient numbers of staff had completed training in key aspects of their role. The matrix revealed that all staff had either achieved or were studying for a National Vocational Qualification (NVQ) level 3 or above in care, and that the majority had refreshed their mandatory training which ensured they had the right mix of knowledge and skills to meet people's needs. All the staff we spoke with confirmed they had received up to date learning disability awareness training. We also found that staff were able, from time to time, to obtain further relevant qualifications. For example, we saw records to show dates had been arranged for most of the staff team to receive dementia awareness training in response to the changing needs of one person who lived in the home. Staff told us they had plenty of opportunities to continuously update training they had previously undertaken, as well as learn new skills.

Staff had effective support and supervision. Records showed staff regularly attended team meetings and had individual supervision sessions with their line manager. Staff we spoke with told us they felt well supported by their managers and had regular meetings and daily shift handovers with other staff and their managers. Managers confirmed that they appraised all staffs' work performance annually. Staff told us they felt having regular meetings, supervision, appraisals and handovers were useful because they helped them review their practice and look at their personal development.

We received positive feedback from people about the quality of food they were offered. We observed a mealtime and saw that the food looked appetising and nutritious. People we spoke with after lunch told us they had enjoyed their meal. One person told us "the food was good".

Throughout our visit we saw people were regularly offered hot and cold drinks by staff. We looked at the food menu for the week, which we saw was clearly visible in the open-plan kitchen and was available in an easy to read pictorial format. People using the service told us they helped plan the food menus each week. We saw the meal choices on the menus we looked at were traditionally British style dishes, which reflected the cultural backgrounds and preferences of the people living in the home. We observed staff actively support people to choose what and when they ate their lunch. For example, we saw one person had decided to eat their lunch after the others had finished their meal because they preferred to dine alone. Staff we spoke with were able to tell us what people's food and drink preferences were and demonstrated a good understanding of people's specialist dietary requirements.

Care records we looked at included information about people's food preferences and nutritional risk assessments. We saw that referrals had been made to the relevant health care professionals who had helped the service develop risk management guidelines with regards to supporting people with dysphagia. Staff told us these assessments provided them with clear guidance on how they should manage the risks associated with certain people eating and drinking. Records we examined indicated that all staff had received specialist training in supporting people with dysphagia. Dysphagia is a condition which results in people having difficulty swallowing.

People were supported to maintain good health and access to healthcare services when required. Care records we examined each contained a health action plan as recommended by the Department of Health for people with learning disabilities. These plans set out in detail how people could remain healthy and which health care professionals they needed to see to achieve this. It was clear from the information contained in health action plans

Is the service effective?

that people were in regular contact with a range of community based healthcare professionals such as GP's, district nurses, speech and language therapists, podiatrists, opticians and dentists. We saw that all appointments with health care professionals and the outcomes were recorded in detail. The manager told us all five people who lived at the home were registered with a local GP surgery. The managers gave us several good examples where referrals had been made to health care professionals in response to peoples changing health condition. During lunch we observed staff follow guidelines set out by a specialist dysphasia nurse. We noted that another person had had several appointments with their GP concerning their deteriorating health, before being admitted to hospital.

Is the service caring?

Our findings

People using the service and their relatives we spoke with told us they were happy with the level of care and support provided at the home. They also said staff were always kind and caring. A relative told us, "I am 100% happy with the care my relative receives at the home… I can't fault the place or any of the staff." During our inspection we saw staff always interacted with people in a very respectful, attentive and compassionate manner. We saw staff used enabling and positive language when talking or supporting people who lived at the home. For example, we observed staff took their time to sit and engage with people during lunch in a kind and friendly way. People using the service told us staff often spent time talking with them.

Staff respected people's privacy and dignity. A relative told us they felt the staff were good at ensuring bedroom; bathroom and toilet doors were kept closed when personal care was being given. During our inspection we saw staff ensured peoples dignity was maintained when they provided personal care. We also observed staff always knock on people's bedroom doors and seek their permission to enter before doing so.

People using the service told us staff helped them to decide what time they got up and went to bed, what they did each day, what and where they ate, and where they went on holiday. One person said, "Staff ask us what we want to eat at our meetings". Another person told us "I asked to do woodwork classes, and the staff arranged it for me", "I chose the colour my bedroom was painted" and "staff asked me where I would like to go on holiday this year". Staff told us people were encouraged to choose the colour their bedroom was decorated and we saw they were personalised with photographs and pictures of their choosing. We saw staff used plain English and repeating messages to help people understand what was being said to them. We also saw that staff were patient when speaking with people and clearly understood that some people needed more time to respond. We looked at the minutes of a recent house meeting involving the people who lived at the home and noted that menu planning had been discussed, with people choosing the food they would like to eat. We saw peoples expressed preferences had been included into the weekly food menus.

Staff showed us information people who lived at the home had been given, such as their care plan, weekly activity schedule, food menus and the provider's complaints procedure. We saw this information was available in both written and easy to read pictorial formats to help people understand what they could expect from the service.

We looked at care records for three people who lived at the home. We saw care plans were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, care plans included information about the name people liked to be called, how they liked to spend their time, their food preferences and dislikes, what activities they enjoyed and their preferred method of communication.

Staff told us they found care plans to be useful working documents that gave them clear instructions about how to support people and meet their needs and wishes. It was clear that staff knew the people they were supporting because they were able to tell us about people's life histories, their interests and food and drink preferences, as set out in their people's care plans. We saw staff respected people's wishes and preferences in relation to the care and support they provided. For example, during lunch we saw staff made an alternative meal for one person who did not like what most people had chosen to eat that day.

Is the service responsive?

Our findings

People using the service and their relatives told us they felt involved in reviewing the care their family member received. One relative told us, "The manager always invites me to attend my relatives care plan reviews and lets us know straight away about any changes in their care." Another relative said staff were good at keeping them informed about any changes to the condition of their family member. We saw care plans were regularly reviewed and updated accordingly to ensure they remained current and always reflected people's needs and wishes. The manager gave us some examples of the action staff had taken in response to one person's changing mobility needs. We looked at the person's care plan and saw their relatives and professional representatives had all been involved in reviewing their care package, which had been up dated to reflect all the changes in the support they now received from staff.

People had access to activities that were important to them. One person told us "I never get bored here", "sometimes we go to the park across the road with staff" and "I enjoy making clay pots and things out of wood at college". Another person said they liked to watch films or listen to music in their bedroom. Relatives told us they felt staff were good at helping people to get involved in a range of fulfilling activities in the local community, which matched their family member's social needs and preferences. Staff were clear that activities were planned according to the expressed wishes and preferences of people using the service. Staff also told us that people regularly attended college courses and local social clubs. We saw the service had its own adapted minibus with a wheelchair accessible tailgate lift, which staff told us was regularly used to ensure people accessed their local community. From talking to people and their relatives it was clear that staff also supported people to use public transport to help them access activities in the local community. Staff told us people had local authority issued 'Freedom passes' which entitled them to discounted travel on local buses and trains. During our inspection we saw a range of leisure resources were available in the main communal area such as films, music, books, board games, puzzles, and various art and craft materials.

People told us staff supported them to be as independent as they wanted to be. One person said, "I sometimes go out shopping for food with staff." Another person said, "Staff help me make cakes." Care plans set out how people should be supported to maintain and develop their independent living skills and we observed staff follow these guidelines. For example, we saw staff actively encouraged and supported people to make their own drinks and clear away their plate and cutlery after they had eaten. We saw that people using wheelchairs could move freely and safely around their home because of the open plan layout of the building and the extra wide doorframes. We also saw work-surfaces in the kitchen and coat hooks in the hallway had been suitably lowered to ensure they could be easily accessed by wheelchair users.

People using the service and relatives we spoke with told us the managers and staff regularly sought their views about the home and felt involved in helping to improve it. One person gave us a good example of changes they had requested be made to the interior décor of their bedroom, which we saw had taken place. A relative told us the provider invited them to participate in an annual satisfaction survey. Relatives feedback obtained from last year's survey had been analysed by the provider's own clinical governance manager; who found that overall people were satisfied with the care and support their family members received at the home. Other records we looked at showed that people using the service could express their views through regular meetings with their key-worker, group house meetings and care plan reviews.

Relatives told us they had never needed to make a formal complaint about the home and felt confident that any grievances they might have would be taken seriously by the service's management. A relative said, "I'm in regular contact with the manager and I wouldn't think twice about letting them know if I wasn't happy with the care my relative received." Another relative told us, "No complaints, and if I did have an issue I'm pretty sure the manager would sort it out straight away." The manager confirmed the service had not received any formal complaints in the past 12 months.

The home had a complaint procedure which clearly outlined the process and timescales for dealing with complaints. Staff told us people who lived in the home and their relatives were given a copy of the provider's complaints procedure when they first moved in. One person who lived in the home showed us the complaints procedure they had been given which we saw was available

Is the service responsive?

in an easy to read pictorial format. This information helped people understand how they could make a complaint if they were unhappy with the service they received and how they could expect the management to deal with any concerns they might have.

Is the service well-led?

Our findings

There was a clear management structure that included a registered manager, a deputy manager, senior support workers and senior managers representing the provider who worked closely with the home. Managers and staff we spoke with understood the structure and the role they each played within this structure. The manager told us they were suitably qualified and experienced to run 231 Stafford Road and that they had attended a leadership and management course. It was clear from discussions with the manager that they had a well-developed understanding of the values of dignity, respect, compassion, equality and diversity, which they put into practice.

It was evident from our observations and feedback we received from relatives, staff, and community professionals the service had an open culture and was well-led by an experienced manager. Relatives we contacted were complimentary about the managers' approach to running the home. One relative said, "The manager and her deputy are both excellent and always on hand to talk to if we have problem." Another relative told us, "No complaints about the way the home is managed… The managers work well together as a team and have a lot of experience between them." Staff also spoke very highly about the service's management team. One member of staff said, "The home is extremely well-led by two managers who know what they're doing."

The manager told us there were systems in place to monitor the quality and safety of the service and she and her staff team were responsible for undertaking regular audits of the home. Records we looked at showed managers and staff regularly checked the service's arrangements for reviewing care plans and risk assessments, managing medicines, preventing and managing infection control, environmental health issues, fire equipment and safety, staff recruitment and training, and staff record keeping. Staff told us certain designated members of staff were responsible for carrying out daily audits on medication and money they handled on behalf of the people using the service, as well as regular checks on fridge, and hot water temperatures, window restrictors, first aid boxes and the storage of Control of Substances Hazardous to Health (COSHH).

The manager also told us that in addition to these audits quality monitoring and support visits were regularly carried out by the organisation's senior management and community based health and social care professionals. Records we looked at showed that in the last 12 months the home had been audited following visits by the provider's clinical governance manager, a community pharmacist and representatives of the local authority's contracts and quality assurance team. We saw that where issues had been found by senior managers or community professionals, an action plan was created which stated clearly what the service needed to do to improve and progress against the actions.

We found accidents and incidents were recorded in a way that allowed staff to determine whether or not any patterns were emerging. We saw a report which provided an analysis of what had happened and what the service needed to do to improve. The manager told us records of accidents and incidents were always shared with the provider's senior management to help them monitor and review them and ensure that appropriate risk management plans were put in place.

The manager confirmed that an incident involving the mismanagement of medication had occurred in the home in the past 12 months. The manager told us lessons had been learnt and an action plan put in place which made it clear what staff had to do to prevent or minimise the likelihood of a similar medication handling error reoccurring. Staff told us the incident had been discussed at a team meeting to ensure that everyone was aware of what had happened and the improvements that were needed. Staff also told us they felt the home had an open and supportive culture and were confident about raising any issues they might have with the management. One member of staff told us, "The manager was firm but fair, and would always support you." We looked at the minutes of various team meetings held in the past 12 months and saw that topics had included the safe handling of medicines, incidents and the changing needs of people who lived in the home. Staff told us they felt these meetings were useful as they encouraged them to discuss what they did well and what they could do better by learning from each other.

The manager told us they worked alongside commissioners and community professionals who promoted best practice and that where these professionals identified issues about the service the manager took these views on board and made the necessary improvements.

Is the service well-led?

The manager was able to give us a good example of how they had improved people's involvement in community based activities as a result of feedback received from an external community professional. The manager also gave us another good example of changes they had made to improve staffs medication handling practices as a result issues identified during an internal investigation into medication handling errors at the home. We saw an improvement plan had been put in place which stated what the service needed to do to minimise the risk of similar medication handling errors reoccurring in the future. Staff we spoke with told us the findings of subsequent investigations had been discussed at their team meetings.

The manager told us how the provider had its own internal quality rating system, and each home is awarded a rating each year by the quality monitoring manager. The home had received a good rating in their recent audit. The manager told us how this annual assessment t motivated managers in their role.

The service was proactive in promoting good practice. For example there were appropriate arrangements to support people with complex communication needs. Care plans were in place and routinely used by staff to help them understand what people using the service wanted. We saw records to show staff had received training in topics such as learning disability awareness and communication and that everyone had been awarded a National Vocational Qualification (NVQ) level 3 or above in adult social care. Those we spoke with felt they had sufficient skills from this training to meet the needs and wishes of the people they supported.