Langstone Society

Stickley Lane

Inspection report

8 Stickley Lane
Lower Gornal
Dudley
West Midlands
DY3 2JQ
Tel: 01902-662076
Website:

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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

The inspection took place on the 5 and 8 December 2014 and was unannounced so no one knew we would be inspecting that day. At our last inspection on the 22 July 2013 the regulations inspected were met.

Stickley Lane is registered to provide accommodation and support for six people with a learning disability or autistic spectrum disorder, physical disability and sensory impairment. There was a registered manager in post at the 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.

We found from our observations that people who lived within the home were safe. The atmosphere in the home was one of people living in a relaxed and harmonious environment. People we were able to speak with confirmed they felt safe and liked living in the home. The

Summary of findings

staff we observed and spoke with knew how to support people, communicate with them and make them feel at ease. People who were unable to speak with us showed how happy and relaxed they were by their body language and facial expressions.

Records showed that staff had the training to be able to keep people safe. Some staff needed refresher training but this did not distract from them having the skills and knowledge to know what to do to keep people safe from harm.

Relatives, staff and people we spoke with told us there was always enough staff and our observations on the day were that there were enough trained and experienced staff. Rotas we looked at regarding night staff confirmed that there were enough staff to support and look after people.

We found that people had not been prescribed a vast number of medicines but what was being administered was being done by staff following an appropriate procedure. Staff would not administer medicines unless they had received the appropriate training and there would always be a second member of staff to give an extra safety check to what was being administered.

People were able to make choices in all aspects of their daily lives. We observed people being asked to make choices in the meals they had, whether they wanted hot or cold drinks and one person told us they went to bed and got up when they wanted. Food menus were available in a format people could understand, and they were involved in deciding the content of the menus.

We found that people who lived within the home were able to communicate in their own way, but relied on staff support in ensuring the decisions they made were in their best interest. The staff we spoke with understood the requirements of the Mental Capacity Act 2005 (MCA) and had limited understanding of the Deprivation of Liberty Safeguards (DoLS). As a result of this the manager was due to attend further training to update their knowledge on the recent changes implemented as to when a DoLS application should be made to a 'supervisory body' for authority to deprive someone of their liberty.

People's privacy, dignity and independence were being respected by staff. We saw staff consistently checking with people before entering their bedroom and where people needed support for personal care this was done respectfully.

Records showed that people's preferences and hobbies were recorded as part of the care planning process and staff knew what people liked to do. Our observations were that people were able to take part in their interests and hobbies as well as group activities. For example, being able to go out of the home shopping individually, going to the cinema or just taking part in arts and crafts or other stimulating activities within the home. Staff were also observed proactively talking to people in the lounge in meaningful discussion as part of offering mental stimulation to people.

Relatives we spoke with told us they knew how to complain. They told us that they were given a copy of the complaints process but had never had cause to use it. We saw that the provider had been proactive in ensuring people knew how to communicate concerns to staff if they were unhappy.

We found that the service was well led and relatives and people we spoke with confirmed this. The staff we spoke with told us they were able to access support when needed and the registered manager had systems in place to ensure staff were supported when needed. We found that management systems were in place so people had the support they needed in an environment that was relaxed, friendly and homely.

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. The staff we spoke with knew how to keep people safe and the actions they would need to take if people were at risk of harm.

We found that there were enough trained and experienced staff working to keep people safe. Where staffing needed to be increased this was done to ensure people were kept safe. Staff had the appropriate procedures in place to give them the knowledge they needed to keep people safe.

Is the service effective?

Good

The service was effective. Our observations were that staff were kind and caring and there were the right management systems in place to ensure staff had the skills to support people appropriately.

People who lacked capacity were being supported in line with the Mental Capacity Act. Staff we spoke with had a good understanding of how people who lacked capacity should be supported and we observed staff gaining people's consent in a range of ways.

Records showed that people's health needs were being met by the right professionals and where people needed to access screening programs this was being done.

Is the service caring?

Good

The service was caring. We saw staff spending time talking to people, reassuring them, offering comfort and where needed guiding people in their best interest.

Relatives we spoke with told us they were happy with the quality of support given to people. Staff knew how to support people respecting their privacy, dignity and independence.

People were actively involved in the decisions that needed to be taken about their support needs. Where people were unable to do this their relatives told us they were actively kept informed about changes and where appropriate were involved in making decisions.

Is the service responsive?

Good

The service was responsive. We found that assessments and care plans were being used to ensure that the support people needed was what they got. The staff we spoke with understood people's support needs and people told us that the support they needed was what staff gave them.

We observed people being supported and saw systems in place to encourage people to give feedback. People and relatives we spoke with told us they knew who to complain to but never had to complain.

The provider had systems in place so people, relatives, staff and other professionals could give feedback on the service people received.

Is the service well-led?

Good

The service was well led. We found that the culture within the home was one of openness and transparency. People were involved in all aspects of the home and regularly attended meetings to discuss with staff and the manager how and what went on in the home and changes they may want.

Summary of findings

We found that there were systems in place to enable a high quality service to people. Relatives and staff told us they were given a questionnaire to complete on the support people were given and other aspects of the home. We saw actions taken for people's Christmas celebrations that had been suggested by them.

A registered manager was in post as required within the legislation and they ensured the service was well led.

Stickley Lane

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection took place on 5 and 8 December 2014 and was unannounced so no-one knew we would be inspecting that day. The inspection was conducted by one inspector.

Before the inspection we reviewed information we held about the home, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

On the day of our inspection there were six people living in the home, only one person was able to speak with us. The other five were unable to share their views verbally due to their communication needs so we observed how they were supported. We spoke with three members of staff and the registered manager and two relatives by telephone after the inspection. We looked at the care files for four people, the recruitment and training records for two members of staff and records used for the management of the service; including staff duty rosters and records used for auditing the quality of the service.

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.

Good

Is the service safe?

Our findings

One person we spoke with said, “I do feel safe here”. Relatives told us that people were safe in the home, one relative said, “I am a 100% certain that [My relative] is cared for safely”. From our observations people were relaxed around staff and there did not seem to be any anxiety or a negative atmosphere within the home. The staff we spoke with told us they had received safeguarding training and understood how people should be kept safe. Records we saw confirmed the training staff had received and they were all able to explain the action they would take if they saw abuse taking place, and give examples of what constituted abuse.

We found that the provider carried out risk assessments to identify where there were potential risks to how people were supported and for the safe management of the premises. For example, where people were administered medicines, or equipment was used to deliver personal care, there was a risk assessment in place. Records showed that the appropriate building and environment checks were also in place carried out by the registered manager. We saw no evidence of restraints being used but we were informed that a lap belt was used with one person which had not been risk assessed. The staff we spoke with confirmed this was the case and were able to explain the risks to people. The registered manager confirmed a risk assessment would be carried out for the use of the lap belt.

We found that there were enough trained and experienced staff working within the home to keep people safe. We saw that there was a staffing roster in place to ensure the right amount of staff was on each shift with the relevant skills and knowledge to support people. The staff we spoke with confirmed there was always enough staff to support people. Our observations and discussion with the staff working was that they knew how to meet people’s needs and where people’s support needs required an increase in staffing levels, this was done. We spoke with the registered manager who confirmed this. One person said, “There is enough staff so I am able to go out when I want”. Relatives we spoke with told us there was always enough staff within the home when they visited.

All the staff we spoke with told us they were required to complete a Disclosure and Barring Service (DBS) check before they were employed. This check was carried out to ensure that staff were able to work with people and they would not be put at risk of harm. We found that the provider had an appropriate recruitment process in place to ensure staff had the right skills and knowledge to meet people’s needs and the right temperament and character for the job. Records also showed that the appropriate disciplinary procedures were in place to ensure where staff were not meeting the required standards action could be taken. This would give people assurance that staff would always be required to support them as they would want.

People and relatives we spoke with told us they were happy with how their medicines were administered. We found that staff who administered medicines was all trained appropriately. We found that the Medication Administration Record (MAR) chart was being used to record when medicines were administered and our checks showed there were no gaps on these records. We were unable to observe medicines being administered, as people were only having morning and night time medication and we had missed the morning round.

We found that where people received medicines on an ‘as required basis’ there was only a generic process in place to guide staff. There was no process for each individual person to ensure staff would administer each person’s as required medicine correctly and safely. This was discussed with the manager who confirmed the appropriate action would be taken to rectify this.

The manager had an appropriate auditing process in place to ensure the competency of staff on a regular basis and that medicines management was regularly audited to ensure people were not at risk of poor medicines administration.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us that the support they needed was being provided by staff when they needed it. We observed staff consistently ensuring people's needs were being met and where people needed support from more than one member of staff for their safety, this was being done. Where people were unable to support themselves fully, staff demonstrated their understanding of their support needs and were able to explain to us why people's support needs were delivered in the way it was. Care records confirmed this.

Records showed that staff were able to meet with the manager as part of a supervision process on a regular basis and meet as a staff team. All the staff we spoke with told us there was an appraisal system in place and confirmed they received an annual appraisal. We saw that training records showed that staff were able to access mandatory training for example, fire safety, manual handling, health and safety and nutrition as well as other training to improve their knowledge and skills. Staff told us as part of their appointment to the job they underwent an induction program. Records we saw confirmed this. One person said, "I do like living in the home and the staff are lovely and kind".

We observed people's consent being sought. People were being asked if they wanted to go out, to what they wanted to eat and drink. We saw people giving consent by saying 'Yes' or 'No' as well as staff being able to understand people's body language or gestures. Where people's response was more delicate to understand staff were able to explain the process they followed in people's best interest or what was recorded in their care records. This showed that staff had the skills required to ensure people's consent was being sought as part of how they were being supported to make their own choices.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty.

The staff we spoke with were able to explain the MCA and DoLS and the impact on people who lacked capacity. Staff told us they had received training, which we were able to confirm from the training records. However some staff training records showed that they had not had training for over two years. This was discussed with the registered manager who confirmed this training would be made available as part of the refresher training being arranged on the recent changes to DoLS as a result of the recent supreme court judgement. We found that no DoLS applications had been made, but mental capacity assessments had been carried out and the appropriate actions taken to manage people in their best interests. The registered manager informed us they were due to attend a training course on the recent change to DoLS and the impact upon people where someone's liberty was being deprived.

We observed people during lunch time, and found that they were happy with the food and support available to them. One person said, "I can have a drink whenever I want one". We found that people were able to make choices about the meals they were given and that a menu was in place to support people with their choice of meals. People were also able to have an input into the menu content as part of a regular meeting with people to decide the content of the menu. During lunch staff were sitting with people at the dining table all eating their lunch together. Where people needed support, encouragement or guidance staff were available and able to do this. We saw people chatting, laughing and generally having a nice time with staff during their lunch. Staff were able to support people with the choices they had to make in terms of the dessert they had. Lunch time was used as a time where people could sit down as a family unit and engage with each other over a meal. People were able to live their lives as independently as they could by making every day decisions. One relative we spoke with told us they were most certainly happy with the meals provided to their relative and staff knew how to meet their needs.

Records showed that people's nutritional needs were noted on their care records and staff knew what meals people were able to eat and their likes and dislikes. This was highlighted during the lunch time meal by the way staff supported people in making choices. We found that risk

Good

Is the service effective?

assessments were also being carried out to identify where there may be particular risks with people's nutrition. This showed that people's nutritional intake was an important part of the support people received from staff.

We found that care records showed where people had annual health screenings. Records also showed where people were seen by a health professional, for example a dentist, these appointments were being logged on each person's care record and identified where appropriate the frequency of appointments.

We found that one of the care records we looked at identified that someone who had a risk of epilepsy was appropriately recorded in their health action plan and the medication they were prescribed. It also showed whether the person was at risk of a seizure and when they last had one. This ensured that where vital information about people's health was of significant importance that the information was recorded appropriately to advise staff as required.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us the service was caring. One relative said, "They [My relative] get better support and care from the staff than I could give". We observed staff and people carrying out tasks in the kitchen together, for example meal preparation. We saw staff sitting and supporting people to complete their communication passports as part of showing some of the activities they had taken part in. We saw staff communicating with people at their pace and spending time to explain things to people where they were unable to understand. One member of staff we spoke with said, "I like working here because I like to see people happy". The environment within the home was friendly, caring, homely and open. People were able to move around the home how they wanted, when they wanted and we saw no restrictions being put on people in terms of where they could go. One person wanted to relax by lying on the lounge floor with cushions to watch the television rather than sit on the sofa and they were able to do this. Staff in turn stayed in the lounge to ensure they were not at risk from other people while they were lying on the floor.

We observed people laughing and communicating together and with staff. One person said, "Staff support me to go to the pub when I want, for pub lunches". The staff we spoke with told us they liked working at the home. Staff were able to explain people's support needs and knew where care records were if they needed to check information. Staff told us they were able to access care records whenever they needed to as part of ensuring people received the appropriate support. We saw staff supporting people appropriately to go out of the home when they wanted in a safe manner. For example on the second day of our visit we observed a member of staff leaving the building with someone and explaining to them about the door being opened and closed behind them and making sure their coat was zipped up.

We observed staff supporting people to make a range of decisions from the meals and drinks they had to how and when they went out of the home. People we were able to speak with told us they decided the clothes they wore each day and when they went to bed or got up in the morning. We found that a range of communication methods were being promoted within the home, from the use of pictures, to signing and the understanding of body gestures. We found pictures were being used to describe meals on the menu.

Some people showed us their bedrooms and we found them to be decorated how people wanted in a person centre way, with personal items on display. One person had on display pictures of their favourite football team, while others had on display family photographs. People were able to feel their bedrooms were their own homely space due to how they decorated them and the items of sentimental value.

Staff were seen sitting in the lounge spending time with people listening to them and holding meaningful conversations in a way which meant people could contribute. Our observation of staff was that people's privacy, dignity and independence was respected. Staff were seen checking with people before entering their bedrooms and people told us this always happened. One person said, "I like sitting in my room and I am able to do this when I want". This showed that people were able to go to their bedrooms for privacy when they wanted. Staff we spoke with were able to explain their understanding of privacy, dignity and independence and in so doing give some assurance that people were supported appropriately. Most people did not need support with personal care. Where this support was needed and people were unable to share their views, relatives who we spoke with were confident that people's privacy, dignity and independence were being respected.

Good

Is the service responsive?

Our findings

One person we spoke with was unable to remember whether they were involved in their assessment of need process, but told us they were involved in the care planning process because staff regularly discussed their support needs with them. Relatives we spoke with told us they felt the service was responsive to people's needs because they had been involved in the care planning process. They had a copy of their relative's care plan and had attended reviews about the care they received. The staff we spoke with confirmed this. Records showed that assessments were carried out to determine people's support needs and care plans were in place to show how people's support needs would be met. The care record we looked at contained detailed information about people's specific support needs. Our observations were that when people needed support from staff this was given. People were not left unsupervised unless they wanted privacy within their bedrooms. Staff were seen constantly communicating with people and checking if they were okay.

Records showed that people preferences, likes and dislikes were recorded in their care records and staff we spoke with had a good understanding of what peoples' preferences were. One person told us they did not like trains and this was known to staff and it was also recorded in the person's care records. We saw on display and in people's individual communication passports the range of activities they were involved in. People's keyworkers spent time with them every week agreeing on the kind of activities they wanted to take part in. We found that the provider had an activity committee which had two people and a key worker. The purpose was to arrange group activities within the home. On the day of the inspection the committee was involved in arranging the Christmas party for the home. Records showed that people had a stimulating and active social life. They were able to do anything they wanted to do and where this impacted on staffing levels, extra staff would be sought to ensure people were able to do the activities they wanted. We found that a minibus was available to enable staff to support people out of the home on trips.

We found that the home had a system of daily recording to ensure staff coming on shift would be kept updated on any changes to people's support needs. There was also a verbal handover process between shifts so staff were able to discuss any concerns there maybe with the support to people. The staff we spoke with told us that communication was good within the home and relatives we spoke with confirmed this as they were able to approach any staff member where they had concerns.

We found that relatives were able to visit the home at any time they wanted without prior arrangement; this ensured that people were able to see their relatives whenever they wanted.

We found that people had regular meetings with staff and the registered manager as part of being able to share their views on how the home was managed. One person we spoke with confirmed these meetings did take place and records we saw confirmed this. As a result of these discussions a committee had been set up where people and a member had staff met regularly to make decisions on the activities that took part in the home.

Records showed that there was a complaint and compliment procedure in place, which gave clear and relevant information as to how a complaint could be made and the timescales for any responses. We found that the complaints process was also available in an easy read format to enable people to share any concerns they had about the service. We found that as part of the procedure people also had 'access to' a card system in their bedroom which had printed on it an unhappy face. This was to enable people to approach members of staff more easily when they were unhappy. The relatives we spoke with told us they had been given a copy of the complaints procedure and would speak to the manager if they had a complaint, but have never had to.

Records showed where complaints were received there was a system for recording complaints received to ensure response times and the appropriate process is followed.

Good

Is the service well-led?

Our findings

People and relatives we spoke with told us they liked the home and it was well led. A relative we spoke with said, "The manager is very good and stands for no nonsense". All the staff we spoke with told us that the manager was a very good manager and all knew exactly what their roles were. Our observation of the way the home was led was that the home had a very open culture to how it was managed and staff and people communicated on a very honest, friendly basis. People were able to ask staff anything and staff spent time explaining and talking with people in a very transparent way. People's support needs came first and the registered manager and staff ensured people were supported how they wanted.

The registered manager and staff told us that where relatives were unable to visit people due to mobility concerns they would regularly use the minibus to collect relatives so they were able to visit people, go shopping and even have a meal at the home together. One relative we spoke with confirmed staff regularly collected them using the minibus so they were able to spend time with their relative. This enhanced their quality of life being able to spend time with their relations.

We found that the staff knew who was in charge and this made for a clear decision making structure. The service had a registered manager in post and when they were not in the building it was clear to staff who they had to report to. Staff we spoke with knew this and was able to explain the on call process and who they needed to contact in an emergency, especially during the night time when there was limited staff around.

We found that a whistleblowing policy was available to staff where the need was required. The staff we spoke with were aware of the policy and what it was intended for. This meant that where people were at risk staff had the available systems in place to raise any concerns to the appropriate authorities to ensure people were not left in a vulnerable situation or at risk.

The registered manager and staff told us that the chief executive (Provider) visited the home on a regular basis and spent time talking with people as a way of being visible to people living within the home. One person we spoke with was able to confirm this and felt it was good.

Records showed that there was a quality assurance system in place that was used to gather the views of relatives, people, staff and other professionals who visit the home. The last survey carried out was in October 2014. The staff and relatives we spoke with told us they received a questionnaire every year asking their views on the quality of the service people received. We also found that people and relatives were able to attend monthly meetings as another mechanism being used by the provider to gather people's views to improve the service. One person we spoke with said, "I am able to attend monthly meetings". Records we saw confirmed these meetings and questionnaires were being used as part a process to improve the quality of the service to people. We found no recently agreed actions in the records we were shown as there had been no suggestions made.

We found that audits were being undertaken to monitor the service provision within the home. Audits on the electrical checks, visual checks on equipment used within the home, window restrictors, water temperature checks as well as a number of other building checks were undertaken on a monthly basis. The registered manager monitored this process as part of the duties carried out by staff, to ensure the expected service quality was being met.

We found that the provider carried out their own audits to ensure the registered manager was meeting the required standard. However we found that these audits were not detailed enough to give the registered manager clear expectations as to how they were performing. For example, we found all the audits carried out gave general comments as to the audit findings and in some areas no comment at all. The audits were not discussed with the registered manager. This did not give the registered manager any indication as to what the audit findings were or expectations for improvement.

All incidents and accidents that took place within the home were recorded appropriately following the provider's procedures. The registered manager monitored these for trends so appropriate action could be taken to reduce any risks to people. The staff we spoke with were able to explain the action they would take where someone had an accident. The records we saw confirmed how accidents and incidents were being recorded.

We found that the provider did not return their completed Provider Information Return (PIR) as we had requested. We were informed by the registered manager that the form was

Good

Is the service well-led?

not received. We have confirmed that the email details we have are still correct and there is an expectation that the PIR is completed in future. We found that there had been no recently notifiable events to us; however the registered manager was aware of the legal requirement to notify use of any deaths, accidents, or situations where people were put at harm.