

Mr Ronald Mark Snijders

The Villas

Inspection report

8 The Villas
West End
Stoke On Trent
Staffordshire
ST4 5AH

Tel: 01782847947

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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

At our last inspection in January 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection

The Villas is a Residential 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 Villas accommodates up to eight people in one adapted building, where people had access to communal areas along with their own individual bedrooms. At the time of the inspection there were eight people using the service.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

There was a registered manager in post at the time of our inspection. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from the risk of abuse. Risk were assessed and planned for to keep people safe. People received support from sufficient safely recruited staff. People had their medicines administered as prescribed. People were protected from the risk of cross infection. The provider had systems in place to learn when things went wrong.

People's needs were assessed and they had plans in place to meet those needs. Staff received training and were supported in their role. People's environment had been adapted to meet their needs.

People received consistent support from staff. People could choose their meals and were supported to eat and drink safely. People were supported to maintain their health and well-being.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People were supported by caring staff and they had good relationships with staff. People were supported to make choices and staff promoted people's independence. People's communication needs were assessed and planned for. People's privacy and dignity was protected by staff.

People's preferences were understood by staff. People were supported follow their interests. People and relatives understood how to make a complaint.

Notifications were submitted as required and the manager understood their responsibilities. People were engaged in the service and felt able to approach the registered manager. Staff felt supported in their role and were involved in the service. Quality audits were in place and were used to drive improvement.

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 continued to be good.

Is the service effective?

Good ●

The service continued to be good.

Is the service caring?

Good ●

The service continued to be good.

Is the service responsive?

Good ●

The service continued to be good.

Is the service well-led?

Good ●

The service continued to be good.

The Villas

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.

This unannounced inspection visit took place on 25 January 2019. 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 asked for 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 (PIR). 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 who used the service. We also spoke with the registered manager, and two staff.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. We reviewed the care records of two people and looked at one more to check aspects of people's care. We looked at other records relating to the management of the service including, one staff file, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At our last inspection on 15 January 2016 we rated Safe as Good. At this inspection we found Safe continues to be rated as Good.

People were safeguarded from abuse. One person told us, "I like it here." People told us they felt safe living at the service. Staff could describe the procedures in place to safeguard people from abuse and how they would report any concerns. The registered manager was able to explain how they had investigated and reported concerns which had been raised, and how these had been investigated and reported to the local safeguarding authority as required.

People were protected from risks to their safety. People had risks to their safety assessed and clear plans were put in place to mitigate these. For example, one person had a health condition which required specific monitoring and medicine if they were unwell. There were detailed plans in place for staff which they understood and staff had received specific training in administering this medicine. Another person had behaviours that challenged. These were clearly documented for staff with descriptions of things which may trigger the persons behaviours and how the staff could use distraction to avoid the risk of the person harming themselves. Staff understood these plans and could describe for us how they helped to keep people safe.

People were supported by sufficient staff. People told us there were always staff there to help them. Staff confirmed there were always enough staff on duty to support people with the things they needed and wanted to do. Staff said if someone wanted to go out there was always enough staff to take them. The registered manager told us there were sufficient staff and they were often able to provide extra support by assisting with people's needs. Our observations supported what we had been told people received the support they needed without having to wait.

People received support from staff who had been safely recruited. The provider told us they checked to ensure staff were safe and suitable to work in the home including a Disclosure and Barring Service (DBS) check was carried out. The DBS helps employers make safer recruitment decisions. Staff confirmed these checks were carried out and records supported what we were told.

Medicines were administered safely. Staff had been trained to administer medicines and had their competency checked. Staff followed people's individual plans and assessments which ensured medicines were administered in line with the policy. Medicines were stored safely in a lockable cupboard. We found daily checks were carried out of the temperature of the storage areas. Stock checks were carried out which ensured people had an adequate supply of their medicines available. Guidance was in place which staff followed when administering people's medicines. For example, where people had medicines which needed to be taken on an 'as required' basis, there were detailed plans in place for staff. Medicine administration record (MAR) charts were in place and were completed accurately by staff.

People were protected from the risk of cross infection. Staff could describe the steps they took to minimise

the risk of cross infection. We found the communal areas and bedrooms were clean. Checks were in place to ensure the home remained clean and well maintained.

There was a system in place to learn when things went wrong. The registered manager told us they had a process in place for learning when things went wrong. For example, where there had been an incident the individual had their care plan and risk assessments reviewed and the registered manager had considered if there were any areas of learning required and made some changes to how agency staff were informed about people's preferences and needs as a result of the review.

Is the service effective?

Our findings

At our last inspection on 15 January 2016 we rated Effective as Good. At this inspection we found Effective continues to be rated as Good.

People had their needs assessed and plans put in place to meet them. The provider told us in the PIR they undertook assessments and developed person-centred care plans. The PIR informed us assessments gathered information from people, their relatives, social worker, doctors and other professionals, to determine how people want to be cared for. We found the assessments and care plans were person centred and used to guide staff in supporting people. Staff told us they were regularly updated and we confirmed this when reviewing records during the inspection.

People received support from trained staff. The provider told us in the PIR competency assessments were carried out and refresher training was ongoing. They told us staff received an induction and mandatory training such as medicines administration, infection control, health and safety, food safety, safeguarding and the mental capacity act. Staff confirmed they received training and we observed staff using the skills during the inspection. The registered manager told us staff newly appointed had an induction which followed the care certificate. 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.

People had a choice of meals and drinks and had their nutrition and hydration needs met by staff. One person told us, "I like curry, I am going to have one for tea tonight." Staff confirmed the person had asked for a curry and they were going to support them to prepare this later. We saw where people had specific dietary needs there were clear plans in place for staff to follow. Staff could describe for us how people were supported to maintain a healthy diet. We saw care plans identified people's needs and preferences for food and fluids. For example, staff told us one person had risks associated with their diet. We found there was a clear plan in place which included monitoring the person's weight and what they had eaten and drunk during the day. Guidance was in place for staff on what to do if they identified any changes and how to escalate this to other professionals. We saw staff followed the plans during the inspection.

People received consistent care. The provider told us in the PIR the staff worked closely in collaboration with other professionals to ensure people received effective and joined up care and support. They said, there was a key working system which enabled people and staff to have a trusting relationship. They told us this enabled people to express any needs or concerns and it allowed staff to put into practice the human rights principles. Staff confirmed they had good relationships with people and engaged other professionals involved in people's care and ensured people had consistent support. The registered manager confirmed staff team were well established and all had a good understanding of people's needs. There were clear communication systems in place to alert staff if people's needs changed.

People had access to support with their health and wellbeing. One staff member told us, "People have appointments with health professionals and we go along with them to support them." We saw people had

been referred to a range of health professionals and their advice had been included in people's care plans. For example, people had visited a dentist, optician and doctor. Others had been referred to specialist health professionals to seek support with planning their care.

People were supported in an environment that had been designed to meet their needs. We saw people's rooms were personalised and specific changes had been made to doors for example to ensure people could operate them independently. The home was warm and comfortable and people were seen relaxing in lounges with appropriate seating and could access the kitchen independently to get drinks and help with meal preparation.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found individual capacity assessments had been carried out when people lacked capacity to make decisions and discussions were held about how to make the decision on the person's best interest. For example, one person had a best interest discussion about the need for dental care and another about their medicine administration.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were. We found the provider had made appropriate applications to the authorising body. There were no conditions in place on the approved DoLS and staff could describe for us what it meant when someone had one in place.

Is the service caring?

Our findings

At our last inspection on 15 January 2016 we rated Caring as Good. At this inspection Caring remains rated as Good.

People were supported by caring staff. One person told us, "I love it here, it's a nice place and I like my room and the staff." One staff member told us, "It's like a family here, I know people well and I love coming to work every day." The provider told us in the PIR, we ensure that people's relationships with the people that matter to them are supported. People told us they had the opportunity to stay in touch with family and friends. We saw people were happy to approach staff and ask for things. People were laughing and joking with staff throughout the inspection and had meaningful conversations about what they were doing and plans for the day. People had pictures in their rooms of them engaged with staff, family and friends which created a homely feel. We saw people were free to move around the home and were engaged in conversations throughout the day with other people and staff.

People were supported to make choices about how and when they were supported and to maintain their independence. People told us they could make choices and decisions about what they wanted to do. One person told us, "I am going to watch a film at the cinema this weekend." Another person told us, "I want to go shopping this weekend with staff." Staff confirmed people could make choices and plans for their week. Staff told us people were encouraged to maximise their independence. One staff member said, "it is important the people have control over things in their life. We encourage people to be involved in shopping for food for the week, making decisions about meals and helping with preparing the food and clearing away, laying tables. Everyone is involved in making sure their room is clean and tidy as well." We observed people helping to make drinks, lay tables, make lunch and tidy up in their bedrooms. We saw people choosing for themselves what to eat, where to sit and how to spend their day. Care plans identified where people had expressed their wishes and made choices and gave staff guidance on what people could do independently.

People had their privacy and dignity maintained. Staff were respectful of people's privacy, for example they asked people individually if they would like to show inspectors around the home and let them look in their bedrooms. We saw staff knocked doors and waited to be asked to come in. We saw one staff member ask a person if they would like to help with washing up, they declined which the staff member respected. We saw staff used people's preferred name and responded to people's requests for help in private.

Is the service responsive?

Our findings

At our last inspection on 15 January 2016 we rated Responsive as Good. At this inspection Responsive remains rated as Good.

People received personalised care and support which was responsive to their individual needs and preferences. In the PIR the provider told us, people had diverse needs and these were reflected in their person-centred care plan. We saw care assessments and care plans considered how to consider peoples individual characteristics. For example, there was guidance for staff on people's ability to understand their rights and how to protect people. Care plans also identified where people had an awareness of their emotions and considered their sexuality. Staff told us they had good relationships with people and understood their needs and preferences. Our observations during the inspection and review of peoples care records confirmed this.

People were supported to follow their individual interests and hobbies and spent time doing things they enjoyed. One person told us about the programs they loved to watch on the television and showed us items they had been collecting in their room. The person told us about outings they had been on and shows they had been involved in within the community. We saw the person speak with staff about going out shopping to add other items to their collection. We saw one person was engaged in an activity of their choice in the lounge. Staff confirmed this was a favourite pastime and this was clearly documented in the persons care plan. We saw people went out into the community to attend social groups open the day of the inspection. Care plans showed people had a full and active week taking part in things they enjoyed. People had used their life history and interests to decorate their rooms individually. The registered manager told us people were supported to maintain contact with their family and people confirmed this during the inspection.

People had specific communication needs considered and were supported to communicate effectively. For example, one person used signs to say some words to staff. Staff understood this and could respond to the person. The provider was meeting their responsibilities for the accessible information standards which sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. For example, information in peoples care plans and around the home was written in easy read language and pictorial format to aid peoples understanding.

There was a policy in place for supporting people to raise concerns or complaints. People understood who to speak to if they were worried about anything. We saw one person come and speak to the registered We found there had not been any concerns or complaints since the last inspection. However, the registered manager told us they had a system in place to ensure these would be investigated and responded to. We saw there was pictorial information for people about how to raise concerns and staff confirmed people would come to them or the manager.

There was nobody receiving end of life care at the time of the inspection. The registered manager told us work had begun with some people's social workers to develop some easy read information about planning

for people's future wishes to help people understand their choices.

Is the service well-led?

Our findings

At our last inspection on 15 January 2016 we rated Well Led as Good. At this inspection Well Led remains rated as Good.

The provider told us in the PIR, the culture of the home was positive, open and transparent. The registered manager told us, "We create a homely environment with a relaxed atmosphere, staff are pleasant and we all have a laugh and joke this is not a clinical environment it's a home." Staff told us the home was open and had a positive person-centred approach. One staff member said, "It's so nice here I love everything about the place". People were observed to be relaxed and treating the service as their home. For example, one person was sitting with their slippers on reading the paper in a lounge whilst another person was making a drink in the kitchen.

The provider had systems in place to check the quality of the service. For example, audits were carried out on the medicines administration, checks were carried out on health and safety and there were checks on the cleaning schedules. One audits had identified the carpet was frayed. We saw immediate action had been taken to address this and a repair was arranged. We saw care plans were reviewed monthly and this ensured they were up to date and accurate. The registered manager told us they observed staff practice in a number of areas and discussed any learning needs in individual supervisions. The registered manger confirmed staffing levels were adjusted to meet people's individual needs and what the plans were for the week. We saw there were other checks on accidents, incidents and falls for example to ensure the risk of reoccurrence was minimised.

People were involved in planning for the service. The registered manager told us they had individual involvement discussions with people as they found this was more likely to result in people sharing their thoughts. People had individual discussions with their keyworker staff and completed a pictorial questionnaire. We saw people had been involved in discussing the type of meals they would like to see. The registered manger confirmed people had their favourite meals planned into the menu.

Feedback was sought about the quality of the service. For example, we saw there were questionnaires given to other health professionals to seek their thoughts about the service. We saw where these had been completed there were positive comments for example one professional said, "All the staff here go above and beyond." Whilst another said, "Individuality [of people] is upheld here." Staff told us they were able to make suggestions about the service to the registered manager and they felt these were listened to and acted upon.

The registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. The registered manager was supported in their role by operational managers and the provider. A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.

The registered manager sought ways to continuously improve the service. The registered manager told us they were working with an external consultant to review their policies, procedures and quality monitoring to ensure it was aligned to the key lines of enquiry used by CQC when undertaking inspections. The registered manager said they hoped this would make it simpler to evidence the good practice they had in place and highlight any areas for development.

The provider worked in partnership with other agencies and had links in the community. The registered manager told us people had positive relationships with others in the community and shared examples. We saw there were connections with other health professionals and staff and registered manager worked to ensure people living at the service had positive relationships in the community and had access to support from other health professionals.