

Noble Care Limited

62 Cheltenham Road - Learning Disability & Autism

Inspection report

62 Cheltenham Road
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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

62 Cheltenham Road is a care home which provides accommodation and personal care for up to three people with a learning disability. There were three people who were living at the home on the day of our visit.

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. At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive safe care as they were supported by staff who knew how to protect them from harm. Staff were aware of people's individual risks and plans were in place to minimise these while maintaining the person's independence. Staffing was arranged based on people's individual needs and what activities were happening in the home. Staffing remained flexible to suit the people living at the home.

The registered manager supported staff by arranging training so staff developed the skills to provide care and support to people, which was in-line with best practice. People receive care and support that was in line with their consent. People were supported by staff who knew their individual dietary requirements and how to support them in the right way. People had access to healthcare professionals when they required them.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated well which had a positive impact on their well-being. People we spoke with told us that all staff spoke kindly to them and they felt happy and comfortable in their home. Staff helped people to make choices about their care and the views and decisions they had made about their care were listened and acted upon.

People were involved in the planning and review of their care and support. People were supported to continue with their hobbies and interests which promoted their independence and confidence. Information was provided to people should they wish to raise a complaint.

Systems were in place to monitor and assess the quality and safety of the care provided. There were opportunities for people and relatives to feedback their views about their care and this was used to improve the service. Staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes. The checks completed focused on people's experience of care. Where areas for improvement were identified, systems were in place to ensure lessons were learnt and used to improve the service delivery.

Further information is in the detailed findings below.

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 remained Good

Is the service effective?

Good ●

The service remained Good

Is the service caring?

Good ●

The service remained Good

Is the service responsive?

Good ●

The service remained Good

Is the service well-led?

Good ●

The service remained Good

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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 was a comprehensive inspection and took place on 15 January 2018 and was announced. We gave the service short notice of the inspection visit because the location is a small care home for people who are often out during the day. We needed to be sure that they would be in.

The inspection one carried out by one inspector. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority about information they held about the provider.

We spoke with three people who used the service. We spoke with one care staff member, the deputy manager, the registered manager and the area manager.

We reviewed a sample of people's care records and medication records. We also looked at newsletters, residents and staff meeting minutes, maintenance records, the complaints policy and compliments.

Is the service safe?

Our findings

All people we spoke with felt safe from harm and told us they felt safe with the staff who supported them. One person told us, "It's the best place here. The best place I've ever lived, the staff are brilliant". They continued to tell us how they had met a potential new staff member before they began working in the home, and told us it was good to meet staff first to see if they liked them, before they begun working in their home. We spoke with one staff member who told us the training they had received helped them understand how to maintain people's safety and promoted their independence.

Staff had received training in safeguarding people and knew how to identify abuse and how to report any concerns, including to outside agencies such as the local authority and the Care Quality Commission. Staff told us they would not hesitate to raise concerns if they needed to, including through the whistleblowing process. Whistleblowing is where staff can highlight poor practice without fear of recriminations.

People told us their independence was encouraged and one person told us how they had mentioned to staff they wanted to start going on public transport alone. Staff had discussed with them what type of support they could offer, so it would increase their confidence while promoting their safety.

People felt there was enough support from staff when they needed it. People told us they had opportunities to do the things they enjoyed when they wanted. For example, one person told us they enjoyed going out in the car for a drive and confirmed staff did this for them. A staff member told us, "Staffing on the day depends on what is happening. Staff do the hours to fit with people's activities". They continued to say, "The staff rota is adjusted to accommodate any changes" and felt that it was flexible. People and staff told us there was one sleep in staff member at night. People and staff felt this was sufficient as they may not always need staff at night, but felt safer knowing someone was there. The deputy manager confirmed they were fully staffed, and should any staff take unplanned leave, such as sickness, they had staff support from the provider's other service, who could provide staff that people knew.

People we spoke were confident in the staff managing and administering their medicines. We spent time with one person while they were supported to take their medicine and saw this was done in a safe way. Records of medication administered and the staff's knowledge were checked by the provider to ensure people received their medicines as required.

People told us they cleaned their own rooms and communal areas. They told us they were supported to do this if needed. We saw the home was clean and tidy and personalised with people's own possessions and furniture.

Staff understood the need to record and report any incidents and accidents. The deputy manager told us these would be investigated by the registered manager to identify what had happened, and any learning was discussed and shared with the staff team and with other homes managed by the provider. However, there had been no incidents or accidents since our last inspection.

Systems were in place to manage the safety of the environment. Risk assessments had been completed to identify any hazards such as the management of legionella, fire and electrical equipment. Appropriate guidance was in place for staff in how to mitigate these risks. Staff carried out a range of checks to ensure the environment remained safe. Fire alarm systems were tested regularly by staff and periodically serviced by external contractors.

Is the service effective?

Our findings

People told us they had lived in the home for many years, and staff knew them well. Staff told us they would recognise if a person was not themselves and would seek medical advice. One person told us, "I go to the doctor". People told us they were involved in their care which covered different topics such as their on-going healthcare needs and their interests, hobbies and social aspects of their life. We saw assessments were completed with the person and other health care professionals. One person who we spoke with about this, felt they were listened to and their views and opinions about their choices were respected.

People told us they were supported by staff who knew how to care for them in the right way. Staff felt the training they had received was useful and related to the people they cared for. For example, one staff member told us the training they received prepared them for their role and felt the provider, "Played to their strengths". They continued to say how they had been able to use their past work experience, which had, "Broadened people's diets". A further staff member told us how the registered manager encouraged them to develop their knowledge and said, "They give you the opportunity to progress".

People told us that staff supported them with meal planning, shopping and preparation. One person told us how they took it in turns to cook the evening meal for people. During our visit we saw one person cooking in the kitchen who told us they enjoyed cooking. People had access to the kitchen to make themselves drinks and snacks when they wanted, we saw when people made their own drink they would offer to make drinks for others who also lived in the home. Staff were aware of people's different dietary requirements, and how to support people who had a specific diagnoses, such as diabetes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's views and wishes were respected and that staff sought their consent first. Staff we spoke with understood their roles and responsibilities in gaining people's consent and what this meant or how it affected the way the person was to be cared for. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the registered manager ensured people received care and treatment that was in-line with their consent.

People told us they were supported to access health care professionals when they needed this. Staff told us they had the information needed to ensure the person was attending their scheduled appointments. Staff explained how they had a good network and knowledge of healthcare professionals available to support people.

People had their own private bedrooms and had access to a bathroom which had adaptations to support people with their balance while using the bath. People had access to communal areas which enabled people to move around freely and independently. People had access to a garden area where they had begun growing their own vegetables for them to eat.

Is the service caring?

Our findings

All people we spoke with told us all staff who supported them were kind and caring towards them and they liked the staff. There was a strong, person centred culture within the home and people's wishes and choices were respected by staff. We saw people were relaxed around staff chatted about things they had done, and what they were looking forward to doing. Staff empowered people to take control of their daily lives, make decisions and maintain their independence as much as possible. We saw people had been involved in many activities since our last inspection, such as charity work, laying a wreath for Remembrance Day and visiting local attractions which interested them.

The atmosphere in the home was calm and relaxed. Staff interactions with people were kind and respectful. Staff had a very good knowledge of the people they supported, including their life histories, the things they liked and didn't like and the people who were important to them. One person showed us a video they had created with the registered manager which focused around the person's interest. We saw the person was proud of their video and how the registered manager had taken the time to spend with the person creating this with them. People told us their relatives and friends were welcome to visit at any time and people were also supported by staff to maintain relationships with friends and family outside of the home.

People we spoke with felt the staff supported them in a way which promoted their dignity and privacy. People told us and we saw that their personal space was their own and respected by staff and other people living in the home. People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests. All staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs. Staff understood their responsibilities for maintaining confidentiality, in particular the importance of not leaving confidential information lying around where people who were not authorised to do so could read it.

Is the service responsive?

Our findings

People told us they were supported by staff in the right way and felt involved in their care and that their wishes were listened to and respected. For example, one person told us, "[Staff] have helped me to be more independent". They told us about how staff had supported them to find voluntary work which suited their interests. They told us this made them feel, "Positive and happy" because they had met more people which had increased their confidence. This person had been recognised by the provider for the work in the community they had done, and were rewarded for this at the provider's awards ceremony. The person showed us their award and told us they were very proud of this achievement.

People were supported by staff to maintain their interests and hobbies. People's activities varied according to their personal preferences and wishes, including their religious needs. People enjoyed going to a club to meet up with friends and visiting people who lived in the provider's other homes, going for walks, listening to music, swimming, and visiting local attractions. There were newsletters in the communal area which reminded people of future events such as pantomimes, clubs and theatre trips. One person told us how religion was important to them and staff had supported them to go to a new church and told us they were "Happier at the new church, I'm enjoying it more, it's a happier place". They continued to tell us, "I get a lift from a member of the congregation, and we talk a lot about different things, as we have a lot in common".

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. As well as picture books, a range of communication methods were used by staff to provide information and offer choices, such as showing objects of reference, pictures and a communication board. The registered manager told us that fire safety training was provided to staff and people. They told us that to involve and help people stay safe in their home they had created a fun video about fire safety, which featured people and staff. The video was personalised to the home, so people could recognise where the fire safety points and equipment were, and what to do in the event of a fire. We watched the video with people who were smiling and told us they had enjoyed making this video.

62 Cheltenham road is a small home, which is run by a small group of staff who know people who live there well. Staff told us they worked well as a team and had good communication on all levels. They told us that they were allocated people to support based on their needs, which meant their workload was more balanced, so they could respond to situations in a timely way. The deputy manager told us they were taking one person to the person's doctor later that afternoon, as the person had discomfort which had not eased. This showed that staff understood when people's health had changed, and when to seek further medical support.

All the people and staff we spoke with did not express any concerns or complaints to us. Everyone felt listened to and felt the registered manager and provider was receptive and responsive to any concerns. The provider shared information with people about how to raise a complaint about the care they received. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the

outcome. This was also available in a format suitable for people who used the service. We looked at the provider's complaints since our last inspection and found that no complaints had been received.

Is the service well-led?

Our findings

People and staff we spoke with felt involved in the service and felt able to share ideas with the registered manager. We saw that regular resident meetings were held, which covered topics such as meals for the following week, up and coming activities and what people would like to do in the near future. Staff told us they felt supported and had regular meetings to discuss any changes. People and staff we spoke with told us they were happy with the way things were run and would not make any changes to the service.

At the time of our inspection there was a registered manager in post. 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.

The registered manager, deputy manager and provider involved themselves with people who lived in the home. People knew those who worked in a management role well, and responded positively to them. Staff told us that those in a management role were approachable and regularly visible in the home. All staff we spoke with told us they felt a sense of pride and felt listened to and valued by the provider's organisation.

The provider held events for all of their services, which gave the provider and the management team the opportunity to meet people, family and staff to understand how they felt about the service and the way it was run. All people and staff we spoke with told us how these events were a good way of bringing people together and celebrating success. We saw that the provider sought people, relative and staff views and had responded back to those who had completed the survey, to explain what actions could and could not be taken as a result.

There were systems in place which gave staff responsibilities for the checks and running of the service, such as maintenance checks within the service. These were reviewed and where necessary actioned by the deputy manager and registered manager or escalated to the provider. The provider had further systems and checks in place to ensure their vision in the way the service was to be run was upheld.