Expect Ltd

Expect Limited - 13 Elm Road

Inspection report

13 Elm 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

Overall summary

The inspection took place on 11 November 2015 and was announced.

13 Elm Road is registered to provide accommodation for up to three adults, who require personal care. It is a large four bedroom terraced property, situated in a residential area, close to local amenities and transport links. There were three people living in the home on the day of the inspection.

There is a registered manager in post at the service. 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 that people who used the service were protected from avoidable harm and potential abuse because the provider had taken steps to minimise the risk of abuse. Procedures for preventing abuse and for responding to allegations of abuse were in place. Staff

Summary of findings

told us they were confident about recognising and reporting suspected abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

Medicines were safely administered by suitably trained care workers. We found that medicines were stored safely and adequate stocks were maintained. Regular medicines audits were being carried out to ensure that medication practices were safe and to ensure that any medication errors could be promptly identified.

Staff supported people to make decisions about their daily life and care needs.

People's nutritional needs were monitored by the staff. People's dietary requirements and preferences were taken into account.

Each person who lived at the home had a person centred plan. The plans we looked at contained relevant and detailed information. This helped to ensure staff had the information they needed to support people in the correct way and respect their wishes, their likes and dislikes. A range of risk assessments had been undertaken depending on people's individual needs to reduce the risk of harm. Risk assessments and behavioural management plans were in place for people who presented with behaviour that challenges. These risk assessments and behavioural management plans gave staff guidance to keep themselves and people who lived in the home safe, whilst in the home and when out in the community.

Sufficient numbers of staff were employed to provide care and support to help keep people safe and to offer support in accordance with individual need. This enabled people to take part in regular activities both at home and in the community when they wished to.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff were only able to start work at the home when the provider had received satisfactory pre-employment checks.

Staff told us they felt supported in their work. They told us they had the training and experience they required to carry out their roles and responsibilities. The majority of staff held a relevant qualification and all staff had worked in the home for a number of years.

Staff received an induction and regular mandatory (required) training to update their practice and knowledge. Records showed us that staff were up-to-date with the training. This helped to ensure that they had the skills and knowledge to meet people's needs.

Regular staff meetings were held and handovers took place twice a day. Systems were in place to provide supervision and appraisal to staff.

Staff had good knowledge of people's likes and dislikes in respect of food and drinks and people's routines in respect of meal times. We saw that people who lived in the home had plenty to eat and drink. People in the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

People who lived in the home took part in activities both in the home and in the community.

During our visit we observed staff supported people in a caring manner and treat people with dignity and respect.

Staff understood people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people.

A procedure was in place for managing complaints. We found that complaints had been managed in accordance with the home's complaints procedure.

Systems were in place to check on the quality of the service and ensure improvements were made. This included carrying out regular audits on areas of practice.

We looked around the building. We found it was clean and well maintained. Staff had a rota in place to ensure cleaning was completed daily.

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?
The service was safe.

Staff understood how to recognise abuse and how to report concerns or allegations.

People who displayed behaviour that challenges had a plan of care and risk assessments in place to protect them and other people from the risk of harm.

There were enough staff on duty at all times to ensure people were supported safely.

Recruitment checks had been carried out for staff to ensure they were suitable to work with vulnerable adults.

Medication was stored securely and administered safely by trained staff.

Good

Is the service effective?
The service was effective.

People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme.

We saw people had plenty to eat and drink. Their dietary needs were managed with reference to individual preferences and choice.

Good

Is the service caring?
The service was caring.

We observed positive interactions between people living at the home and staff.

Staff treated people with dignity. They had a good understanding of people's needs and preferences.

We saw that people had choices with regard to daily living activities.

People were supported to be as independent as they could be on a daily basis.

Good

Is the service responsive?
The service was responsive.

We saw that people's person centred plans and risk assessments were regularly reviewed to reflect their current needs.

Good

Summary of findings

Staff understood what people's care needs were. Support was provided in line with their individual plans of care.

A process for managing complaints was in place and families we spoke with knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The home had a registered manager in post.

The home manager provided an effective lead in the home and was supported by a clear management structure.

Systems were in place to monitor the quality of the care and standards to help improve practice.

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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.

The inspection took place on 11 November 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The membership of the inspection team consisted of an adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. Before the inspection, we usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not make this request before this inspection.

We looked at the notifications and other information the Care Quality Commission had received about the service.

During our inspection we spoke with two people who lived in the home. We spoke with the registered manager and two support workers. Following the inspection we contacted a relative of a person who lived in the home and sought their feedback on the service.

We spent time observing the care provided to people who lived at the home to help us understand their experiences of the service. Our observations showed people appeared relaxed and at ease with the staff.

We viewed a range of records including: the care records for the people who lived at the home, four staff files, records relating the running of the home and policies and procedures of the company.

We carried out a tour of the premises, viewing communal areas such as the lounge, dining room and bathrooms. We also looked at the kitchen and the bedrooms of people who lived in the home.

Good

Is the service safe?

Our findings

We looked at how staff kept people safe. A relative told us they had fill confidence in how staff supported their family member both in the home and out in the community. They said the staff had a good understanding of their needs. The provider had trained their staff to understand and use appropriate policies and procedures. We reviewed evidence from notifications received by CQC that showed the registered manager had followed local safeguarding protocols when reporting alleged abuse.

We found staff had completed a range of risk assessments for each person depending on their individual needs. These included assessments for safety in the home. Behavioural management plans had been completed to give staff direction when someone presented with behaviours that challenge.

We spoke with staff who were able to give us examples of techniques used. We noted that these specific details were not recorded in the person's risk assessment. The manager said they would update the risk assessments with this additional information to help ensure all staff supported people in a consistent and safe way.

A record was kept of all accidents and incidents. The manager evaluated all incidents on a monthly basis. This data was then used to update the necessary risk assessments. We saw that health care professionals had been contacted for advice when required.

During the course of the inspection we found there were good staffing levels. Our observations showed people were supported safely by the staff. We looked at the staffing rota and this showed the number of staff available on each shift. The staff ratio was consistently in place to provide necessary safe care. Additional staff were provided on particular days each week to enable people to access the community for activities.

We found there was one member of staff working in the house during the day. People who lived in the home had individual activity plans. Another member of staff worked 15 hours at different times during the week to enable people to go out and enjoy activities safely. One staff worked at the night to help keep people safe.

We looked at how staff were recruited to ensure staff were suitable to work with vulnerable people. We looked at four staff personnel files. We found that appropriate checks had been undertaken before staff began working at the home. We found application forms had been completed and applicants had been required to provide confirmation of their identity. We saw that references about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

We looked at the medicines, medication administration records (MARs) and other records for all three people living in the home. Medication was only administered by staff who were trained to administer medicines. Medicines were stored safely and securely in a locked cabinet. The majority of medicines were supplied in a pre-packed monitored dosage system. We checked a sample of medicines in stock against the medication administration records. Our findings indicated that people had been administered their medicines as prescribed. Individual guidance for the administration of PRN (as required) medication had been completed for those who required it. This was recorded with the MAR to ensure staff were aware of the procedure for the safe administering of PRN medication. The manager told us that medication stock was checked on a weekly basis and we saw confirmation of this. All medication was signed for by staff after being administered.

We looked around the home, including the bathroom. We found the home was very clean and tidy. Cleaning rotas showed daily tasks which the staff knew were to be completed to maintain a clean and safe environment.

Arrangements were in place for checking the environment to ensure it was safe. We saw paperwork which showed that a monthly health and safety audit was undertaken to ensure the building and its contents were safe and in working order. Specific weekly checks took place which included the firefighting equipment and the fire alarm. We noted that personal emergency evacuation plans (PEEP) had been completed for each person to enable safe evacuation in the case of a fire. Copies of the PEEPs were in the 'emergency response' file and located at the front door. Other information recorded in this file included how to instruct people who lived in the home to leave the building

Good

Is the service safe?

in the case of a fire. Staff also had planned how to encourage people to leave the building if they were unable to understand the dangers a fire hazard presented. This meant that people other than the support staff, who knew the people well, could assist them in the case of an emergency such as a fire evacuation, to leave the building.

Good

Is the service effective?

Our findings

Our observations showed staff had had a good awareness and knowledge of people's support and care needs. People appeared comfortable and relaxed with the staff. The staff team had worked at Elm Road for several years. A relative we spoke with confirmed this. They said, "I have total confidence in the staff. They look after my family member well."

Staff told us they felt well supported and trained to meet people's needs and carry out their roles and responsibilities effectively.

We viewed four staff files which contained recruitment, supervision and training information. Training records showed us that staff regularly received mandatory (required) training in a range of subjects such as; safeguarding vulnerable adults, health and safety, fire safety, food hygiene, infection control and medication administration. A number of other training courses had been completed by the staff team which were relevant to their work. These courses included; Mental Capacity Act and Deprivation of Liberty, managing violence and aggression, dementia care and epilepsy awareness.

New staff completed a comprehensive induction during their probationary period which included shadow shifts. The provider had introduced the new Care Certificate for the induction of new staff. From April 2015, new health and social care workers should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training Standards.

We found that all of the staff team at Elm Road had completed NVQ at level 2 or level 3. This showed the provider was committed to employing and supporting qualified and skilled staff.

Training courses were organised by the provider. The home manager told us they received monthly updates informing them which staff were required to update their mandatory training. The provider used a variety of training methods which included ELearning. This helped to ensure that they had the skills and knowledge to meet people's needs.

Staff we spoke with confirmed they received supervision and support. The manager informed us they held staff supervisions. We were shown a record which showed that supervision had taken place with all staff every three months. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. Staff had also received an annual appraisal and mid-year meeting.

Information was recorded in people's care files regarding health appointments and daily notes were written to record what people had done each day. Clear record keeping helped staff to inform/update health care professionals for appointments. Each person who lived in the home also had a health action plan which contained current information about their health needs and how they required support to maintain a healthy lifestyle.

The staff took a personalised approach to meal provision. A menu was in place as a guide. Care records contained people's likes and dislikes and indicated any dietary needs. People chose individually what they wanted for each meal. We saw that people had access to regular meals and drinks.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The provider had trained and prepared their staff in understanding the requirements of the Mental Capacity Act.

We looked around the home. We found the building at Elm Road was in good structural and decorative order. The manager told us the landlord responded in a timely way to address any repairs.

There was a small paved yard to the rear of the house which had been furnished with tables, chairs and lights for people to enjoy time outside.

Good

Is the service caring?

Our findings

During our inspection we observed the care provided by the staff in order to help us understand people's experiences of care and to help us make judgements about this aspect of the service. We spoke with two people who lived in the home. One person who lived in the home said the staff were nice.

Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing. Staff had a good understanding of people's needs. We saw their relationships with people who lived in the home were positive, warm, and respectful.

People who lived in the home were supported according to their wishes and preferences. The care records (person centred plans) we looked at recorded their likes, dislikes and how they wanted to be supported.

Staff knew the needs of the people who lived at the home well. During discussions with staff they were able to describe people's individual needs, wishes and choices and how they accommodated these wishes in the way they supported people. This information was clearly and comprehensively recorded in people's person centred plans.

We saw that people who lived at the home were involved in decisions when they needed to be made about what to do each day and what to eat. They were able to clearly communicate their needs and choices to staff.

The registered manager told us that most of the people who lived in the home had family members who they kept informed of their welfare or family members who visited the home. The registered manager told us the local advocacy service had been involved with one person who lived in the home for a specific issue but they were no longer supporting them as the matter was now completed.

Good

Is the service responsive?

Our findings

The people who lived at the home were able to tell us that they were involved in planning their lives. We saw that people made day to day choices about activities they wished to take part in or places in the community they wished to visit. People who lived in the home had an activity programme each week. This involved community activities, which included going out for lunch, attending the local library, attending day centre placements and going shopping. The staff told us they supported people to attend a local day centre to enjoy the entertainment provided, such as music, bingo and parties to celebrate, for example Halloween.

We saw daily records which had been completed by the staff which confirmed that people had carried out activities or been to places of their choice.

We looked at the care record files for the three people who lived at the home. We found the provider completed 'person centred plans' with the people who lived in the home. These were care records that contained relevant and individualised information such as people's preferred routines, likes, dislikes and their wishes. They also showed the activities people enjoyed. Staff told us that one person who lived in the home had recently visited a place they had always wished to visit but had been unable to without staff support. We spoke with the person about this trip. They told us they had had a fantastic time there and really enjoyed it.

Support plans had been completed which showed how people needed to be supported. We observed support being provided in line with their individual plans of care. We found the plans were regularly reviewed and updated when necessary to reflect changes in people's support or health needs. We saw information had been updated in all areas of the care records in 2015. This helped to ensure the information recorded was accurate and up to date for people to receive the support they needed.

Assessments were completed before people were admitted to the home, to help ensure their needs could be met. We saw that where staff had identified areas of need for people, after they had come to live at Elm Road staff had requested medical intervention to improve their health and as a consequence the quality of their life had improved.

The service had a complaints policy in place and processes were in place to record and investigate any complaints received. This helped to ensure any complaints were addressed within the timescales given in the policy. The registered manager informed us that no complaints had been received or were being investigated. A copy of the complaints policy and procedure was displayed in the hallway of the home.

Good

Is the service well-led?

Our findings

There was a registered manager in post. We found they provided an effective lead in the home and were supported by a clear management structure. Their working time was split between direct support time, management of supported living services and protected 'management time'.

A relative we spoke with told us they would have liked to been informed by the provider when there were staff changes especially to the registered manager or permanent care staff.

From our observations during the inspection and from speaking with staff we found a person centred culture operated within the home. This meant that people's individual needs and choices were promoted and staffing was provided to support this. People's personal routines were followed and staff supported people to take part in the activities they wanted to.

We found staff spoke enthusiastically about their work and the support and direction they received from the registered manager. Staff were positive in their approach to people's achievements.

We enquired about the quality assurance system in place to monitor performance and to drive continuous improvement. We saw evidence that the manager carried out a monthly quality assurance audit. This included checks on care records, MAR's and fire checks. The manager reported this information to their line manager at managers meetings.

A Quality Assurance audit was carried out in April 2015. Elm Road achieved an overall score or 99.06% We noted from the report that the manager had addressed the issues highlighted in the report in May 2015.

In addition the 'Head of Quality' completed an audit each year. This year's audit was completed in October 2015.The audit included a sampling of training records, medication administration records (MAR) and a health and safety check. We were told the Head of Quality Assurance returned six months after the initial audit visit to assure themselves that the service was fully compliant. This meant that the provider's system for assessing and monitoring the quality of service was effective in ensuring people received the right care and support and protected from the risks of unsafe or inappropriate care and treatment by ensuring accurate and appropriate records were maintained. This ensured any omissions, errors or issues were addressed in a timely manner and that documents were kept up to date.

We saw quality audits which had been completed during 2013/2014. These were related to gas and electrical appliance testing and the heating and water system. Service contracts were in place for fire prevention equipment. Weekly health and safety audits were carried out by staff to help ensure the home was safe and that any issues were reported or addressed quickly.

The provider had a formal process in place to seek the views of people who used their services. This included residential and supported living services. From the satisfaction surveys sent out in 2014 only 15% (9) of people in residential services responded. We saw from the information sent to us that the provider was concerned about this poor response which was 47% less than the previous year's response. The provider had agreed to improve the way they gather people's views on the services provided. We saw from the information provided that the level of satisfaction was very positive, with people's overall satisfaction of the service they receive was 85%.

The same process was in place to seek the views of all staff. The response to this was very poor, with only 10% of staff responding to the questionnaire. We saw from the information provided that the level of job satisfaction was high (95%), with 85% of staff stating they received regular supervision and support.

In August 2015 the provider had introduced an additional questionnaire to gather the views of people who lived at Elm Road and their relatives. However the responses to this survey were sent to the provider's head office. They said they would contact the office for a copy of this information so it could be kept in the home.

The manager sent us notifications in accordance with our regulations to report on incidents that affect people's safety and wellbeing.

'House meetings' took place every two months to ensure staff were kept informed of any changes in the organisation or at Elm Road, and to discuss the care and welfare of the people who lived in the home. We saw minutes of the meeting held in August 2015 and saw that another meeting was planned in November 2015.