Polesworth Group Homes Limited

Polesworth Group 64 Long Street

Inspection report

64-66 Long Street
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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

This inspection took place on 14 January 2016 and was announced.

64-66 Long Street is a residential care home designed to support up to six people with a learning disability.

The service had a registered manager. 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 comfortable with the staff who supported them. Relatives were confident people were safe living in the home. Staff received training in how to safeguard people from abuse and were supported by the provider's safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified, minimised and flexed towards individual needs so people could be supported in the least restrictive way possible and build their independence.

People were supported with their medicines by staff that were trained and assessed as competent to give medicines safely. Medicines were given in a timely way and as prescribed. Regular checks of medicines helped ensure any issues were identified and action could be taken as a result.

There were enough staff to meet people's needs. The provider conducted pre-employment checks prior to staff starting work to ensure their suitability to support people who lived in the home. Staff told us they had not been able to work until these checks had been completed.

The provider had developed a capacity assessment tool so they could assess people's capacity if this was necessary. Staff and the registered manager had a good understanding of the Mental Capacity Act, and the need to seek informed consent from people before delivering care and support wherever possible.

People told us staff were respectful and treated them with dignity and respect. We also saw this in interactions between people and records confirmed how people's privacy and dignity was maintained. People were supported to make choices about their day to day lives. For example, they could choose what to eat and drink and when, and were supported to maintain any activities, interests and relationships that were important to them.

People had access to health professionals whenever necessary, and we saw that the care and support provided in the home was in line with what had been recommended. People's care records were written in a way which helped staff to deliver personalised care, which focussed on the achievement of outcomes. People were involved in how their care and support was delivered, and they were able to decide how they wanted their needs to be met.

Relatives told us they were able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the management team were approachable and responsive to their ideas and suggestions. There were systems to monitor the quality of the support provided in the home. The provider ensured that recommended actions were clearly documented and acted upon by undertaking regular unannounced visits to the home.

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's needs had been assessed and risks to their safety were identified. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Where people lacked capacity to make day to day decisions, the provider was in the process of assessing this. Staff understood the need to get consent from people about how their needs should be met. People were supported by staff that were competent and trained to meet their needs effectively. People were offered a choice of meals and drinks that met their dietary needs. They were able and encouraged to help prepare their own meals to support their independence. People received timely support from health care professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. Staff showed respect for people's privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with their involvement and which was regularly reviewed. Care was focussed on what people wanted to achieve, and sought to build on people's strengths and help them to do

so. People knew how to raise complaints and were supported to do so.

Is the service well-led?

Good

The service was well led.

People felt able to approach the management team and felt they were listened to when they did. Staff felt well supported in their roles and there was a culture of openness. There were quality monitoring systems for the provider to identify any areas needing improvement. Where issues had been identified, action had been taken to address them.

Polesworth Group 64 Long Street

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 14 January 2016 and was announced. We told the provider in advance so they had time to arrange for us to speak with people who used the service. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection.

During our inspection visit, we spoke with five people who lived in the home. We spoke with three relatives following our inspection visit on the telephone. We also spoke to the registered manager, the assistant manager and three care staff.

We reviewed five people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. This included medicine

records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "I feel safe here." When asked what they would do if they did not feel safe one person told us, "I would talk to the staff if I was worried about anything." We spent time observing the interactions between the people living in the home and the staff supporting them. We saw people were relaxed and comfortable around staff and responded positively when staff approached them.

People were protected from harm and abuse. Staff had received training in how to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for them to follow should they be concerned that abuse had happened. One staff member told us, "I would go straight to the management." There was information on display, including contact details of the local safeguarding team, so staff knew who to contact. Staff were clear that they would escalate concerns if no action was taken. One staff member told us, "I would go above the manager to the chief executive if I needed to. We have all the phone numbers."

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. Action plans were written with guidance on how to manage these risks, not to remove them entirely, but indicated actions which maximised people's independence. One staff member told us, "If people go out, we just make sure people know how to use the crossing." Risk assessments were clearly written and were regularly reviewed. More frequent reviews were completed when changes had been identified, for example, in response to changes in people's health and mobility. Staff knew about people's needs and risks associated with their care. They were able to tell us about these in detail.

Other risks, such as those linked to the premises, or activities that took place at the service, were also assessed and actions agreed to minimise the risks. This helped to ensure people were safe in their environment. Routine safety checks were completed for the premises, these included gas checks and checks on electrical items. Records showed that when staff had reported potential risks, these had been dealt with appropriately. Maintenance work on the home was carried out when issues were reported.

Staff knew what arrangements were in place in the event of a fire and were able to tell us about the emergency procedures they would follow. People were involved in fire drills and were given feedback on how well fire drills had gone afterwards. This helped people to understand how they should respond in future if the fire alarm went off. Fire safety equipment was tested regularly, and the effectiveness of fire drills was assessed and recorded. There were contingency plans to keep people safe if people were temporarily unable to use the building.

People told us there were enough staff to meet their needs. One person told us, "I think there are enough staff." Relatives we spoke with agreed. One relative told us, "It is well staffed. They have always got time for you."

The assistant manager told us there were enough staff to meet people's needs. They said they were able to get extra staff in if needed from other services within the provider organisation. They told us this might be

when particular events were happening. Also, if people wanted to go out, or if there was a change in people's needs which meant they needed more staff in the short term. Staff confirmed extra staff were sought when needed. One staff member told us, "There are enough staff. We get extra in for day trips and things like that."

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Staff told us they had to wait for these checks and references to come through before they started working in the home.

People told us they received their medicines when they needed them. One person told us, "Yes, like my blood pressure tablets." The assistant manager told us all new staff undertook training to administer medicines safely. Training included shadowing experienced senior staff and being observed in practice over twelve weeks. Staff's competence in medicines administration was then checked every year.

People's individual medicines administration records (MAR) included information about the medicines they were taking and what they were for. Known risks associated with particular medicines were recorded and there were clear directions for staff on how best to administer them.

Medicines were stored safely and were administered as prescribed. Where people took medicines on an 'as required' (PRN) basis, plans were in place for staff to follow so that the safe dosages were not exceeded.

Records showed medicines were checked twice daily to ensure stocks of medicines left following administration were as they should be. MAR sheets were checked monthly to ensure they had been completed correctly. These checks were used to provide assurance that medicines were managed and administered as prescribed.

Good

Is the service effective?

Our findings

People told us staff were well trained and knew how to support people effectively. One person told us, "Staff know how to look after us." Relatives we spoke with agreed, one told us, "They seem well trained yes."

Staff told us they completed an induction when they first started working at the service. This included face to face and online training, working alongside experienced staff and being observed in practice before they worked independently. Staff told us this made them feel more confident. We saw that induction training included completing the 'Care Certificate.' The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. The registered manager confirmed all staff had an induction to the service and completed induction training. They told us if a new member of staff had experience of working in a care service, they would look at a minimum of three weeks mentoring so they could be observed and ensure they had the right attitude.

Staff told us the training provided was good and helped them support people effectively. One staff member told us, "I have just done my first aid training again. Food hygiene, medication too. I have also done odd ones in between like dementia. There is always information for you to take away from training." Another told us, "I have been on training on dementia. It made me understand more about it and I think it will help me support people as it was really in-depth. We are able to ask for specific training if we need it. They would find someone to provide it."

A training record was held by the registered manager of the home, which outlined training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The registered manager told us they ensured this guidance was followed, and would also monitor what other training staff needed. They told us this was in response to the changing needs of people being supported, as well as discussions with staff and day to day observations of their practice.

Staff told us they attended regular one to one supervision meetings, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance from the registered manager. Staff told us this helped them to develop their skills and to become more confident with their roles and responsibilities. One staff member told us, "Supervisions here happen every six weeks to seven weeks."

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).

People were asked for their consent before care and support was delivered. One person told us, "Staff ask if it's ok before they do things." Care records showed that people's ability to make decisions had been assessed. For example, some people had been assessed as needing some support to manage their money. Where this was the case, plans were in place so staff knew how people should be supported. These plans focussed on how staff should support people in the least restrictive way possible. The registered manager had developed a 'capacity assessment tool' so that people's capacity to make a particular decision could be assessed and documented. They told us these could be used if there was a decision to be made, and if someone might lack the capacity to make that decision. Staff understood and applied the principles of the MCA. For example, one staff member told us, "People are all totally different here. We would involve others if we thought people didn't fully understand a decision." Another told us, "People here have capacity to make their own decisions to an extent. People have to make their own decisions but we still have to keep them safe."

Staff told us they did not think people were being restricted or deprived of their liberty. One staff member told us, "They all know their own limitations."

People were able to eat and drink independently. People told us they could choose what they wanted to eat. One person told us, "The food is excellent. If you don't like it you can ask for something else." Lunch time was calm, relaxed and friendly and there was good clear communication between staff and people. Staff sat and ate with people which encouraged and supported them to socialise. People talked about their day, and what they would be doing later. Some people who were able to communicate humorously shared jokes with staff. Food was freshly cooked and smelt and looked appetising. There was a choice of drinks which were readily available to people if they wanted them.

People told us they were supported to access support and advice from health professionals on a routine basis as well as when sudden or unexpected changes in their health occurred. One person told us, "Staff help me go to doctors, dentists, opticians, places like that." The registered manager told us they worked with an "Acute Liaison Nurse" at the local hospital to co-ordinate care and facilitate better communication with other health professionals and care staff. People had "hospital passports" which contained important information about them so that they could share this information with health professionals when they had hospital appointments. These contained information that the person might otherwise not have remembered to share. People had "Health Action Plans" in place so it was clear how good health could be maintained, and how health conditions should be monitored by staff.

Good

Is the service caring?

Our findings

People told us the staff were caring and respectful. One person told us, "They talk friendly to you." Another person told us, "They guide us." Relatives agreed. One relative told us, "They are all caring. They make sure [name] has everything they need." Another relative told us, "Yes, they are all very nice. The managers too. All of them are really good. They have done such a lot for [name]."

A member of care staff told us, "They are all pretty able so it is all about being there for them and supporting them. It's just like a family really." We saw people were comfortable with staff, and were supported in a kind and caring way, which encouraged friendship. People were happy to laugh and chat with staff and people were encouraged to maintain their independence. Staff told us the provider's values included a caring ethos, which was understood and promoted by the registered manager. One member of staff said, "I absolutely adore it. This is the best company I have ever worked for. It is more like working with family here."

People were actively involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. For example, people had signed to say they agreed with their care plans. They had also been able to decide whether they wanted to go on holiday or go on day trips instead, through supported and documented discussions with staff. Relatives told us they were involved in developing people's care plans if they were unable to do so themselves. One relative told us, "I would be involved in the care plan but [name] does it herself anyway so I don't need to. [Name] tells me everything anyway." Another relative told us, "I went last week to review [name's] care plan. [Name] was there as well."

Relatives told us there were no restrictions on when they could visit the home. One relative told us, "I can visit whenever I want to." People also went out with their relatives. This was important to people, as staff supported people who wanted to maintain family relationships.

People told us their privacy and dignity was respected. One person told us, "They knock. They don't barge in." Staff told us they were encouraged by the provider to promote people's dignity and to safeguard their privacy at all times. One staff member told us, "People have a lockable door. They also have a drawer in their room that can be locked and they have the key." Staff also told us they ensured people had the opportunity to speak with their family and friends in private if they wanted to.

Good

Is the service responsive?

Our findings

People told us staff asked what was important to them and respected and supported their choices. One person told us, "Staff help us do the things we like to do. Staff ask what you like best." One person told us, "I like my bedroom. I got to choose the colours." People told us they always liked the food that was prepared, but if they didn't, they could ask for something else. However, people did not feel involved in menu planning to ensure the meals provided were in accordance with their preferences. One person told us, "They do nice dinners and I always eat them but staff don't ask us what we would like to eat – only on a Saturday." We spoke to the registered manager about menu planning. They told us they had tried this in the past but people tended to want staff to decide on their behalf. They agreed they would take a fresh approach to this and try to get people interested and involved in menu planning.

Care plans explained people's individual likes and dislikes and how they preferred to be supported. Care plans were detailed and described individual goals and the steps they wanted to take to achieve their goals. There was also information about how staff should support them to take each step. The aim for each person was to promote their independence, with a strong emphasis on what people were able to do for themselves. Staff told us they had helped to put together people's care plans so they were knowledgeable about how best to meet people's needs. One staff member told us, "The care plans are pretty detailed and explanatory."

Relatives told us staff supported people according to their needs and responded effectively as their needs and abilities changed. One told us "They go above and beyond. If [name] has a problem they sort it out straight away." The provider was quick to respond to changes in people's needs. For example, they ensured people had the equipment they needed to be safely supported following changes in their mobility and health. A ramp had been fitted at the front of the property to help people who found it increasingly difficult to access the building using steps. People were also provided with specialist equipment in their own rooms to help them maintain their independence and to ensure their needs were met. The assistant manager told us the provider was quick to buy necessary equipment so people could return home from hospital, rather than wait for this to be provided by statutory organisations which might mean people had to live somewhere else on a temporary basis. One relative told us, "They did everything they could to make sure [name] could go back."

People told us they were supported to maintain their independence and their friendships where they wanted to. One person who had a friend that visited them told us, "We go out for walks together." You get to talk to your friends." People were also supported to develop their independence. For example, the provider had arranged for people to have 'bus' training so they knew how and where to catch buses and could travel independently. People's independence was also promoted and encouraged, by them helping with tasks around the home. For example, we saw people helped to prepare food and drinks, and also did their own laundry.

Staff told us there was a communication book where they could record information for staff coming onto the next shift. This helped staff understand any issues or concerns before they started work and supported

them in providing continuity of care.

Relatives told us people were supported to maintain social activities that were of interest to them. One relative told us, "[Name] goes out to the "Hub" [this is a local facility which offers community resources to the public] three times a week. [Name] loves that. [Name] loves being independent. They like getting the bus." One staff member told us, "People put themselves on courses at the "Hub". They are out nearly every day."

People told us they knew how to complain. One person told us, "I would talk to the staff or the manager. They do sort things out for you." Relatives told us they had little cause to complain, but that they knew how to do so and when they did, they received an effective and timely response. The registered manager had not received any complaints in the past 12 months. There was information on display about what people could expect and how to complain if they were not happy with anything. The information was in an 'easy read' format to help people to understand their rights. There were policies and procedures for staff to follow to ensure complaints were dealt with effectively. One relative told us, "[Registered manager] always sorts things out." Another relative told us, "They always sort out any problems."

Good

Is the service well-led?

Our findings

People told us they thought the home was well managed. One person told us, "Well it's to do with the management. They deal with the staff and the staff help us." Relatives and staff told us the registered manager was effective in their role and was approachable. One relative told us, "They are always trying to improve things. They are brilliant. I can't fault them at all."

Staff were positive about the registered manager and the assistant manager. One member of staff told us, "You can speak to any of the management team. They are all very approachable. I don't feel any different around managers. It is more like a team." Another staff member told us, "You always get a positive response. If you can't sort a problem out you can relay it to them and they'll give you ideas."

Staff told us they followed the registered manager's example in creating a "homely" atmosphere. One staff member told us, "Coming to work here has been a refreshing change." We observed there was a homely atmosphere where people were relaxed and calm. There were open and honest discussions between people and staff which helped people to feel valued and respected.

The registered manager was supported by an assistant manager to ensure the home ran effectively and people's needs were met. The registered manager told us they felt well supported by the provider and had regular opportunities to discuss their development needs as well as how the service was developing.

Staff told us they had the opportunity to share their views at staff meetings. Records showed staff had the opportunity to discuss the developing needs of people living in the home and share any concerns they might have. Staff told us they were listened to and that made them more likely to share their views. They told us issues were discussed, actions were agreed and progress on actions was fed back by the registered manager. One staff member told us, "We go over what has happened, what people need and if anything is needed in the house."

People were invited to complete a questionnaire every year, which the provider used to assess the quality of the care provided. We saw that questionnaires included simple questions with pictures and symbols to help people understand what they were being asked. The registered manager told us staff went through these questionnaires with people. They told us if anyone indicated they were anything other than happy with an element of their care, this was followed up with people to explore ways in which the service could improve. People and relatives were also given the opportunity to meet with the provider. This gave them a chance to talk with someone other than the registered manager if they wanted to. Relatives were also provided with quality satisfaction questionnaires so that their views could also be obtained about the care and services provided. Records of the survey carried out in 2015 included an action plan based on the themes raised. For example, one action was for managers to talk to staff to ensure they had realistic expectations of what people could do for themselves. This had been as a result of some concerns being raised by relatives that sometimes staff expected too much of people.

Relatives told us they were invited to meetings with the provider organisation so that they could share their

views and hear about developments in the service. One relative told us, "There is a meeting every year. It is very informative. They summarise what has happened over the past year and we are able to contribute."

The service was managed effectively and they were responsive to people's changing needs. The provider analysed the staffing arrangements annually to help ensure they had the right skill mix and numbers of staff. For example, they looked at staff who had started and left the organisation (including an analysis of any information people had given on why they had left). They looked at the ages of the staff to identify any trends so that action could be taken. The registered manager told us they had recently reviewed and changed how they supported people to work towards achieving good outcomes following work with the Local Authority.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.

The registered manager monitored and audited the quality and safety of the service. Incidents and accidents relating to individual people were recorded centrally and analysed by the registered manager. They identified trends and recommended actions both for individual people and for the service as a whole to help prevent them from happening again.

Records showed that unannounced provider visits were undertaken by directors on a monthly basis. This was to check that the service was run safely and effectively. Where issues were identified, actions were recommended and a record was kept of when and how these were to be completed and by whom. The registered manager was responsible for completing these actions and had to report back to the provider once they were completed.