Commonside Care Limited

Commonside Care Limited - 73 Commonside

Inspection report

73 Commonside
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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

This inspection took place on 27 November 2015, was unannounced and was carried out by one inspector. The provider is registered to provide accommodation and personal care for up to six people. People living at the home have a learning disability and some people have additional sensory impairments. On the day of our inspection five people lived at the home. At our last inspection in May 2014, the provider was meeting all the regulations we assessed.

There was a registered manager in post and she was present during our inspection. A registered manager is a person who has registered with the Care Quality

Summary of findings

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 and associated Regulations about how the service is run.

People felt safe using the service and risks to their safety had been identified. Staff knew how to support people safely and had training in how to recognise and report abuse.

People were supported to take part in everyday living tasks and to do the things that they enjoyed. The risks associated with these activities were well managed so that people could undertake these safely and without any restrictions.

People had their medicines when they needed them and staff were trained to do this safely.

The staffing arrangements were flexible and ensured that people had the support they needed both to meet their needs and in order to pursue their interests.

Staff had received a full induction, appropriate training and support and were knowledgeable about the needs of people.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The associated safeguards to the Act require providers to submit applications when needed to the local authority for approval to deprive someone of their liberty. The registered manager and staff we spoke with understood the principles of the MCA and associated safeguards. They understood the importance of making decisions for people using formal legal safeguards.

People were actively involved in choosing their meals, shopping and cooking so that they had control over what they ate.

People had health action plans which showed how their health needs were met. They had experienced positive outcomes regarding their health because specialist health professionals had been consulted and staff took preventative action to keep them fit and healthy.

People had positive and meaningful relationships with staff who they had known for many years. People confirmed staff were always kind, attentive and caring.

We saw that people were treated with dignity and respect. Staff observed people for non-verbal communication so that they could meet their needs. Staff had supported people to express their views on the care provided and this had led to their care being tailored to meet their needs.

Staff knew people well and understood their individual needs and preferences. They knew how people communicated their needs and if people needed support in certain areas of their life.

People were supported to pursue their individual interests and hobbies with the support of staff.

There was a complaints policy in place and staff were aware how they could support people to communicate if they were unhappy about something. We also saw that people had named family or representatives to advocate for them.

Regular checks had been undertaken to maintain the quality of the service. The registered manager and director had actively looked at ways to benefit the lives of people living at the home. They had organised staffing to accommodate people's lifestyles and choices. People were happy about how the home was managed and staff had the support and training to be able to provide a service that was based on promoting people's quality of life. This meant that people were benefiting from a service that was continually looking at how it could provide better care for people.

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.

People felt safe living at the home. Staff knew how to keep people safe and had supported people with their own safety outside of the home.

Potential risks to people's well-being were well managed.

Staffing levels ensured people were safe and could enjoy their chosen lifestyle.

People received their medicines when they needed them and in a way that was safe.

Good

Is the service effective?
The service was effective.

Staff had received the training they needed to support people effectively.

People's liberty was not unnecessarily restricted and people were actively supported to make choices about their day to day lives.

People had access to healthcare professionals to ensure they received appropriate support.

People were provided with meals they enjoyed that were varied and nutritious.

Good

Is the service caring?
The service was caring.

People experienced positive relationships with staff who knew them well.

People's privacy and dignity was respected and their independence promoted.

People were supported to maintain relationships with people important to them.

Good

Is the service responsive?
The service was responsive.

People were actively involved in planning their care and their views were acted upon.

People were supported to pursue their social and recreational interests.

Arrangements for listening and responding to people's experiences and complaints were in place.

Good

Is the service well-led?
The service was well led.

The manager's inclusive style placed people at the centre of their focus so that everything revolved around people's needs.

The quality of the service was monitored and focused on enhancing the lives of people living in the home.

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 inspection took place on 27 November 2015, was unannounced and was carried out by one inspector.

We looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any safeguarding matters.

We asked for information about the home from the local authority who is responsible for monitoring the quality and funding of placements at the home.

We spoke with four people who used the service, the registered care manager, the director and two staff members. We looked at the care records and medicine records for two people, meeting minutes, accident and incident records, complaints and compliments records, two staff files for training and recruitment and records related to the quality monitoring systems. In addition we observed the delivery of care to people throughout the day.

Good

Is the service safe?

Our findings

People we spoke with told us about the things that made them feel safe. One person told us, "The staff make me feel safe; they make sure no one hurts me". Another person told us, "We talked about keeping me safe when I go out, meeting new people, and looking after my own money".

We saw that as staff arrived on duty people who lived at the home actively greeted them with smiles and were eager to tell them about their day. This clearly indicated that people were happy to see staff and they looked relaxed in their presence. We saw that the views of people's relatives and external professionals about people's safety had been captured in the provider's recent survey. The feedback was consistently positive and centred on the standard of care provided; the environment, staff approach and management of the home. The approach to the safety of people was described as 'excellent'. It was the view of one relative that, "We are all happy and confident that the staff have [person's name] interests at heart". Another relative commented, "We couldn't ask for anything better".

Staff we spoke with were knowledgeable about safeguarding and whistle blowing procedures. They had had training and were able to tell us how they would respond to allegations or concerns that abuse had occurred. They recognised that changes in people's behaviour or mood may indicate that people were afraid, being harmed or unhappy. One staff said, "We [staff] understand our role and responsibilities in keeping people safe; as a team we regularly discuss and refresh our knowledge, none of us would hesitate to report concerns". There had been no safeguarding concerns at the home.

We saw that risks to people's safety were well managed and that care had been taken to minimise potential restrictions on people's choices. This ensured people were supported to take part in everyday living tasks they enjoyed and risks were managed in a structured way. For example we saw people accessed the kitchen to make drinks and prepare or cook food. We saw that staff were aware of people's sensory disabilities such as epilepsy, balance sight or hearing impairments and that these had been considered. We saw staff supported people in accordance with their written plan to do the things that they wanted to. One person told us, "I like helping in the kitchen. I have staff with me when I make a drink and prepare food but I can't use the cooker because it's not safe for me".

We saw that people were protected from the possibility of harassment or potential abuse whilst outside of the home. For example one person's detailed risk management plan provided step by step guidance to enable the person to achieve this for themselves safely. The person told us, "Staff helped me to be safe when I am out. We talked about the things I need to do to keep myself safe and the things other people might not like". This showed the person had been supported with insight into the behaviours that might make them vulnerable within the community. Care records we looked at showed that risks to people had been thoroughly assessed and included input from health professionals from the community learning disability team so that people benefitted from having care plans that supported their safety and welfare.

We saw that the registered manager had a consistent approach to the review of people's safety. We saw this included an analysis of accidents and incidents such as falls. For one of the people this had included the impact of deterioration in their health and the action needed to reduce the risk of injury within the living environment; specifically use of the stairs. We saw the registered manager had sourced equipment such as handrails and a body belt to support the person on the stairs. We saw specialist advice from the occupational health professionals had also been sought for another person to reduce the risk of falls in their bedroom and in the bathroom. Staff we spoke with were able to describe the precautions they needed to take to reduce risks and we saw this was detailed in people's care plans. Staff records showed they had training in the use of equipment so that people benefitted from having their specialist health care needs met in a timely manner to ensure their safety and welfare.

There were enough staff on duty to meet people's needs and keep them safe. Staff told us there was enough staff available throughout the day and night to make sure people received the care and support that they needed. We saw that staffing levels had been increased to meet the needs of a person who required two staff to support them. One person told us, "I go to clubs, out for lunch, to play pool; there is always staff coming in to take us out". We saw the staffing levels were ensuring there was enough staff available to meet people's individual needs as well as supporting people to do the activities they wanted. The registered manager did not use agency staff but had

Good

Is the service safe?

arrangements in place to make sure there was extra staff available in an emergency. We saw the company's director also worked regularly in the home which promoted the opportunities available to people for spontaneous activity.

Recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with a newly recruited staff who confirmed that reference checks and Disclosure and Barring Service (DBS) had been undertaken before they had started work. The staff member told us, "References and a police check were carried out before I was able to start work". We saw from staff files that the provider's recruitment processes contained the relevant checks before staff worked with people.

We asked people if they had their medicines when they needed them. One person told us, "Yes, I have some medicine every day". Another person said, "If I was sick I would get medicine from the doctor and if I was in pain I would tell staff and they would help me". We found the systems in place for managing medicines in the home were safe. We saw that people's medicines were stored safely and that staff had received training to administer medicines safely. People's medicine records had been completed to confirm that people had received their medicines as prescribed. Some people required medication on a 'when required' basis. Staff knew when people would need their 'when required' medication and written guidance on when to give this medication was available. We also saw that people's communication methods had been recorded so that staff could tell from their body language or gestures if they were experiencing pain. We saw that there were systems in place to support people's right to self-medicate but due to people's complex needs no one currently looked after their own medicines.

Good

Is the service effective?

Our findings

We asked people if they liked living at the home and if they thought the staff knew how to support them. One person told us, "Yes, I have problems with my hands and they [staff] got me special help and now I go to the gym three times a week to help me".

All of the staff spoken to said that they had received the training they needed to be able to do their job. One member of staff said, "The manager is fantastic she always makes sure we get the training we need; especially now some people have developed other medical conditions". We saw that some people's needs had changed significantly due to the onset of age related health conditions such as dementia and Parkinson's disease. The registered manager had a proactive approach to staff members' learning. For example information and training was available to staff to support their understanding of how these conditions affected the individual. This included the signs and symptoms and what they needed to do to meet people's needs.

We saw one of the people engaging in a chosen activity. Staff were able to tell us that this activity was an intervention designed to support the person to re-trace skills they previously had in an attempt to maintain their memory, skills and reduce their anxiety. This was having a positive impact on the person's quality of life and showed staff had applied their skills and knowledge in meeting the specific needs of the person. The registered manager had links with specialist organisations that provided specific guidance and training linked to best practice in the delivery of people's care. For example a psychologist provided training on the importance of providing structure for one of the people. A staff member said, "We just want to make life easier for people so our learning is important". Training records showed that staff had also completed varying levels of recognised qualifications in health and social care to a level to meet people's needs.

Staff told us they had an induction when they started working at the home which included working different shifts so that they became familiar with people's needs and routines. We spoke with a newly recruited staff member who confirmed their induction included shadowing established staff. There was documentary evidence that the registered manager had implemented the new Care Certificate to enhance their induction process. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care. The staff member confirmed they were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs.

Staff told us the registered manager was exceptionally supportive, that they were listened to and had regular supervision to reflect on their care practice and training needs. All staff had an annual appraisal of their performance. One member of staff said, "The support here is brilliant, it's all based on making sure we do the best for people".

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 staff had received training in the (MCA) and had attended best interest meetings to aid their understanding of this process. There was documentary evidence to show best interest meetings included the person, their representative and external professionals to make sure decisions were based on the health and safety needs of the person. We saw that staff were seeking people's consent. They could interpret people's actions that showed them the person agreed to the support being offered. This meant people's consent was being obtained.

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 saw that the registered manager had made an application to the supervisory body responsible for authorising restrictions placed upon a person. At the time of our inspection they were waiting on an assessor from the local authority for one person who did not have the capacity to consent to living in the home. This showed us that staff were working in line with this legislation.

People told us they loved the meals and were fully involved in planning the menu, shopping for food and cooking meals. One person said, "We make a list and go shopping

Good

Is the service effective?

for the things we like, sometimes we order food and it is delivered". We saw arrangements for online and actual shopping were taking place with people. Menus were planned in consultation with people, one person said, "We decide about it in meetings". We confirmed from meeting records people were regularly consulted. Some people used photographs of food and food items to make their choices. We saw people were freely accessing the kitchen for drinks and one person told us, "Sometimes I make cakes, but I always help put the shopping away and cut up vegetables". Staff spoken with were aware of people's food likes and dislikes and risks associated with choking due to conditions such as epilepsy. We saw that staff were vigilant when supporting people at mealtimes and in the vicinity of the kitchen. People had regular opportunities to eat out and staff were able to describe how they supported people in a discreet manner.

People had a health action plan, [HAP] which identified how, who and when their health needs would be addressed. People told us about health professionals they saw regularly such as community learning disability nurses, psychiatrist, dentist, opticians and GP. We saw people were supported to access specialist health practitioners for their complex needs such as the epilepsy nurse and other wellbeing checks had been undertaken. A person told us, "I go to a group to privately discuss my needs". We saw good use was made of resources to promote people's health and well-being.

Good

Is the service caring?

Our findings

People consistently described the staff in positive terms. One person told us, "They [staff] are like my family they are really nice and kind to me". Another person told us, "I do so much more since I came to live here; they [staff] are very good staff, kind and help me a lot".

We saw staff were caring and thoughtful because they listened to people and responded to the things that mattered to them. For example we saw a staff member arrived to work with a book they had purchased for a person because they knew the person had wanted it and it would make them happy. A person told us a staff member was coming in to take them shopping for a new Christmas outfit and they were very excited about that.

We observed that there was a high level of engagement and interaction which was warm and inclusive and involved everyone having a say about their day. For example we heard staff speaking with people and seeing what they wanted to do and supporting them to do it, such as going out for lunch. It was evident that staff worked hard to ensure they could accommodate people's requests and we heard from people that it was a caring approach.

We saw that staff supported people to make choices and decisions about their lives. For example we heard people being offered choices of activities, choice of food and drinks. We saw that people had been involved in planning their day/week and that these were monitored to ensure planned opportunities took place. One person told us, "They are very good at listening and helping; I love pool and they take me to a club". We saw another person had been supported to join a gym. People's lifestyle choices were central to the care being delivered and everyone we spoke with told us they were happy that their views were listened to and acted upon. Staff were able to describe to us how they sought input from advocacy services to represent people's interests where they were unable to do this for themselves. We saw that the services of an advocate had been considered and recognised to represent one of the people.

People were supported to maintain their independence. One person told us, "I look after my money but staff help me to do it". We saw staff were attentive when supporting the person with their budgeting skills for a shopping trip; they helped them to count it out and assured them there were sufficient funds. We saw people were supported to help with cooking, shopping and domestic tasks such as cleaning their rooms and managing aspects of their laundry. People had access to all areas of the home including the kitchen to access food and drinks independently.

We saw staff promoted people's self-esteem. For example we heard staff discussing a person's preferred style of clothing and where they could purchase this to ensure it was to the person's liking. We saw people had been supported to a high standard with their appearance; dressed in individual styles that reflected their age and gender. A person told us, "When I want to go to the hairdresser staff take me". This showed that staff recognised the importance of how people looked and felt about themselves.

Staff interpreted people's body language and behaviour and knew when people were becoming anxious. We saw staff provide comfort and reassurance to reduce people's anxiety and people responded to this. One person told us, "If I get worried I talk to staff and they help me". Another person told us, "I am very happy living here; the staff are really great it's like a family".

People's privacy was promoted. People had their own lockable bedrooms so that they could spend time alone if they chose. Arrangements were in place to support people with their personal mail, bank accounts and finances and staff were aware of protecting people's confidentiality. A person told us, "Staff helped me to save money for things I wanted which was great".

We saw that each person had a personal care support plan which detailed where they needed help and the routine that they preferred. One person told us how they were supported each morning which showed they had a routine they were happy with. The person said, "I like to get up first and the staff help". Staff knew who required support with their dignity and we saw that they ensured they supported people at specific times during the day to meet their personal care needs and protect their dignity.

People told us they were supported to maintain relationships with people who were important to them. Staff helped people to buy and send birthday cards to their relatives and people were also supported to visit their relative's homes using the homes vehicle which enabled then to access places more easily.

Good

Is the service responsive?

Our findings

People told us that they had been involved in discussing and planning their care. Care plans were personal to the individual, descriptive and considered people's complex needs. There was detailed guidance to staff in providing care based on best practice for people's conditions such as their autism, dementia, Parkinson disease and epilepsy. This ensured staff understood how to interpret and understand people's wishes and support them in the way they wanted.

We saw care plans contained detailed information about people's likes and preferences and how they wished to be supported. Regular meetings had taken place with people to review their plans. One person told us, "If I tell staff the things I like they help me to do them". This enabled people to express their views and discuss their lifestyle choices. We saw that people had been supported to identify outcomes personal to them such as participating in community amenities, and living more independently. We saw people had been assisted to identify and access specialist resources to support their needs in relation to their health, wellbeing and sexuality. People's plans were presented in a format suited to their needs to aid their understanding.

Our discussions with staff showed they knew people well and knew how they liked to receive their care. This was supported by what people told us about their routines and preferences and showed that people did receive effective individual care and support. Staff were able to describe how they used individual communication passports which gave them directions about how people communicated their needs. For example if a person wanted an object they would 'look' at that to alert staff, if they were in pain they would make vocal sounds, if they rubbed their chin they were tired. We saw staff were able to interpret and understand a person's wishes and needs and supported them in the way they wanted which followed what we saw in their care plan.

Relevant family members had contributed to care reviews. We saw that care was focussed on the needs and choices of the individual person and as such people retained control over who attended their review and what aspects of their life they wished to remain confidential. Staff we spoke with were aware of promoting people's rights in this area. We saw that decisions about how people preferred to manage their health and personal life choices were not communicated to other parties without their decision to do so. This demonstrated that staff empowered people to make their own decisions about the care provided to them. This proactive approach reflected that staff had worked in partnership with people to promote their involvement.

People had been supported to follow their interests. They told us about their individual interests and how they were supported to pursue these. People had a variety of things they liked to do which were planned on a regular basis. For example accessing social clubs, the gym, playing pool. Some people had been supported to purchase day services which they funded privately which provided them with recreational pursuits such as swimming.

We saw there was a high level of spontaneous activity such as shopping, going out for lunch or meals as well as attending places of interest such as the theatre or day trips. On the day of our inspection we saw that the staffing levels were flexible enough in order to accommodate people's wishes. For example two people went out for lunch when they requested this, another person went Christmas shopping and another person attended an appointment. We saw the registered manager ensured she planned rotas so that staff could provide person-centred care.

We asked people what they did if they were not happy with something. One person told us, "If I wasn't happy I would tell [name of staff]". We saw that a complaints procedure was available in a written and pictorial format. No complaints had been made about the home. Staff were aware that some people would be unable to make a complaint directly due to their communication needs and level of understanding. However people's care plans contained information about how staff could support them to communicate if they were unhappy about something. We also saw that people had named family or representatives to advocate for them. Regular opportunities to discuss people's experiences were evident which provided a platform to identify if there were any concerns making people unhappy.

Good

Is the service well-led?

Our findings

The home was owned and managed by the registered manager in partnership with the company director. Both had daily contact with people and worked alongside staff on a daily basis. The majority of people had lived at the home for a number of years. People told us that this was 'their home' and we saw that this was clearly demonstrated by the style of management.

There was a positive and inclusive culture which ensured people received person-centred care and support. The registered manager had a clear set of values which we saw that staff understood and put into practice. This was evidenced by the positive interaction between staff and people and the high level of involvement of people in their own care. These values had been used to shape the service delivery. For example staff ensured all aspects of people's care such as their dignity, independence, safety and life choices were respected this meant people were at the centre of the service and everything revolved around their needs. Flexible staffing levels ensured that people could act spontaneously and get the support they needed to enjoy their choices.

The registered manager had ensured that the views of people using the service, their families and external professionals had been regularly sought via surveys. The results of these told us that people highly rated the positive approach of staff, the high level of care provided, and the excellent social opportunities available to people. A parent had commented, "We want to thank you from the bottom of our hearts for supporting [person's name]; gives us peace of mind". We saw that people's views about the service were also sought through key worker meetings and reviews. Daily communication with people ensured staff had regular feedback from people and this led to their wishes always being considered.

Staff were aware of the whistle blower procedures to report concerns about the conduct of colleagues, or other professionals. Staff were confident that the registered manager would support them with any concerns. A staff member told us, "The manager has really high standards and checks we are doing things right; she would never allow bad practice, to be honest none of us would". Staff were highly motivated and received the training and support they needed to meet people's needs. Staff reported that they 'loved' working in the home and that the registered manager was committed to providing a quality service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had made us aware of notifiable events and our checks showed that they had taken appropriate action. The registered manager had kept themselves up to date with new developments and requirements in the care sector. Our discussions with the registered manager showed they were aware of the new Care Certificate and they had introduced this with new starters to improve the induction process. The registered manager was aware of the new regulation regarding the duty of candour.

Quality assurance and monitoring of the home was well established and carried out both on a daily basis and via regular audits. We saw that they had proactively focused on the needs of the people within the home and decisions about the future care needs of some people. This showed that their vision for the future was centred on the future needs of people who lived at the home. The registered manager had links with specialist organisations that provided specific guidance and training. This enabled them to follow best practice in the delivery of people's care.