Winslow Court Limited

195 Ashby Road

Inspection report

195 Ashby Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected 195 Ashby Rd on 03 March 2016 and it was an unannounced inspection. This was their first inspection. The home provides accommodation and support for up to ten young people with learning difficulties and complex needs, focussing on transition to a more independent life. At the time of the inspection there were six people living in three separate apartments on different floors of the building.

The home had a registered manager in place. 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 kept safe by staff who understood their responsibilities to protect them. Each person had a key worker who met with them weekly to check that they were safe and had no concerns. Pictorial posters helped to explain to people how to raise a concern or make a complaint. They were also supported to make choices about their care and what they wanted to achieve. They planned their week to make sure they developed their independence and did the activities that they liked. They had care plans in place to support this and they were involved in reviewing these regularly.

We saw that there were enough staff working at the home and that those staff had been recruited following procedures to check that they were safe to work with people. They received training and support to ensure that they could support people well. We saw that they had positive relationships with people and that they used specialist equipment to assist people to make choices about their care. People were supported to make their own decisions and if they were not able to do so then decisions were made in their best interest with people who mattered to them.

Risks to people's health and wellbeing were assessed and actions were put in place to reduce them so that people could lead as independent lives as possible. When interventions were needed to protect people from behaviours that could harm themselves or others these were done by trained competent staff. The analysis of the incidents was thorough to identify trends and actions were put in place to reduce them. Medicines were given to people safely and records were well maintained and managed.

Staff supported people to maintain their health. We saw that individual preferences were included in menus and that people were given choice about their food and drink.

People and staff told us that the registered manager was approachable and listened to people. The registered manager had implemented a range of systems to monitor and improve the quality of the service. This included responding to complaints and implementing actions from them.

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 is safe.
People were kept safe by staff who knew how to identify abuse and report it. Risks to their health and wellbeing were assessed and action was taken to reduce the risk. Medicines were managed and administered safely by staff who have been checked to ensure they were safe to work with people.

Is the service effective?

Good

The service is effective
Staff knew how to support people and ensure that their health and wellbeing was supported. People were supported to make decisions for themselves and if they were not able to do this then decisions were made in their best interest with people who were important to them.

Is the service caring?

Good

Is the service caring?

The service is caring
People were supported in a kind, patient and respectful manner. They were supported to communicate their choices about the care they received and their privacy, dignity and independence were promoted.

Is the service responsive?

Good

The service is responsive
People led active lives and were involved in planning and reviewing their care. Any complaints or concerns were responded to and action was taken.

Is the service well-led?

Good

The service is well led
Systems were in place to assess and monitor the service to improve the quality of care and support for people. There was an inclusive culture and people and those important to them contributed to the development of the service.

195 Ashby Road

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.

One inspector and an expert by experience completed this unannounced inspection on 03 March 2016. The expert by experience had personal experience of using or caring for someone who used a health and social care service.

The provider had completed 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 used this information to help us to plan our inspection and come to our judgement.

People who used the service had complex needs and some people were unable to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received, and how the staff interacted with people. We spoke with three people who lived at the home and with four relatives about their experience of the service. We looked at six people's care records to check that the care they received matched the information in their records.

We spoke with three healthcare professionals who supported people who lived at the home to gain their feedback on the care provided. We spoke with seven members of staff; including four support workers, one senior carer, the deputy manager and the registered manager. We reviewed three staff files to see if they were regularly supported and that recruitment procedures were followed to check that staff were safe to work with people. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Good

Is the service safe?

Our findings

We saw that people were kept safe in their home and protected from abuse. A relative we spoke with said, "They are happy here, looked after and safe". We saw that people had been supported to agree 'house rules' where they described what behaviour they expected from each other and what they didn't want; these were displayed in their home. There was also information about who to speak to if they were unhappy or if someone had upset them. The information used symbols and pictures to help people to understand it. We saw that this was reinforced in meetings where people were asked if they were upset and if they felt safe. One set of minutes we looked at recorded, 'We do feel safe'. This showed that people were being supported to understand what keeping safe meant for themselves and others and that they were encouraged to raise concerns.

Staff we spoke with understood their responsibilities to keep people safe. One member of staff said, "We have training in safeguarding and I would raise any concerns with the manager and there is also a poster with contact numbers on the wall". They were also aware of the whistleblowing policy and another member of staff said, "We are always reminded about whistleblowing but it doesn't get to that because the staff are good at picking each other up about things". Records demonstrated that the registered manager had made referrals to the local authority safeguarding team when needed. One healthcare professional we spoke with said, "After safeguarding they are learning and taking things on board. They weren't asked to but they organised additional training for staff as an extra precaution". We saw that the registered manager recorded the outcomes of investigations and also the actions taken as a consequence to avoid repetition. In the PIR the provider told us that they were implementing a new online safeguarding recording system which would improve their ability to analyse the incidents and respond to identified trends.

Staff we spoke with knew about people's individual risks and what actions they should take to support them safely. One member of staff we spoke with said, "We have a plan to know what's needed when we go out". Another member of staff showed us the 'grab bag' that they took with them when they support people out of their home which contained emergency contact details as well as some personal items. We saw that people had plans in place to support them to manage behaviour that may be a risk to them or others. We observed one person being supported by a member of staff to manage their behaviour through distraction. The staff member also requested assistance and with the additional support they were able to diffuse the situation by guiding the person to a calm space. We saw that this approach matched the guidance that staff were given in the person's plan. A healthcare professional we spoke with said, "Since moving here [name] behaviours have decreased along with the number of interventions needed to help to manage it". This showed that the plans devised to protect people from harm were effective.

Staff we spoke with told us how the communication system in place enabled them to let each other know of peoples movements which helped to keep them safe. One said, "When practising for the fire drill we use the walkie-talkies to ensure that people who have been assessed as being of risk to each other don't meet". We saw that people were included in keeping themselves safe from risk. In a kitchen one person, who was preparing a meal could show us different coloured chopping boards that they used to prepare food and the stickers that they dated and put on food which had been opened or cooked before it was stored. This

meant that they were protected from the risks associated with poor food hygiene.

Staff told us that incidents and accidents were reviewed. One member of staff said, "They are very thorough when investigating incidents". Another said, "We have a debrief after an incident to check that the person is ok and think about what we could have done differently". Records we looked at confirmed that plans were altered to reflect changes in people's needs when necessary so that they could continue to be protected from harm.

We saw that the premises and equipment was managed to avoid any harm to people. For example, the vehicles belonging to the house were fitted with a tracker so that the provider could be assured that staff were driving carefully when they were supporting people and protecting them from the risk of a traffic accident. We observed the annual fire assessment had taken place and the registered manager told us, "We are really pleased that we have met the standards and have no recommendations for improvement". This meant that all actions to protect people from the risks associated with fire had been implemented to keep them safe. We also saw plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided guidance and levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to people's individual's needs. Staff we spoke with were aware of the plans and the level of support people would need.

Relatives that we spoke with told us, "There are always enough staff on duty and they have time to spend doing things with them". We observed that staff were not rushed and could give people time to complete tasks or do activities. Staffing levels were assessed to meet people's needs and there was flexibility to ensure that people could do the activities that they wanted whilst keeping them safe, for example we saw that two staff were available to support someone with their shopping.

We saw that recruitment procedures were followed to ensure that staff were safe to work with people. Staff told us their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff said, "I brought my information in at the interview a good month before I started so that the checks were done". Records that we looked at confirmed this.

We saw that medicines were managed safely. One relative we spoke with said, "They always have their medicine when they should". We observed that medicine was administered in a patient manner; the member of staff explained it to the person and asked them if it was ok. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated with them. Some people had medicine as part of their plan to manage behaviours that could be a risk to them or others. The plan we reviewed described how the person's behaviours may increase and when and how the medicine should be given to prevent further escalation. The purpose of administration was recorded and reviewed. A member of staff said, "We look at the records to ensure it is used correctly as preventative". We reviewed the records and saw that behaviour was not inappropriately controlled with medicine.

We saw that information was displayed in the medicine room to support staff to manage medicines safely. There was a monthly planner on the wall which demonstrated when orders were needed or due at a glance. There was also a medication guide which had been developed by the member of staff who took additional responsibility for medicines. They said, "It promotes good practise and means staff have something easy to look at to remind them – for example if you are booking in meds you can take it down and follow it".

Good

Is the service effective?

Our findings

Relatives we spoke with told us that staff knew how to support people. One said, "They are knowledgeable and know them well". Staff that we spoke with told us that they were equipped to do their job through training and line management support. One member of staff said, "We have absolutely loads of training". Another described how different methods of training had helped to develop their competence in medicines management. They said, "It has been really good. I did online learning and then I am assessed every year by the company's health promotion manager, who is a qualified nurse, on my own practise and my ability to assess others. Other staff have a medicines awareness day where they use everyday scenarios to problem solve – like the wrong blister pack". Another member of staff talked about the training that they had to keep people safe from behaviours that may harm them. They said, "I feel safe using those techniques and it is safe for the people. The training is really good". A newer member of staff said, "I had two weeks training when I started. Then I shadowed some shifts and now I am doing the care certificate and the senior is assessing me through observation". The care certificate sets out common induction standards for social care staff. It has been introduced to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

In addition to organised training the provider had developed other ways to develop the staff team's knowledge and skills. There were opportunities to share best practice and one member of staff told us, "To develop me I have had the opportunity to visit other sites and look at what they are doing". They had also collaborated with one person's family for them to provide training to explain the condition that they lived with from their perspective. They had small team training days once a month to update staff on topics or to discuss and review plans in place to support people. One member of staff said, "It's good because it is a chance to put across your opinion and things you might not agree". Another said, "Staff here are passionate about the people and the job and want to get it right".

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 provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people lacked capacity to make certain decisions, their capacity had been assessed and decisions had been made in their best interests. Symbols and pictures were used to assist some people to be involved in these decisions. Six people had their liberty legally restricted. We saw that DoLS had been granted and that staff were knowledgeable about them and how to support people in line with them. They were cross referenced with other care records that we reviewed. This included defining how restrictions on people could be legally

used and how it should be authorised and recorded. We saw that staff were conscious of minimising any restrictive practise and that there were incidences of it being reduced for people for example, reducing the number of hours that somebody received support from two staff.

We saw that people had their nutritional needs met. There was a flexible, relaxed approach to mealtimes and people were supported to prepare their meals and choose what they wanted. One person we spoke with said, "This is one of my recipes and I cooked it from scratch". We saw that people had been supported to design a menu which had three options for the evening meal. The people in each apartment cooked one of the meals and people could choose which of the three options they would like. The registered manager said, "Organising it like this means that people are trying new meals and also having a balanced healthy diet". The plan included themed nights and one person we spoke with said, "My favourite is Japanese". There were snacks available throughout the day and people had their own cupboards to keep their food in.

We saw that people had their healthcare needs met. They had regular appointments and they were supported to understand what they were for. For example, there was a resource that staff could use with people before an appointment that had photos explaining procedures such as taking blood. One healthcare professional we spoke with said, "They implement plans as agreed and feedback any difficulties. Any recording is done and sent in a timely manner". Records we reviewed confirmed this.

Good

Is the service caring?

Our findings

We saw positive caring relationships between staff and the people they supported. One person we spoke with said, "My carers look after me". A relative said, "They are the happiest here. They are never upset when I leave them and they are happy to come back". Another relative told us, "The quality of care is fantastic". A healthcare professional we spoke with said, "The staff relationship with people is very caring". Staff we spoke with knew people well and could describe their preferences as well as things that could cause them distress. We saw that they shared jokes and spoke to people about their favourite subjects and there was a friendly atmosphere. People had celebrations for special occasions and we saw display boards with photos and certificates of their achievements. People were supported with their spiritual needs, for example one person was supported to attend a Sunday church service.

We saw that people were supported to make decisions about their care and support. There were specialist methods of communication in place for some people to support them to do this. For example, we observed one person engaged in an activity who used a symbol on a communication board to express that they wanted to change to another activity. We saw that some people had photos and timetables on their bedroom doors so that they could plan what they were doing and which staff would support them. One person had a 'Don't wake me up' sign that they could choose to hang if they wanted a lie-in. Some people had support from independent advocates to assist them to express their wishes about their care and to make decisions; which ranged from where they lived to where they wanted to go on holiday. An advocate is a person who is independent of the home and who supports a person to share their views and wishes.

We saw that people had their dignity and privacy respected. Staff knocked on people's doors before entering and when we asked people if that always happened they nodded to show that it did. One member of staff described to us how they supported someone with their personal needs and it included pulling a curtain to respect their privacy while they did some tasks independently and then providing support when required.

People's dignity was upheld by reinforcing that it was their home and they were involved in all decision. One person told us, "I like sleeping here" as they showed us their bedroom that they had chosen how to decorate. The front door was only used by people who lived at the home and everyone else entered the building through a back door. People were encouraged to spend time with their families and one relative said, "We can turn up at any time and we are always welcomed"

Good

Is the service responsive?

Our findings

People were supported to pursue their interests and take part in social activities. We saw people being supported to go out to do activities, such as a country walk. There was a sensory room where people chose to spend some quiet time or do craft activities, play games or watch TV. Staff that we spoke with could tell us about peoples' interests; For example, one person liked a specific film type and another was planning a theatre trip to see their favourite performance. One relative we spoke with told us, "They really enjoyed the music festival that the company organised last summer and they got to camp with their friend". Some people had organised activities in the week, for example, one person went to college three days a week. Another person had a school room set up in their apartment with a desk and books to support them with the transition to the new environment and they spent time working there in the day.

We saw that care plans were personalised and contained the information that staff needed to be able to support people in an individualised way. One member of staff told us, "I have not been here long and the care plans have really helped me to find out about people and know what support they need". People also had transition plans in place which set long and short term goals to help them learn the skills they would need to live more independent lives. Some people were completing accredited learning at home to support this. We saw that people were supported to participate in daily tasks such as laundry and cleaning and one healthcare professional we spoke with said, "They have really developed their daily routines and are doing things like shopping now".

We saw that people's needs were assessed before they moved into the home and that the transition was planned for them and may include taster days and visits. One person was moving in very shortly and the registered manager told us, "Once we had it confirmed, the person asked me to put their photo on their bedroom door. I did this and sent them a photograph of it and they said they already feel as though they belong".

People told us they had their plans reviewed and that they were involved in planning a meeting to do this. They were supported to choose who to invite and decide what they wanted to talk about and what they wanted to achieve in the future. They also had weekly keyworker meetings to check that they were happy with everything and to plan their activities for the next week. A keyworker is a member of staff who takes additional responsibility for one named person. One person demonstrated that they knew who their keyworker was when we asked them, by pointing at them and smiling. The records that we looked at showed that this process had been followed and we saw people doing the activities that they planned. Reviews also took place to address peoples changing needs or when concerns were raised by relatives.

We saw that there were enough staff to be able to meet people's needs and that there was flexibility to adapt to peoples changing needs throughout the day. One relative we spoke with said, "Their needs are met". We observed the staff handover and saw that information about people was given in a respectful positive manner. The afternoon support from staff was planned in light of how people had been in the morning, so that it was what they wanted and took account of how they were feeling.

We saw that people were supported to understand how to complain if they were unhappy. There was a pictorial guide in each apartment and regular meetings with people. There was a suggestions box by the entrance for staff and visitors to make comments. Any complaints that were received were investigated and actions were put in place to resolve them. We saw that the provider was transparent and apologised for mistakes and put actions in place to try to avoid repetition. In the PIR they said that they had improved how they collated and analysed complaints by setting up a computer system. This would enable them to use the information to drive service improvements.

Good

Is the service well-led?

Our findings

There was a registered manager in post and people knew who they were. We saw that people were comfortable around them and from conversations it was evident that they knew them well and what was important to them. Relatives we spoke with knew the registered manager and one said, "They always respond to you and try to sort things out".

There was an open inclusive culture in the home. Staff told us that the management team were approachable and supportive. One member of staff we spoke with said, "They are open to suggestions; I asked for us all to practise a conversation in Makaton because it can be a trigger for someone if people don't understand them and this has been planned into the training on a Tuesday". Relatives we spoke with told us that they were listened to and included. One had suggested trialling a new therapeutic approach to support someone and the registered manager had worked with them and the specialist organisation to put it in place. There was a newsletter for each person which shared information about their achievements and this was shared with important people to them with their permission. One relative said, "It's really important to us to know what they are doing and by keeping us informed they are going above and beyond what we expect".

People had regular house meetings to make decisions about their home. Some people didn't like to meet in a group and they were supported to give their opinions on an individual basis. They made choices about the shared space together and were also supported to give feedback about their care in their reviews and keyworker meetings.

The staff we spoke with told us that they had regular supervisions and that the management team cared about their development. One member of staff said, "I have been really supported in my needs and the manager has helped me with the equipment I require and let me choose the most supportive environment to do some training". In the PIR the provider told us that they motivated the senior staff by offering them additional responsibilities and management level qualifications. Another member of staff told us, "I have supervision every month and the registered manager comes in to meet me on my night shift and we go through what we want to achieve. I have been given extra responsibilities like revising the care plans". The registered manager said, "It is really important to us that our staff are supported to do a good job, so we make sure we do things like staff observations and re-visiting training objectives three months later to check that they are confident".

The registered manager carried out comprehensive quality reviews and had action plans in place when improvements were needed that were being monitored and reported on. They had delegated 'champion' roles within the staff team so that responsibilities were shared and staff could develop areas of expertise. We saw that this was effective in driving improvements as in the PIR the provider told us that they had been rated as outstanding in their medication audit since the champion was in place. There were plans to develop the audit process to enable them to respond more efficiently, for example they were piloting a new database which helped them to review incidents and interventions needed to help people to manage their behaviour.

The provider also carried out quality reviews quarterly through an internal team peer review so that different registered managers and senior managers within the organisation could share ideas. The provider understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.