

Miss Deborah Bayliss

The Padova

Inspection report

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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

The Padova is a residential care home providing care, support and accommodation for up to nine adults with a learning disability. At the time of our inspection there were nine people living there. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe. Staff were knowledgeable about how to keep people safe and knew when and how to report concerns.

Care plans contained risk assessments and provided staff with information on how to reduce the risks of harm to people.

Safe recruitment processes were followed and there was enough staff on duty to meet people's needs.

Medicines were managed safely.

Incidents and accidents were reported.

There was a training plan in place which showed staff had been trained to carry out their roles. Staff had regular supervisions and appraisals.

People were supported to have enough to eat and drink.

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

People said the staff were, "nice" and "kind." People were relaxed around staff. There was a friendly, homely atmosphere. People's feedback was regularly sought.

Care plans were person centred. Advanced plans were very detailed.

There was a complaints procedure in place. No complaints had been received.

The registered manager was well thought of by people, relatives and staff. The provider's vision and values were embedded in the day to running of the service. There were quality assurance processes in place.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Safe.	Good ●
Is the service effective? The service remains Effective.	Good ●
Is the service caring? The service remains Caring.	Good ●
Is the service responsive? The service remains Responsive.	Good ●
Is the service well-led? The service remains Well-led.	Good ●

The Padova

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 15 January 2019 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed other information we held about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at information in the 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.

During the inspection we spoke with four people living at the service, three members of staff, and the registered manager. We reviewed three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints. After the inspection we received feedback from two people's relatives and one social care professional who had worked with the service.

Is the service safe?

Our findings

The service remained safe.

People told us they felt safe. One person said, "If I was worried about anything, I'd speak to my keyworker or one of the other staff." Another person said, "If I was worried about anything, I'd talk to [registered manager.] [They] are a good listener and helps me sort any problems." One person's relative told us, "Oh yes, [person's name] is safe."

Staff had been trained and understood their responsibilities to keep people safe. One member of staff said, "Any incident, I would report it to [registered manager] and document it." Staff were familiar with the term whistleblowing and said they felt confident to challenge and report poor care. One member of staff said, "I am happy to report concerns to [registered manager] or to the care quality commission. I have done before, and I would speak up again."

Care plans contained risk assessments for keeping people safe whilst also maximising their independence when at the premises and when accessing the local community. We looked at the plan for one person who was at risk of choking and the plan guided staff to ensure the person's food was cut up, to supervise them whilst eating and to encourage them to eat slowly. Another person enjoyed horse-riding and the plan informed staff to ensure the person always wore appropriate safety gear whilst taking part in this activity.

Staff supported people to take positive risks. One member of staff told us, "[Person's name] knew they were going to a relative's house but because no set time had been made [they] were worried it might not happen. So, I rang [relative] and we agreed pick up and drop off times. Then [person] was able to relax and look forward to it."

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. People were involved in staff recruitment. Records showed that people had spoken with applicants during the interview process and that their feedback was sought.

There was enough staff on duty to meet people's needs. The registered manager told us they arranged staffing levels dependant on the activities people had planned. One member of staff said, "Yes, we always have enough staff. We cover each other is someone is off."

Medicines were managed safely. Medicines were stored in a locked cupboard in a locked room. The temperature of the cupboard was monitored and records showed the temperature was maintained within safe levels. All the medicine administration records (MARs) had been completed in full which indicated people had received their medicines as prescribed. Some people were prescribed additional medicines on a

PRN (as required) basis. In these instances, PRN protocols were personalised and detailed when and why people might require them. Only staff that had completed medicines training were able to administer medicines and staff competencies were regularly checked. None of the people living at the service were self-administering their medicines. Regular medicine audits were carried out. People had regular medicine reviews. The provider worked with other health professionals to stop overmedication of people with learning disabilities in line with NHS England guidance (STOMP).

The building was visibly clean. Staff had access to personal protective equipment such as gloves and aprons to help prevent the spread of infection. One person said, "I clean my bedroom. We do have a cleaner though who helps."

The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and drills were carried out.

Incidents and accidents were reported. Incidents were analysed and action taken to prevent a recurrence. Lessons from incidents were shared with staff.

Is the service effective?

Our findings

The service remained effective.

Staff had the skills and knowledge to support people. There was a training plan in place which showed that staff had been trained and had regular updates. One member of staff said, "I've done the care certificate. We also have training one Monday per month. We recently did basic life support, autism and a positive behaviour course." One new member of staff told us, "I feel well trained. I had lots of shadowing too. I'm still learning, I always have questions but all the staff listen and help."

Staff had regular supervision sessions with their line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. One member of staff said, "I have supervisions with [Registered manager] or my mentors. We can talk about anything we want to." Another member of staff said, "We have staff meetings once a month. We all participate and give our views. We review plans and discuss clients, talk about new ideas, make suggestions for events."

People were supported to have enough to eat and drink. People's weights were monitored. When people need adapted cutlery to eat, this was documented in care plans and we saw people were provided with this. There was a four-week menu plan on display in the kitchen. One member of staff said, "We have regular client meetings when we ask people about the food and if they want to change the menu." People took it in turns to assist staff with meal preparation. One person said, "I help out. I've made shepherd's pie, mince pies and cakes." Another person told us, "I help with the cooking. I think staff will give me something else if I don't like [what's on the menu.]" We observed lunch. Staff sat with groups of people at small tables which created a friendly social atmosphere. We saw one person helped by handing out drinks to people. People told us that on their birthday they chose what type of takeaway they could have. One person said, "My favourite is Chinese food."

People had access to ongoing healthcare. Records showed people had access to the learning disabilities team, GP, dentist, and optician. There were hospital passports and health plans in place. These are documents which provide information to hospital staff which includes information about people's communication needs, and their preferences. One person's relative said, "[Person's name] has regular health check-ups and [registered manager] always keeps me informed. I've never had to worry."

The environment was light, bright and clean. People had decorated their rooms with staff support so that they were personalised. One person said, "I've got my own TV and pictures of animals on the walls in my room." There was a large secure garden. People told us they had barbeques in the summer. One person said, "We grew some vegetables last year. That was good."

Consent to care and treatment was sought in line with legislation and guidance. People were assessed for their capacity to consent to care and support and when people lacked capacity best interest decisions had been made. We did note that the documentation in relation to best interest decisions did not always detail

who had been involved in the decision-making process. We discussed this with the registered manager who said they would rectify this with immediate effect.

Staff remained knowledgeable about the Mental Capacity Act and were able to explain how they applied it when supporting people to make decisions. One member of staff said, "[Person's name] doesn't like being shaved. [They] want to be shaved but don't like it. If [they] don't pass me the shaver I know they don't want to have a shave that day. I wouldn't force [them] into it. It's their choice."

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The 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). The provider was meeting the requirements.

Is the service caring?

Our findings

The service remained caring.

The atmosphere was calm and friendly. People were relaxed around staff; they were laughing and chatting with them. One person said, "The staff are nice, they make me laugh." Another person said, "All the staff are pretty good and easy to talk to." One person's relative said, "The staff are excellent, very caring. They treat everyone there as an individual." We saw staff helping people prepare to go out. A member of staff was helping one person put their coat on. They said to the person, "Here you go, let's keep you nice and warm."

Staff told us they enjoyed their roles. One staff member said, "This is a great job. It's interesting. It's fun, rewarding and challenging. It's about supporting people on an everyday basis to live the best life they possible can." Another member of staff told us, "This is one of the nicest places I've worked at. It's homely, person centred, and the clients are like our extended family." The registered manager told us one person was in hospital and that staff had taken it in turns to be with them. They said, "Staff have really made an effort to be able to support [person's name] whilst they're in hospital. We've had someone with them twelve hours a day. We do it because we love them. We want them to feel happy, safe and secure."

Staff clearly knew people well. They talked in detail with us about people's choices and preferences and the level of support people wanted in order to achieve their goals. One member of staff said, "We're a small team so you get to know people really well. We read the plans, spend time with people, ask them what they want and speak to the families." One staff member said, "[Person's name] was upset and struggling to tell someone what the problem was. [They] told me and that made me feel proud that [they'd] spoken to me and I was able to reassure [them]." One person's relative told us, "I do feel like the staff know people's needs very well. We feel like we're part of an extended family."

Monthly 'client meetings' took place and people were given an opportunity to feedback how they felt about the menu, activities and things they were looking forward to.

People's privacy and dignity was maintained. People had their own bedrooms and told us staff knocked before entering. During the inspection, the registered manager showed us one person's room and asked them first if they were happy for this to happen. One member of staff said, "I always knock on people's doors, or ask 'Is it ok to come in?' I wouldn't want someone to come in if I was undressed, so it's the same for them." Care plans detailed people's preferences in relation to their appearance. For example, some people liked to wear makeup and we saw that staff had supported them with this. One person said, "Staff wash my clothes, iron my clothes, help me bath, shave me and keep me looking smart." One person's relative said, "[Person's name] is always clean and smart."

Is the service responsive?

Our findings

The service remained responsive.

Care plans were person centred and detailed people's choices and preferences for the support they wanted to staff to provide. They included documents titled 'Things that make me happy, and things that make me sad'. For example, in one person's plan it was documented that staff should encourage the person to maintain their skills whilst supporting them to learn new ones. The plan guided staff to, "Encourage to help with household chores, and cleaning [their] bedroom." We saw this person sweeping the floor and when we spoke with them, they told us, "I do the sweeping and mopping. I like to do little jobs around the place." One member of staff said, "It's homely here. In some other places it's basic. Here, people are encouraged to move around, help with the cooking, do chores. Three people ask when their bed needs changing. Some will strip their beds themselves and some people help us make it."

Personal care plans detailed people's preferences for a shower or a bath. The plans included details such as how people liked to dress and whether they preferred male or female staff to support them. In one person's plan it was written, "Staff to make sure straps of bra aren't twisted, assist with buttons and zips. Prefers female care staff. Likes to look nice and co-ordinated. Likes clean, shiny, tangle free hair." In another person's plan it was written that they enjoyed a soak in the bath.

People had varying communication abilities. Communication plans were clear and informed staff how to ensure they were able to engage with people. For example, in one person's plan it was documented, "Needs time to get words out. Will write things in [their] notebook if you don't understand. Can also use Makaton." Some people had problems remembering things. The registered manager showed us a picture board in the hallway with pictures of which staff were on duty that day and night as well as the activities that were planned for the day. They told us, "This just helps to remind people which staff are here and what clubs and things are happening each day."

Health and wellbeing plans were in place. Health plans included information about any health needs people had and informed staff how to help people manage these. Wellbeing plans included information for staff on how to ensure people had some relaxation time. Examples of these included supporting people to have 'sensory time', by using a bubble tank, lava lamp, candles and foot spas. The registered manager said, "I make sure people get 'touched' so we do hand massages using essential oils."

Staff we spoke with demonstrated they knew people well. One member of staff said, "We treat everyone differently; no two people are the same. We're a small home so we [staff] have got to know people really well." One person's relative told us, "[Person's name] has a lovely life there. [They] love life; all the staff go one step further to make people happy and make sure they're enjoying their lives" and, "Staff know the clients really well."

People's preferences for how they liked to spend their time were included within their care plans. The registered manager told us, "All clients have their own activities plan for the week. They're all very busy." This

was confirmed by relatives we spoke with. One relative said, "[Person's name] has an excellent social life." People could participate in a local choir, a theatre group, karaoke, skittles and darts. Some people attended a local church and went horse-riding. A musical entertainer attended weekly and there was a weekly fitness class which we saw people participating in. One person said, "We [the choir] sang carols at a local supermarket at Christmas. That was good. My mum came to watch." People had diaries which staff helped them to write each day. These included pictures of activities people had taken part in. Staff told us the diaries helped people to talk about things they'd done and people liked to share these with their families.

There was a complaints procedure in place and this was available in easy read format. People's relatives told us they knew how to complain. One relative said, "If I have any questions or difficulties I'm able to discuss them with [registered manager] and they're dealt with professionally and with sympathy and empathy." No complaints had been received during the past twelve months.

Advanced plans were in place. These were particularly detailed and included people's preferences for how they wanted to be cared for at the end of their lives. People had been involved in writing these plans and the information included where people wanted to die, favourite songs or hymns people wanted played at their funerals and whether they preferred to be cremated or buried.

Is the service well-led?

Our findings

The service remained well-led.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were processes in place to monitor the quality of the service. These included audits of the environment, infection control, medicines, and training. Regular surveys were undertaken. These included staff, relatives and stakeholders. We saw the latest survey results and comments included, "Every area of care for my [relative] is outstanding", and, "The care my [relative] receives is of the highest standard. The staff are wonderful and involve me and my family with any decisions. It is a huge relief to know [they] are so happy and well cared for." One health professional had commented, "Excellent care home!" A health and social care professional told us, "There are no care or quality issues with this provider and we would consider the management to be well led and responsive, to both commissioning changes and the people they support."

The provider's values were embedded in the day to day running of the service. Staff were familiar with the provider's purpose of making a real and lasting difference for people they supported. One member of staff said, "This job is about putting yourself in people's shoes. This is their house, not ours. We come here to help them do what they want to do." The registered manager said, "Our philosophy of care has always been, "If it's not good enough for you, it's not good enough for anyone else."

People's relatives spoke highly of the registered manager. One relative said, "[Registered manager] is kind and thoughtful. I can't speak highly enough of [them]. I have a close relationship with [them] and can discuss anything, openly and freely. I'm thrilled to bits that we've built such a close relationship." Another person's relative said, "[Registered manager] is just wonderful."

Regular staff meetings took place and staff told us they felt well supported. One member of staff said, "[Registered manager] is very approachable. I can ring [them] any time I need to, or pop in to see [them]. I feel very well supported." Another member of staff said, "[Registered manager] is brilliant and will always listen to us. [They] will often ask for our input, and is open to suggestions."

The service had excellent links with the local community. For example, there were close links with a local charity which worked to transform lives of people with learning disabilities, encouraging friendships and providing a social platform. The registered manager said, "We're well known locally and we expect to be accepted into the community we're part of."

One person's relative said, "I really cannot speak highly enough of The Padova; they're all wonderful. It's an honour and a privilege to have my [relative] live there."

