

Networking Care Partnerships (South West) Limited

1-4 Windsor Drive

Inspection report

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Date of inspection visit:
13 November 2018
14 November 2018

Date of publication:
19 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

What life is like for people using this service:

- People were supported by staff who were kind and affectionate and knew people's needs well. Every person was calm during our inspection, some people told us they were happy, other people made sounds or facial expressions that indicated they were happy.
- People lived in a service that was homely, with freshly cooked food and a range of drinks on offer. People's rooms were comfortable and reflected people's character. The communal areas needed some redecoration and there were plans for wider refurbishment.
- Care staff felt supported and were receiving supervision. They were also supported through the provision of relevant training so they could effectively meet people's needs.
- The service was linked in with health professionals who had regard for the service. Professionals we spoke with said their advice around meeting people's health needs was followed.
- Where people did not have capacity to make decisions, they 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.
- Care records and risk assessments were not always up to date with recent information and had conflicting information about people's care needs and how to manage risks. Care staff knew people well enough to support them with distressed or self-injurious behaviours but the records did not reflect this.
- The provider had recently recruited a new manager as the longstanding registered manager was leaving. People were sad to see them go and some support had been provided around the changes taking place in the service for people.
- There were enough staff to meet people's basic needs but people could have accessed the facilities in the local community more. We saw some people going out but not everyone had the same opportunities as others because of transport difficulties.
- Staff knew what potential abuse might look like and how to report it. Medicines were managed safely. Building checks were completed regularly.
- We found one breach in relation to legal requirements in good governance. More information is available in the detailed findings below.

Rating at last inspection: Requires Improvement, the last report was published on 18 July 2018.

About the service: 1-4 Windsor drive (referred to in this report as the service) is a residential care home in a rural setting that was providing accommodation and personal care to 11 people with support needs around physical and learning disabilities and people with autism at the time of the inspection.

Why we inspected: This was a planned, scheduled inspection based on the previous rating.

Enforcement: The provider is required to send us an action plan addressing the concerns we found at this inspection regarding the breach of regulation we found, within the timeframe we specify.

Follow up: We will meet with the provider after an action plan has been sent to us to discuss the improvements they are going to make.

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 not consistently safe
Details are in our findings below.

Requires Improvement 

Is the service effective?

The service was effective.
Details are in our findings below.

Good 

Is the service caring?

The service was caring.
Details are in our findings below.

Good 

Is the service responsive?

The service was not consistently responsive.
Details are in the findings below.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.
Details are in the findings below.

Requires Improvement 

1-4 Windsor Drive

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this inspection the area of expertise for the expert by experience was autism and learning difficulties.

Service and service type

1-4 Windsor Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 1-4 Windsor Drive is registered to accommodate up to 12 people with learning disabilities and complex needs across four separate bungalows, each of which has separate adapted facilities. At the time of this inspection in November 2018 there were 11 people living across the four bungalows.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service one day's notice of the inspection visit because we were aware of the registered manager and new manager supporting a person with a specific issue. The registered manager was leaving the service in the week we inspected, and the new manager had started in the week before the inspection. We wanted to meet with both managers as part of our inspection.

What we did:

Before the inspection we gathered information regarding the service, including notifications sent to us, by and about the service, which told us of important events. We also asked for feedback from the local authority, and read through the provider information return which is a document the service sends us with information on what the home does well and areas for planned improvement.

During the inspection we spoke with three people and closely observed and had non-verbal communication with six people. We also telephoned three relatives of people living in the service. We met with two staff members, the registered manager, the new manager, the nominated individual, and staff from the provider's head office.

We looked at care records for three people, including risk assessments, care plans and daily notes which recorded the support given. We looked at records of accidents, incidents and complaints, health and safety records for the building and four staff files.

We looked at quality assurance and audit records. We observed care in communal areas using the Short Observational Framework for Inspection (SOFI). This is a tool we use to observe care for people where they might not be able to tell us about their care experience in detail. We observed a lunchtime meal and an activity on the first day of the inspection and walked around the inside and outside of the premises.

After the inspection we contacted four staff members and had feedback from one. We also contacted professionals by email and received responses from four that were currently supporting the home.

Is the service safe?

Our findings

People were not always safe and protected from avoidable harm.

- At our previous inspection on 12 and 13 March 2018 we had concerns people were not always safe. Medicines stocks did not match records of how many tablets each person should have, placing people at risk of not having their medicines as prescribed. Risk assessments for specific health needs such as diabetes were not detailed in their instruction for staff to mitigate risks. Advice from speech and language therapists around choking risks was not always followed. This resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection on 13 and 14 November 2018 we found improvements had been made in medicines management and more detail and instruction on a diabetes risk assessment were in place. At this inspection, advice given by speech and language therapists around choking risks was being followed. The service had made sufficient improvements in the areas of concern identified in the last inspection and we found the service to no longer be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management.

- Risk assessments were in place for specific risks people faced around their health needs such as epilepsy and diabetes. We had seen some improvements in diabetes risk assessments that we fed back about at our last inspection.
- However, for one person, their risk assessment had not been reviewed after a recent incident and information around a choking risk for one person was inconsistent across several documents. The varying information meant staff were unnecessarily recording fluid and food intake for one person who was at no identified risk in relation to eating or drinking. Out of date and unreliable risk documents placed people at risk of avoidable harm. New and agency staff would not know how best to support people and mitigate risks. We recommend risk assessments have out of date information removed and are fully reviewed for people living in the service.
- There was a behavioural support approach in place for one person advised by a professional. This was being used effectively to chart a person's mood and behaviours and their self injurious behaviour had decreased.
- All equipment had been serviced recently to ensure it was safe for use and environmental checks were completed regularly.
- A fire risk assessment had been completed and fire equipment was tested regularly. There was an emergency plan and adequate equipment to move people out of the home in an emergency. Personal emergency evacuation plans (PEEPs) for each person were inconsistent with care files. We asked for this to be corrected and it was done immediately.

Supporting people to stay safe from harm and abuse.

Systems and processes.

- Safeguarding systems were robust, staff knew how to identify potential abuse and where to report it. Concerns were passed on to the local authority and staff had all received training in safeguarding.
- Staff told us how they kept people safe through following advice from professionals around choking risks

and supporting people to move safely.

- Systems to recruit staff were robust and ensured staff employment history, values and competency were assessed before offering them a role. Disclosure and Barring checks (police checks) were completed before staff started work to ensure the service had checked they were suitable to support vulnerable people.

Staffing levels.

- At our last inspection in March 2018 there were adequate staff to meet the basic needs of people, but not enough staff to support people get out of the home as often as they would have liked. At this inspection people were getting out a little more. The new manager had implemented an altered rota with an extra shift to allow a care staff member to take people out to better meet their social needs.
- Care staff all said finding drivers for the services vehicles was problematic. One staff member said, "There isn't enough staff sometimes for people to go out."
- Relatives said there were enough staff but some changes in staff had been unsettling for people, one relative said, "If staff would just settle down, she'd be much more settled and happier." We asked the registered manager about this and they told us the service was using lots of regular agency staff and had recruited four new staff members who were completing their induction.

Using medicines safely.

- Medicines were safely received, stored, administered and returned. Stock levels matched recorded amounts and people were given their medicines as prescribed.
- Emergency rescue medicines for epilepsy were readily available if people needed them and in 'go bags' for when people left the building.
- Medicines errors were followed up and the new manager was checking medicines stocks and recording daily.
- New care staff had medicines training and three competency observations before being 'signed off' as being safe to administer medicines to people.

Preventing and controlling infection.

- The service was clean and free of odour.
- Care staff used infection control equipment such as gloves.

Learning lessons when things go wrong.

- Risk assessments and care plans were not always updated following an incident so staff would not be equipped with the information to prevent it from happening again. The new manager said this would start taking place after the inspection.
- We saw how one person had been supported to reduce the instances where they became distressed and tried to hurt themselves or other people. This showed staff had learned what worked best for this person and how to support them to minimise their distressed behaviour. However, this information was not always added in to care plans for new staff to see.

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

- At our previous inspection we had concerns about the equipment that one person had purchased being used by others in the communal sensory room. We followed this up at this inspection and found the equipment was now clearly labelled with each person's name and guidance was on display for staff to use in the sensory room.

Ensuring consent to care and treatment in line with law and guidance.

- 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- In March 2018 we found that one person was having their liberty restricted through use of a viewing hole on their bedroom door. Staff were observing this person to check they were not choking on their food, and this was reflected in their DoLS application. However, the person had been assessed as not being at risk of choking and care staff were also using it to observe the person at other times. Therefore, rendering the viewing hole both unnecessary and not in keeping with protecting the person's rights. At this inspection the viewing hole was not in use and had been taped over. There was a sign on the front of the care file directing staff to not use it. We no longer had a concern that this person's liberty was being restricted through use of the viewing hole.

- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the service was meeting these legal requirements. Applications for DoLS had been appropriately made and the service was waiting for and had followed up on approval for these. Best interest decisions were recorded for people regarding lap belts for wheelchairs and bed rails.

- Staff asked for consent to provide support. We saw staff asking if it was ok to zip up a person's cardigan and if it was ok to help someone to take a drink. Relatives were asked for involvement in best interest decisions, one relative said, "They phone before they change anything in (name of relative's) care."

- Where people did not have capacity to make decisions, they 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.

Effectiveness of care, treatment and support: outcomes, quality of life.

Assessing people's needs and choices; delivering care in line with standards.

- People's needs were assessed before moving to the service and they were offered the opportunity to visit to familiarise themselves with the home and its facilities and staff.

- Care staff applied their learning from training and advice from professionals effectively. This supported

people to achieve positive outcomes such as maintaining their weight and staying hydrated. A professional fed back they had given some advice to the service and this had been taken on board and both support and recording of support had improved.

- Daily recording of people's care needs provided detail into people's moods and referred to their phrases or behaviour that showed staff how that person was feeling.

Staff skills, knowledge and experience.

- New care staff were supported to complete the care certificate which is a standardised set of training in line with best practise for staff new to working in care. Care staff told us they thought the induction was thorough and prepared them for the role.

- Care staff were provided with training that enabled them to effectively meet the needs of people. Staff had recently been on courses in dysphagia, and epilepsy and had been on training specific to people's needs such as autism.

Eating, drinking, balanced diet.

- Meals were provided by care staff cooking in each bungalow for the people in that bungalow. The food smelled good and was well presented to people. We saw one person helping with food preparation and another watching.

- People were provided with diets that met their needs, some people were given supplements as prescribed to boost their calorie intake.

- One person said "I like the food and I like the biscuits. Sometimes I help in the kitchen. I like making tea and I make one for (name of staff member)." People told us they liked the food by smiling and nodding or making their sound to communicate they were happy.

Support with health needs.

- We found for one person who was having their continence support monitored, this was not done consistently. Records showed no bowel movement for ten days and no resulting medical attention being sought. Upon further investigation we found this was a recording issue that had not been picked up rather than the person having gone that long without opening their bowels. This showed there was no regular checking of the quality of staff recording in relation to people's health needs.

- One person was supported through the process of having a percutaneous endoscopic gastroscopy fitted (PEG). This is a tube that helps people to get nutrition who have difficulties swallowing. They were supported through the decision-making process and in the admission, stay and discharge from hospital. Care staff respected their decision to have this done and were provided with training on how to care for the PEG and support the person to receive adequate nutrition.

- Appropriate health referrals to speech and language therapists, occupational therapists, GP advice and district nurse support were sought when needed. A professional fed back to us, "My advice has been followed and care staff are proactive in asking for further information where clarity is needed."

- The service was supporting a person with a longstanding mental health problem that prevented them from going outside. There was a long-term plan in place to support them to leave their bungalow and go on a short journey. This recognised the specific learning, mental health and behaviour needs of this person and was a measured, step by step process in helping them to achieve a positive health outcome.

Adapting service, design, decoration to meet people's needs.

- We saw sensory decoration in two peoples room to meet their sensory needs. There was a sensory room in one of the bungalows with specialist equipment labelled with people's names so staff knew which equipment belonged to each person.

- A new variable height bath had been installed in one of the bungalows to meet people's mobility needs better and make their bathing experience more pleasurable. An extra bathroom door had been added to a

person's bathroom so staff could access it without going through their bedroom as this caused them distress. This showed there were thoughtful adaptations being made to suit people's needs and preferences. There were plans for further refurbishment.

- Communal areas felt cramped, making manoeuvring equipment and supporting people to move a challenge for staff at times. There was not the space or furniture for a group dining experience. The new manager said they would be reviewing the layout and how rooms were used by people, as part of the refurbishment programme.
- The garden was not easily accessible for wheelchairs or mobility aids. Most of the garden was inaccessible to most people living in the service due to their mobility. The new manager pointed this out to us and explained they had already discussed accessibility with the provider, to ensure the premises were adapted to meet people's needs.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect.

Treating people with kindness, compassion, dignity and respect, ensuring people are well treated and supported.

- We saw affection from staff members toward people, and people responded with smiles and reciprocated touch. Care staff held hands with people and gave them a hug when it was appropriate, they equally gave some people space who did not like to be touched.
- One person said, "I like it here, I like it a lot, I like the staff." One relative said, "I'm always welcome, they all know me and say my name. It's like going to visit family."
- We saw full focus from care staff towards people when delivering care. They bent down or sat next to people so they were at eye level and used people's names when asking them what they wanted.

Respecting and promoting people's privacy, dignity and independence.

- At our last inspection we observed where care staff had not taken prompt action to cover one person up when they were in a state of undress. At this inspection we saw a similar occurrence but this time staff were quick to support the person to cover their body in a discreet way.
- People were supported to maintain relationships with their loved ones. One person was supported to go away with their partner and often had them as a visitor and staff would cook them dinner. Another person was supported to have daily contact with their relative, they said, "I phone every day at four and they're (staff) usually expecting my call so have the phone ready for me to speak to (name of person)."
- The manager showed us into people's rooms and asked every person for permission before we entered. Staff could tell us how to respect people's privacy and dignity when providing personal care.

Supporting people to express their views and be involved in making decisions about their care.

- Some people were involved in the planning of their care and met with staff to discuss the support they wanted. For other people there was no evidence they were involved in their care planning but we saw evidence relatives or other professionals had been asked their opinions in most cases.
- One person had a range of soft toys they used for comfort and reassurance. Care staff took time each day asking the person which ones they wanted with them that day. When a new soft toy was bought, staff came up with fun names and the person voted through facial expression and sounds which one they wanted.
- We saw other examples of choice; one person didn't eat much at lunch so the registered manager asked for some egg sandwiches to be made because they knew that person enjoyed eating them. The new manager said, "I love the way staff spend so much time with [person's name] to offer choice, sometimes it takes ages but they always offer it."

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

How people's needs are met.

- At our previous inspection we identified that people's social needs were not being met due to insufficient numbers of staff to take people out. This resulted in a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found there were some improvements with the new manager altering the rota to create an extra shift for staff to go out with people. We also heard about one person going shopping for the first time for the weekly food shop and how much they enjoyed it. Plans were in place to make this a regular occurrence. During our inspection one person went out to a local town on the bus and went shopping with a staff member. This person told us, "I like going out more." We saw enough improvements and heard of plans, some of which had already started to be implemented to assure us the service was no longer in breach of this regulation. However, due to the amount of progress still to be made in this area this key question remains rated as 'requires improvement'.

Personalised care.

- Care plans contained some personalised information and painted a picture of people's preferences but were not comprehensive in describing people's needs. Care staff knew people well and could tell us in detail what people liked and did not like. This was in much more detail than was captured in care plans.
- In two of the bungalows the television was left on all day. Despite people's care plans stating they liked music we did not hear this being played on either day of the inspection.
- The activity space was not big enough. Staff had to stand behind people rather than sitting with them. The new manager said the provider was exploring how best to use the communal spaces in the bungalows to meet people's needs.
- We saw several missed opportunities where people could participate in the day to day running of the home but were not offered the opportunity to.
- The outside space was not well used. Where people could not leave the bungalows if there was not enough staff or transport issues, the garden was not utilised as an alternative space for people to enjoy.
- Rooms were personalised with colours and pictures people had chosen. Personal items were on display, and in each room, was a sheet of preferences on care delivery for staff to refer to.
- We asked the registered manager if anyone was registered to vote, and for any examples of where they had supported people to celebrate diversity or specifically supported them around protected characteristics. They were unable to give us any examples of how they promoted diversity or supported people's rights.
- We saw in people's care files and on the walls some information in an easy read format, but this was stored away or not displayed in a way that was accessible to people.

Improving care quality in response to complaints or concerns.

- There was a complaints process in place on display. Relatives did not know of a formal complaints process but said they would call the service with any concerns.
- Professionals we spoke with said the service was open to receiving feedback, making improvements and responsive to advice.

End of life care and support.

- The service mainly supported younger adults and had not yet had extensive experience in supporting people towards the end of their lives. There was a recognition from the staff and new manager that as people got older their needs might change and the service would need to adapt with these changes
- Some staff had attended end of life training and had a good insight into keeping people comfortable and happy and respecting their wishes at this sensitive time.

Is the service well-led?

Our findings

Leadership and management do not always assure person-centred, high quality care and a fair and open culture.

Leadership and management.

- The service was going through a period of change, with a provider changeover in January 2018 and the long standing registered manager leaving. People were supported to understand the changes in leadership but some relatives said they were not aware the registered manager was leaving.
- The provider gave support and resources to the service. They demonstrated their commitment to providing high quality support through investing in the building and sending a quality assurance team to support in embedding internally identified improvements. However, improvements were slow to take place and the provider acknowledged this.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- There was not an understanding of equality and protecting people's rights at our last inspection. At this inspection we saw that changes had been made based on our feedback but there was still a lack of understanding at a leadership level of what constituted a protected characteristic and how the service could promote an equality agenda.
- Strengthened quality assurance checks around medicines had been implemented and some improvements had been made around specific issues we fed back about at our last inspection. However, the systems for auditing and quality assurance were not effective in picking up the issues we identified during our inspection, or able to drive improvement in the management and mitigation of risks.
- Risks were not always fully assessed and the system for checking the quality of care planning had not been reviewed. There was inconsistent recording of care needs in continence records, risk assessments, care plans and PEEP's. This showed us there was not an accurate, complete or detailed record of the needs relating to people using the service.
- This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The new manager was clear about what their role would entail and had met with staff for supervisions to discuss their roles.
- The new manager understood quality performance and wanted to invest in the staff to give them more confidence and input into how the service was run to boost morale and improve the overall quality performance in the service.

Engaging and involving people using the service, the public and staff.

- Relatives told us staff called them if there were any changes in needs for people living in the service but could not recall any relatives' meetings. One relative said, "I don't think there are regular meetings as such."
- A newsletter was being developed to send out to key stakeholders to keep them updated about changes in

the service and news of success stories and events.

Working in partnership with others.

- We saw partnership working with key stakeholders such as people, relatives and professionals.
- Health professionals said communication was good with the service and the service was pro-active in chasing up issues and improving the care experience for people on a day to day basis.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to have established effective systems to assess, monitor and improve the quality and safety of the services, assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and did not maintain an accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (1) (2) (a) (b) (c).