

Action for Care Limited

Low Lane House

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Low Lane House is a residential care home providing accommodation and personal care for up to six young adults with a learning disability and/or autism. At the time of the inspection there were six people living there. The home has communal lounges and dining areas. Each person has their own bedroom with ensuite facilities.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support: People were supported by staff who understood their care and support needs. Risks in relation to people's care and support were assessed and guidance was in place to assist staff with keeping people safe. Plans were personalised for each person and identified how staff should support the person with communicating their needs or when experiencing distress.

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

There were sufficient staff to meet people's identified hours of support, and this supported people to access activities both socially and within their home. Medicines were managed safely. Robust infection control measures were in place, people were supported by staff to keep their home safe and clean.

Right Care: Care was person-centred and promoted people's dignity, privacy, and human rights. Staff showed people kindness and respect during our visits. We observed people interacting positively with staff and seeking support when needed. People were supported to access healthcare services and were supported to eat and drink enough. People were supported by staff to plan their week and access opportunities and activities of their choice.

Relatives spoke positively about the care and support their loved ones received. They told us communication could be improved. This was feedback to the provider who acknowledged this was an area they would seek to improve.

Staff received training on how to recognise and report abuse and said they would feel comfortable raising any concerns with management. People were protected by the provider's recruitment processes. Appropriate checks were completed by the service, ensuring staff were suitable to work with people.

The design and the decoration of the building was adapted to meet people's needs. Rooms were personalised in line with people's wishes.

Right Culture: The service was currently being supported by the deputy manager and the area manager. They had recently completed workshops with staff on workplace culture, values, and attitudes to promote a positive culture amongst the staff team.

Staff valued the support from the deputy and area manager, which helped to maintain their wellbeing and positive attitude to supporting people living at the service.

There were systems in place to monitor the quality of service provided and identify improvements. Where audits had identified improvements, these were recorded in the home action plan. The deputy manager and area manager were open and transparent regarding areas they had identified as requiring improvement and the actions they had taken to address them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 June 2022).

At the inspection completed 26 October 2021 there was a breach of regulation. The provider completed an action plan after the inspection to show what they would do and by when to improve. At the inspection on 27 June 2022, we found improvements had been made and the provider was no longer in breach of regulation. However, the service was rated as requires improvement to ensure continued improvements were made and sustained. At this inspection the provider had made the necessary improvements. The service is now rated good.

Why we inspected

We undertook this focused inspection to check they had embedded and sustained the necessary improvements.

The inspection was prompted in part due to concerns received about medicines, staffing, management, and governance. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. The concerns raised had been addressed and the provider had taken action to mitigate the risks which had been effective.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Low Lane House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Low Lane House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Low Lane House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Low Lane House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a new manager had been appointed and was in the process of submitting their application to register.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because

the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 members of staff including the deputy manager, area manager and 5 care staff. We spoke with 3 relatives.

We reviewed a range of care records for 2 people and looked at records in relation to the safety and management of the service. We also reviewed records the deputy manager and area manager had sent us electronically.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people. The service had up to date safeguarding policies and procedures for safeguarding people from abuse and harm.
- Staff had received training on how to keep people safe and knew how to raise concerns. Their comments included, "We are here for the service users and want to ensure they receive the best quality care. I am confident any concerns I raised would be dealt with."
- Relatives we spoke with said their loved one received a safe service. Comments included, "Staff know her well. We do feel she receives a safe service and staff know what is needed to keep her safe."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety had been assessed. Risk assessments were in place to support people to be independent whilst remaining safe.
- When people had accidents or incidents these were recorded and monitored to identify any patterns or poor practice.
- People's care plans contained information on how best to support them when they expressed emotional distress. Care plans contained personalised support guidance to help staff identify the triggers and support them to mitigate risks.

Staffing and recruitment

- There were sufficient staff to meet people's identified hours of support. This supported people to access activities both socially and within their home.
- The service followed safe recruitment practices including checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers ensure staff are suitable to care for people.

Using medicines safely

- Appropriate arrangements were in place for the safe management of medicines.
- Only staff who had received training and were deemed competent were permitted to administer medicines.
- The provider had a medicines policy in place which supported staff with their roles and responsibilities. This included guidance of implementing STOPMLD which is the guidance on stopping the overuse of medication in people with learning disabilities or autism.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have visitors and to maintain important relationships. The provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving to the service. People's wishes, wants and preferences for how they wished to receive care were included in their care plans. These were regularly reviewed to ensure any changes to care were implemented.

Staff support: induction, training, skills and experience

- Staff received core training as required by the provider which included new members of staff completing The Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff training was recorded and monitored by the provider to ensure they remained up to date with their knowledge and skills.
- Staff said they felt supported and received regular supervision. Comments included, "We get enough support. [Deputy manager] is brilliant and things are now improving. We have regular 1:1s and handovers to keep us up to date."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met by the service. People were supported to eat and drink enough.
- Dietary requirements and preferences were recorded in people's care plans. People were able to choose what they ate and drank.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access a range of healthcare professionals. People were supported with their oral health care.
- Adjustments were made to ensure people were able to attend their appointments. For example, visits were made to health facilities to support people to become familiar with the environment and what to expect before their appointment.

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

- The design and the decoration of the building was adapted to meet people's needs. Rooms were personalised in line with people's wishes.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service was currently being supported by the deputy manager and the area manager. They had recently completed workshops with staff on workplace culture, values and attitudes to promote a positive culture amongst the staff team.
- The service worked in partnership with health and social care professionals to ensure people's physical and emotional needs were met. We received mixed feedback from professionals regarding the management of the service. We have discussed this with the deputy manager and area manager who had taken action to address these concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were systems in place to monitor the quality of the service and identify any areas for improvement. Where audits had identified improvements, these were recorded in the home action plan.
- Where concerns had been raised, the deputy manager and area manager were open and transparent regarding areas they had identified as requiring improvement and the actions they had taken to address them.
- As required by their registration the provider had submitted the necessary notifications to CQC following significant events at the home.
- The home currently did not have a registered manager which is a condition of registration. However, a new manager had been appointed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to give feedback about the care and support provided. One relative said, "Whilst there could be some improvement with communication, we can give feedback and raise concerns, and these will be addressed."
- Staff told us they had seen improvements in standards in care and support in recent months. They said they had the opportunity to share their views in team meetings and supervisions. Staff told us they felt listened to and supported by the management team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and their legal responsibility to be open and honest when something had gone wrong.