Leonard Cheshire Disability

Leonard Cheshire Disability - King Street - Care Home Physical and Learning Disabilities

Inspection report

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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?	Good
Is the service well-led?	Requires Improvement

Overall summary

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 unannounced and planned to check whether the provider is meeting the

Summary of findings

legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by the Care Quality Commission, which looks at the overall quality of the service. Where we have found breaches you can see what action we told the provider to take at the back of the full version of the report.

Accommodation and personal care is provided at this location for up to 17 adults with physical and/or learning disabilities. At our inspection there were 16 people with physical disabilities living at the home.

There is a registered manager in post at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found that the law relating to infection prevention, the management of medicines and monitoring the quality and safety of people's care was not being met. Not all areas of the home were clean or hygienic and people's medicines were not always safely stored or recorded. Regular checks of the quality and safety of people's care were made, but they were not sufficient to fully protect people against the risks of acquiring a health associated infection or from risks associated with the unsafe use and management of medicines.

People told us that they were happy and felt safe living in the home and knew who they could speak with if they had any concerns about their care and safety, or that of others.

Staff understood and met people's care needs. They usually followed the provider's aims and values for people's care, choice and rights, but did not always maintain confidentiality for people's care.

Staff followed the Mental Capacity Act 2005 (MCA) to obtain people's consent for their care and to ensure that important decisions about people's care were made in their best interests when required. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. People were protected against unnecessary restrictions to their liberty and staff had a basic understanding of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. There were no people either subject to, or requiring authorisation for this at our inspection.

Risks to people's safety and their health needs were shown in their written care plans and effectively managed. Staff understood people's health needs and people were supported to maintain good health and to access health care services when required. When necessary, staff sought advice for people's care from relevant health and social care professionals and staff followed their instructions from this where required.

People received the care they needed and were satisfied with the food and drinks provided. People received the support they needed for their nutrition in a way that promoted their independence and enjoyment. They were also supported to maintain their hobbies and interests and contacts with families and friends. People's care plans reflected their individual needs, choices and preferences and were regularly reviewed with them and their representatives where appropriate. Staff knew how to communicate with people in the way that met with their needs and preferences.

There were robust procedures for the recruitment of staff and volunteers, who were trained, supported and supervised. Staff understood their roles and responsibilities and knew how to report any concerns they may have about people's care or safety. Sufficient care staff were provided and action was being taken to recruit additional staff to improve catering, laundry and domestic arrangements at the home.

Staff and people using the service were positive about the management of the home. They were asked for their views about the care provided and were kept informed about any changes or improvements to be made from this. Improvements in progress at our inspection included, to ensure people's confidentiality and that all people knew how to complain; development of food menus for healthier eating and to increase people's opportunities to access the local and wider community.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Arrangements for cleanliness and infection control in the home and for the recording and storage of some people's medicines did not fully protect people from associated risks to their health and welfare.

People felt safe in the home. They were protected from avoidable harm or abuse and unnecessary restrictions to their liberty and human rights. Staff understood and followed the Mental Capacity Act 20015 (MCA) to obtain consent for people's care.

There were robust arrangements for staff recruitment and sufficient care staff were provided. Action was being taken to recruit additional staff to improve catering, laundry and domestic arrangements at the home.

Is the service effective?

Good

The service was effective.

People's health and nutritional needs were met and regularly reviewed with them.

Staff and volunteers received the training and supervision they needed for their role and the tasks they were expected to perform in relation to people's care.

Is the service caring?

Good

The service was caring.

People were positive about the way staff treated them. Staff were caring, spent time with people and supported them in a way that respected their rights, needs, preferences and goals for the future.

People were regularly asked for their views about their care and staff understood how to communicate with people effectively, in a way that met with people's needs and wishes.

Is the service responsive?

Good

The service was responsive.

People received care and support that met with their daily living choices, needs and lifestyle preferences. Staff regularly reviewed these with people and acted on their wishes for their care.

Arrangements were in place to enable people to raise any concerns they may have about their care. Action was being taken to ensure that all everyone knew how to complain and complaints and concerns were taken seriously, investigated and responded to in a timely manner.

Summary of findings

Is the service well-led?

The service was not consistently well led.

There is a registered manager in post at this service. Checks of the quality and safety of people's care did not fully protect people from some of the risks associated with unsafe care and practice.

Staff and people living in the home were positive about the management of the home. They were regularly asked for their views about the care provided, which were acted on where required.

Staff were confident to raise any concerns about people's care. They understood their roles and responsibilities, the service aims and objectives for people's care and were they committed to promoting these.

Requires Improvement

Leonard Cheshire Disability - King Street - Care Home Physical and Learning Disabilities

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

This inspection was undertaken by an inspector and an expert by experience of people living with a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information that was gathered before the inspection. This included notifications and the provider information return (PIR). The PIR is information we have asked the provider to send us about how they are meeting the requirement of the five key questions. A notification is information about important events, which the provider is required to send us by law. We also spoke with the local authority responsible for contracting and monitoring some people's care at the home.

We spoke with seven people living at the home, one person's relative and six care staff, including one senior and the registered manager. Not everyone who used the service was able to communicate verbally with us. We used staff and communication aids which people used, such as picture signs, to help us to communicate.

We observed how staff approached and interacted with people receiving care and we looked at three people's care records. We looked at a range of other records relating to the care people received. They included some of the provider's checks of the quality and safety of people's care; minutes of staff and residents' meetings; staff training and recruitment records; food menus, medicines administration records and cleaning schedules. We also looked at the provider's statement of purpose, which informed people about the provider's contact details, service type and locations and their service aims and objectives.

We found that all of the people receiving care were living with physical disabilities. They led active lives, out and about and otherwise often chose to spend time in the privacy of their own rooms. We therefore judged that the use of SOFI would not add value on this occasion. SOFI

Detailed findings

stands for Short Observational Framework for Inspection. It was designed to gain insight in people's general mood state and how staff interact with them, where people have dementia or severe learning disabilities.

Requires Improvement

Is the service safe?

Our findings

We found that not all areas of the home were clean or hygienic. We also found that the provider's arrangements for the prevention and control of infection in the home did not always follow recognised guidance. This is important to ensure that they are safe, and either meet with or are better than, the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. (The Code).

For example, we saw dirty flooring and waste bins in communal bathrooms and toilets and dirty light switches and moving and handling equipment. Access to the laundry and adjoining sluice rooms, meant that dirty laundry, equipment and waste materials were being transported through the area where clean personal laundry was being stored. There were no risk assessments in place for the possible risk of cross contamination from this arrangement. Waste bins for household waste that were located in the sluice room had no lids and the foot pedals to open some of the waste bins were broken. This meant there was an increased risk of cross contamination. Although the provider has since told us that they have replaced their waste bins with new ones, which provide a non touch opening system.

Cleaning schedules recorded up to the 14 July were not sufficient to ensure deep cleaning of the home or for the cleaning of equipment there. The registered manager showed us a revised cleaning schedule they were about to introduce, which included more areas of deep cleaning in the home. However, it did not include for all of the equipment that was being used to provide people's care. For example, stand aid equipment, which we saw was in need of a deep clean.

This meant that people who may be at risk from acquiring health associated infections, were not fully protected. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw a senior staff member, safely administering people's medicines to them. Another person was prescribed controlled medicines and we found they were being safely managed. However, people's medicines were not always being safely stored or properly recorded. For example, one person's prescribed creams and other medicines were openly stored on shelving in their room, instead of being kept there in the required type of lockable storage facility. A medicines refrigerator, containing another person's prescribed medicine, was located in a sluice room alongside waste storage facilities where dirty, soiled or contaminated equipment was cleaned. Although the manager had subsequently told us that this has since been removed. It is important the people's medicines are always safely stored so that they are not damaged by heat or dampness and that they cannot be mixed up with other people's medicines or be stolen or pose risks to anyone else.

People's medicines administration records (MARs) were not always properly completed. There were gaps in the recording of three people's MARs that we looked at, where staff had not signed to show whether people's medicines had been given to them; or, recorded the appropriate code to show the reason why a particular medicine had not been given. It is important to keep an accurate record of people's medicines so that other staff know exactly what medicines people have been given, to ensure that people are not placed at risk from overdose or not receiving their medicines as prescribed.

This meant that people were not being fully protected against the risks associated with the unsafe use and management of medicines.This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked people living in the home, if they felt safe in there. One person said, "It's safe for everyone here." Another person told us, "I feel absolutely safe here, they (staff) are the best." All of the people we spoke with told us they felt safe in the home and knew who they could speak with and what to do, if they had any concerns about their, or other's safety in the home.

There were robust procedures in place, which staff understood to follow in the event of them either witnessing or suspecting the abuse of any person living at the home. Staff also told us they received training for this and had access to the provider's national safeguarding advisor for further advice and support. These arrangements helped to protect people from harm and abuse.

The manager showed us a revised mental capacity assessment form they were completing for each person receiving care, to meet with the full requirement of the Mental Capacity Act 2005 (MCA). We spoke with two staff

Requires Improvement

Is the service safe?

responsible for determining people's consent to their care and found that they understood the basic principles of the MCA. The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves.

Staff responsible for assessing people's capacity to consent to their care, demonstrated an awareness of the Deprivation of Liberty Safeguards (DoLS). This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. CQC is required by law to monitor the operation of DoLS and to report what we found.

We saw that bed rails were being used for one person in a way that did not restrict their liberty or rights. Their care records included a full risk assessment for their use, which the person had been consulted about and had agreed to.

We found that people were safely supported by sufficient care staff, who promoted their personal control and choice for their personal care and daily living arrangements. For example, we spoke with one person about their mobility arrangements to increase their independence and access to the local community. We found that this was done in a way that met with their choice and their care plans showed how potential risks their individual safety were being minimised.

We spoke with one care staff member who had more recently started working at the home and looked at their recruitment records. We found that robust procedures were followed for their recruitment to check they were suitable to work at the home and provide personal care to people living there. The provider told us that volunteers worked alongside staff in the home to enable people to access their local or extended community. There were no volunteers present at the time of our visit, but we found that robust procedures were also in place for their recruitment. This meant the provider's arrangements for staff recruitment helped to protect people from harm and abuse.

Good

Is the service effective?

Our findings

People were supported to maintain their good health and nutrition. One person said, "The meals are brilliant. People had access to healthcare services when required. This included routine health screening, such as eyesight or dental checks.

People told us they received the care they needed and that staff understood their health needs. For example, one person's relative told us that the person had suffered on-going pressure sores at another care service where they had previously lived. They told us that these had healed since their admission to this Leonard Cheshire care home and said, "They have not had any bed sores at all since they came to live here." We spoke further with the relative and the person receiving care. Both praised the home for the care and support provided. They felt this had led to considerable improvements in the person's health, wellbeing and independence. We saw that the person's health care needs were identified in their care plan records and kept under review with them. This meant they were effectively supported to improve and maintain their health.

All people's care records that we looked at showed that they had a range of health conditions and disabilities, which could present risks to their welfare and safety. We saw that people's health needs were identified in their written care plans, which detailed the required personal care interventions for staff to follow. For example, relating to their mobility needs, nutrition and medicines needs, risk of falls and from developing pressure sores. Care plans were regularly reviewed and detailed any support provided from outside health care professionals, including for the purposes of routine health screening. For example, GP's and district nurses.

One person told us that staff supported them to manage their own health care needs. This included supporting them to make their own appointments with outside health care professionals when required. Two people described how they were promptly supported by staff to access the required health care professionals at times when they had felt unwell. This included securing an appointment with their GP, requesting a medicines review and advising one person's relative of a change in their health condition.

Staff told us that they received the training they needed to provide care and support to people living in the home. They told us that this included regular training updates when required. We spoke with a recently appointed care staff member, who described an effective introduction to and training for their role. All staff we spoke with said they received regular supervision and an annual appraisal. This meant that staff received the training and support they needed to perform their role and responsibilities for people's care. As there were no volunteers present at our inspection, we spoke with the manager and a senior staff member about the arrangements for the training, support and supervision of volunteers who worked at the home. We also looked at the provider's policy for their use. This told us there were robust arrangements for their support and training.

Menus were displayed in a suitable location for people to access and they provided variety and choice. The recorded minutes of a recent staff meeting showed that healthy eating menus were being developed in consultation with people who lived at the home. At lunchtime we saw that there was a relaxed, sociable atmosphere. People said they were consulted about their meal choice and involved in meal planning. We saw that staff offered people a choice of drinks with their meal and gave them the assistance and support they needed. The cook serving lunch knew people's dietary needs and preferences. We saw that staff followed instructions from relevant health professionals concerned with people's nutrition, where required. For example, the type and consistency of food to be provided, where risks were identified to people's safety from choking, due to swallowing difficulties.

A person who was not able to eat and drink because of their medical condition received their nutrition by enteral feeding. This is the delivery of a nutritionally complete feed directly into the stomach, through a surgically fitted device. Staff responsible for administering the person's nutrition in this way, told us that they had received specialist training for this to ensure that is was given safely. A written care plan provided clear instructions for staff to follow to ensure the person received their nutrition correctly. Discussions with two staff responsible and supporting records, showed that the person's nutritional needs were being properly met.

Good

Is the service caring?

Our findings

People said they had good relationships with staff. They told us that staff treated them with respect and upheld their privacy and daily living choices and preferences. One person told us they were very happy with the way staff cared for and treated them. Another person said, “Staff are fantastic.” Their relative told us that staff had a good understanding of the person’s needs, preferences and goals for the future and said, “They have never smiled so much; they have got a new life, I can’t praise staff enough.”

One person told us they were very particular about their privacy and had asked for their specific wishes about this to be recorded in their care plan, which they said staff followed. They showed us their own copy of their care plan, which reflected their instructions. They also told us that staff supported them to exercise their choice to purchase personal items with their own money as they wished.

During the course of our visit we saw that staff supported people in a caring and sensitive manner. They did this in a way that was sensitive to people’s rights, needs and preferences and which ensured their dignity and privacy. For example, helping people with their mobility, choices, meals, medicines and how they spent their time.

Discussions with staff told us that they understood people’s needs, preferred daily living routines and lifestyle choices and also their hopes and wishes for the future. Three people’s care plan records that we looked at reflected this and showed that people had agreed their care. Families and friends were involved in people’s care in a way that met with people’s wishes.

We saw that staff were caring and spent time with people. For example, asking people how they wanted to spend their time, making arrangements to suit people’s hobbies and interests, asking people whether they needed assistance with their food and drinks and whether they had enjoyed their lunch. Staff we spoke were able to tell us how they communicated with some people to meet with their skills and abilities. For example, by using Makaton or picture signs. Makaton is a language programme using signs and symbols to help people to communicate.

We spoke with staff about the provider’ care principles and values as shown in their service guide and on their website. These aimed to promote people’s rights and we found that staff knew and understood them. Staff were also confident to raise concerns if they witnessed poor practice because the principles were not being followed.

Good

Is the service responsive?

Our findings

People told us that staff provided their care and support in the way that met with their daily living choices, needs and lifestyle preferences.

One person's relative said, "They are able to enjoy activities, including ones not experienced before they came here." "They went to a bird sanctuary yesterday; they are going on holiday at the end of the month and they also go to church."

We met one person who was proficient in the use of the language system, Makaton, which they used to communicate with others. All of the care staff and another resident and friend had received training in Makaton, which helped them to communicate with the person. We saw that the person's own room reflected their personal tastes and interests. They told us,"I am happy here; staff give me what I need." We saw that picture cards were hanging by their bedroom door, which staff and others also used to help them to communicate with and understand the person's needs. For example, they included topics such as, 'What I like to do' and 'What like to talk about.'

Another person told us that staff had supported them to move to a different bedroom, when they had requested this. They said that they liked their room, as it contained everything they needed, which was personal to them. They also said, "I am looked after well and can do own thing; I can have a nap in my chair and move around as I wish; I like the place altogether." Two other people told us they had chosen the décor in their own rooms. Another person said the registered manager had confirmed they would organise for their room to be redecorated, at their request.

People said they were able to engage in hobbies and interests of their choice and that they were consulted about these by way of regular meetings with key staff. For example, art, baking, crafts and games. Minutes of meetings and activities records that we looked at, reflected this. People were supported to take holidays of their choice and we found that some people were either away on holiday, or due to go at the time of our inspection. A dedicated area of the home provided people with work stations and access to computers and the internet. One person told us about training they had done in food hygiene and handling and first aid. Some people attended local day centres and one person told us they were going to meet some friends from there, for an evening meal. We also saw that people were often supported to access shops, pubs, theatres and cinemas. A few people had chosen to have and use their own cars to access the local community, which staff or personal assistants were insured to drive on their behalf

Two people felt that additional support may be needed to enable them to engage in more activities outside the home. Records showed that the provider had consulted with people and agreed plans with them, to improve their access to the local and extended community. Action in progress included the recruitment of additional volunteer drivers.

When we spoke with people about the arrangements for their meals. Two people told us about changes which had been made to meet their individual requests about meal times and snack choices. This meant that their views about their meals were taken into account by staff, who listened and acted on their wishes.

We looked at three people's needs assessments and care plans and saw they reflected their known needs, choices and preferences. They were regularly reviewed with people, or their representatives where appropriate and updated when required. For example, when changes were identified to people's risk assessed needs or individual choices and preferences. This meant that people were asked for their views about their care and staff acted in people's best interests when changes in their care needs were identified.

People said that staff listened and acted on what they said and that they knew who to speak with if they were unhappy or wished to raise any concerns about their care. The provider's record of complaints received showed that these were taken seriously, investigated and responded to in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

The manager told us they carried out regular checks of the quality and safety of people's care. This included checks of the environment, complaints, medicines, care plans and staff training. However, we found that their checks did not always ensure the cleanliness of the environment and some of the equipment used for people's care and the safe storage and recording of people's medicines. This is a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010.

People who lived in the home spoke positively about the management of the home. One person described the manager as, "Always approachable, listens and has time for you." People also knew staff's names and roles and we saw that a staff photo board was displayed to help people identify staff and their roles.

There is a registered manager in post at this service who led and was supported by a care team leader and other senior care staff members. External management support and guidance was also provided by the registered provider. This meant there were clear arrangements in the place for the management and day to day running of the home.

The provider's website and their service guide for this home, provided people with information about Leonard Cheshire's vision and values. This included information about the provider's care aims and objective and how they aimed to promote and ensure the rights of people living in the home. People that we spoke with at our visit understood these service and most said their rights were upheld.

However, three people told us that staff did not always maintain confidentiality in their personal information. The registered manager advised us that they had raised this with staff and were continuing to monitor their practice to ensure that confidentiality was maintained. They showed us a copy of the recorded minutes of a recent staff meeting, which reflected this. The registered manager also advised there was a confidentiality policy in place, which staff were expected to adhere to. They told us this was included in their recruitment process and also staff terms and conditions of employment.

People said that they were regularly asked for their views about their care. This included during their care reviews, individual and group meetings held with them and by formal survey questionnaires. The 2013 to 2014 customer survey showed that people were satisfied with the arrangements for their care, finances, transport and medicines arrangements. The results from this had been published and shared with people.

The registered manager and operations manager told us that they had recently reviewed the staffing arrangements in the home. From this they were seeking to make improvements to recruit additional staff to improve catering, laundry and domestic support in the home. Other service improvements in progress included ensuring that all people knew how to complain, development of food and menu planning to promote healthier eating and increasing people's opportunities to access the local and wider community.

All of the staff that we spoke with said they were regularly asked for their views about people's care. Staff handovers and meetings also provided a forum for staff to raise any concerns about care and for feedback to staff about any changes that were needed to ensure people's safety and welfare. Staff told us they were supported to perform their role and responsibilities and understood these. For example they knew how to report accidents and incidents, including safeguarding concerns and there were written procedures in place to enable them to do so. We found that a revised staff hand book had recently been issued to staff, which provided them with key information about their roles and responsibilities. Staff said they enjoyed working at the home and that they understood the principles of equality, diversity and human rights and were committed to promoting these in their daily care practice.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The registered persons did not ensure that people would be fully protected against the risks of acquiring a health associated infection. This was because, - Appropriate standards of cleanliness and hygiene were not fully ensured in relation to the premises and equipment there. Regulation 12(2)c(i) & (ii). - Systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection were not operating effectively. Regulation 12(1)(a), (b) & (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The registered persons did not ensure that people would be fully protected against the risks associated with unsafe use and management of medicines. This was because they were not always safely stored or recorded. Regulation 13.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered persons' arrangements were not wholly effective to identify, assess and manage risks to people's safety. Regulation 10(1)(b).