

# Care 4 All (North East Lincolnshire) Ltd

## Grant Thorold Library

### 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

About the service: Grant Thorold Library provides personal care and support to people with autism or a learning disability who live in their own homes. At the time of the inspection, they were providing personal care and support to 19 people. The care service has 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.

People's experience of using this service: -

The way staff responded to people's individual needs had been very good. The support staff had provided had been flexible and tireless, which had enhanced the quality of specific people's lives. This had enabled people to live more independently, access community facilities, to be more included in society and to be prepared for nursing interventions. There was a strong sense of staff empowering people to make their own decisions and including them when important decisions were made such as staff recruitment. Staff supported people to develop coping mechanisms to manage their mental health needs, had taught people cooking skills in order to be independent and liaised with professionals on the use of assistive technology. In discussions, staff described the ethos of using all means possible to support and reassure people when they had anxious or distressed behaviours to avoid the use of medicines to calm people. The care plans had comprehensive information for staff in how to meet people's needs.

People were protected from abuse and avoidable harm. Staff had completed training in how to safeguard people and risk assessments were completed to identify potential hazards. These measures provided staff with knowledge about what constituted abuse and the action to take should they have concerns. The risk assessments helped staff to minimise risk whilst ensuring people still made their own decisions and risk-taking was manageable and as safe as possible.

Staff supported people to access a range of health care professionals when required and ensured they received their medicines as prescribed. Staff liaised with health professionals as part of planning and delivering care and support.

People had support to meet their nutritional needs when this was part of their support plan. Staff assisted people to plan menus, shop for ingredients and prepare meals of their choice.

Staff had developed good relationships with people and treated them with dignity and respect; they encouraged people to be as independent as possible. Information was made accessible to people in different formats, for example easy read versions, symbol cards and staff training in sign language.

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. Staff had received training in mental capacity legislation and understood their responsibilities. They knew how to gain

consent before delivering care tasks and ensured people could make their own decisions and choices.

Staff were recruited safely and there were sufficient numbers to support people safely. Those people who required one to one support had this planned and provided; this was confirmed in discussions with staff.

Staff had access to training, induction, supervision and support. All staff spoken with described management support as accessible and training as relevant to their role. Staff were provided with personal protective equipment to help minimise the spread of infection; staff had completed training in infection prevention and control.

There was a quality monitoring system which ensured checks and audits were carried out, people's views were obtained and listened to and shortfalls were addressed. Accidents and incidents were analysed so that lessons could be learned. Senior management and the Board of Trustees had oversight of the service and completed regular checks.

The culture of the service was open and people felt able to raise concerns.

A full description of our findings can be found in the sections below.

Rating at last inspection: Good (published 6 July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and inspect in line with our re-inspection schedule or sooner if we receive information of concern.

## 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 caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Grant Thorold Library

## 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 was carried out by one inspector.

Service and service type: Grant Thorold Library provides care and support to people living in a number of 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Not everyone using Grant Thorold Library receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had two managers who were 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 2 working days' notice of the inspection site visit so the registered manager could organise visits to a small number of people who used the service, with their agreement.

We visited the office location on 18 December 2018 to see the registered manager and office staff; and to review care records and policies and procedures. We contacted relatives of people who used the service on 21 and 24 December 2018.

What we did:

Before the inspection, we looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements

they plan to make. We received information from the local authority.

During the inspection, we spoke with three people who used the service and three of their relatives. We spoke with the provider's representative, both registered managers, a care support coordinator and three care support workers. Following the inspection, we received information from another care support coordinator and a care support worker.

We looked at a range of documentation such as care files and medication records for four people. We looked other records for the management of the service such as recruitment, staff training, surveys and audits.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Safeguarding systems and processes

- The provider had policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Safeguarding was included in the provider's training plan. The provider's nominated individual and both registered managers were closely involved in the local safeguarding adults board and safeguarding forums.
- In discussions with staff, they confirmed they completed safeguarding training. This was also confirmed in training records. Staff knew the different types of abuse, the signs and symptoms which would alert them to concerns and the action to take to refer to other agencies.
- Relatives told us they had no concerns about the service. Comments included, "I am very happy with the service" and "The staff include me in everything and I was involved in staff recruitment."
- The provider had good recruitment practices, which ensured employment checks were in place before staff started working with people. These included application forms to assess gaps in employment, references, an interview and a disclosure and barring (DBS) check to ensure there were no exclusions from working in care settings. New staff had a probationary period and meetings to check their progress.

### Assessing risk, safety monitoring and management; Preventing and controlling infection.

- Staff completed risk assessments for people who used the service to highlight potential hazards. The risk assessments provided staff with guidance in how to minimise risk without being overly restrictive. The risk assessments included areas such as managing people's anxious or distressed behaviour, support to access community facilities, mobility, management of finances, choking, bathing and travelling in cars. The risk assessments were kept under review.
- An environmental risk assessment had been carried out in people's homes and measures taken to mitigate risk, for example safe storage of harmful products.
- Staff had access to personal protective equipment to help prevent the spread of infection. Records showed staff had completed infection control training or had courses planned in early January 2019.

### Staffing levels

- The Provider's representative told us staffing levels at each supported living service were based on the assessment of people's needs and commissioned funding arrangements. Several people had one to one support. Staff confirmed people received their one to one support as planned and in line with their weekly activity planner.

### Using medicines safely

- The provider had policies and procedures for the safe management of medicines and staff received training. Medicines were stored safely. Any errors in medication such as minor omissions and medicines not signed for on administration were identified quickly and addressed with staff.

- People received their medicines as prescribed. The registered manager had completed guidance for when people had medicines on an 'as and when required' (PRN) basis. These covered medicines such as pain relief and in one instance when the person had anxious behaviour; this latter guidance had a good description of how the person presented distressed behaviour and what staff had to check before administering the medicine as a last resort.

#### Learning lessons when things go wrong

- The provider had a system for analysing incidents and accidents to learn from them and prevent reoccurrence. For example, a log was maintained of low level incidents of minor altercations between people who used the service; these were reported to the local safeguarding team and action taken to involve health professionals. There was communication to staff, reminders about policies and additional training when required for medication issues.



# Is the service effective?

## Our findings

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

People's outcomes were consistently good; people's feedback, and those from their relatives, confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People who used the service had assessments of their needs completed before the start of the supported living arrangement. The assessments were used to develop care plans and these provided guidance to staff in how to support people in an effective way.
- The provider's representative and registered managers were aware of good practice guidelines and used them to support the delivery of care.
- People lived in their own homes and had tenancy agreements. Staff supported people to contact their landlord should repairs be required. People who used the service and their relatives had been involved in ensuring the house they chose to live in met their physical needs.

Staff skills, knowledge and experience

- Staff had access to a range of training, which helped them be confident when supporting people. Staff said the training met their development needs. Their comments included, "The Makaton [signing] training I received has been very useful for supporting one of the service users I work with" and "The training has helped me by giving me the tools I need to give the highest standard of care that I can provide." Records showed staff completed training and there was a system of indicating when updates were required.
- The provider's nominated individual and registered managers were instructors for positive behaviour support methods for people with challenging behaviour. They cascaded training to staff.
- Staff had formal supervision and appraisal meetings to discuss their training needs. They told us this included discussion about the people they supported, work load, personal performance, targets and training needs.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff supported people to plan their menus and prepare meals of their choosing. Staff encouraged people to eat a healthy diet but they were aware of people's independence and right to choose their own preferred meals.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- Staff supported people to access a range of health care professionals when required. Those seen included GPs, specialist nurses for people's physical and mental health needs, dentists, opticians, podiatrists and outpatient appointments. Visits to health care appointments were documented in people's individual files with any instructions for care and treatment.

- Staff supported one person to change their diet, which helped them to become medication-free.
- Relatives confirmed staff were quick to contact health professionals when needed and always kept them informed.

#### 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 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. Staff understood the need to ensure people gave consent before care tasks were carried out and gave examples of how they managed to gain consent. Staff had completed training in MCA and deprivation of liberty safeguards (DoLS).
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In the community, applications to deprive someone of their liberty are made by the local authority to the Court of Protection and care staff knew what would constitute a deprivation of liberty. The service was working within the principles of the MCA; any restrictions on people's liberty were identified and discussions had taken place with the local authority for it to take action. Staff gave examples of who lacked capacity for specific issues and who had had best interest meetings to discuss plans.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People who used the service were positive about the staff. Comments from people included, "I like it here" and "I like the staff."
- The comments from relatives were very positive about the staff team and their approach. Relatives said, "The staff are lovely; really nice", "The staff are always smiling" and "I think the staff are wonderful and they treat people well."
- Some people had agreed to meet with us and invited us to visit them in their homes. We observed there was a relaxed atmosphere between people and the staff who supported them. We saw staff had built up good relationships with people and were friendly and caring towards them.
- Staff supported people to access advocacy services if required.

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

- People were supported to make their own decisions and lifestyle choices. Staff assisted people to plan their menus, shop for ingredients and prepare their meals. Comments from people who used the service included, "I have a choice when I get up, I have a choice when I go to bed. I choose meals."
- Staff supported people to maintain relationships and friendships that were important to them.
- Relatives told us they were kept informed about issues that affected people. They told us they had been involved in staff recruitment and choosing the correct staff to support their relative. Comments included, "They have included me in everything and totally respect my involvement", "I've been to meetings and I'm always welcomed" and "I'm able to make suggestions and do feel involved."

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to maintain their independence and promoted their privacy and dignity. Comments included, "Yes, I am happy here. I like [Names of support staff]."
- A relative said, "They always look immaculate and always have a clean smell, which is really important to me." We saw one person was having a foot massage; this was done privately in the person's bedroom as part of a sensory experience.
- Staff described the ways they supported people to maintain their privacy and dignity and to encourage their independence. Staff comments included, "We follow good practice, for example, confidentiality, treating people as individuals, being respectful towards them and ensuring they are involved as much as possible in decisions involving their life." Staff spoke about people, and recorded information about them, in a respectful way.
- People lived in their own homes and staff were clear that this was respected; staff encouraged people to be involved in keeping their environment clean and tidy. People made their own decisions about decoration and having small pets.

- People and their relatives were able to use a caravan for holidays provided by the service. Staff were also able to use the caravan.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met.

### Personalised care

- People's assessments were thorough and the care plans included information from health and social care professionals involved in their care and support. The care plans assisted staff to support people in a very individualised way.
- We saw care plans contained lots of detailed information for staff in how to support people. For example, they included a range of creative, tried and tested ways to reduce people's specific anxieties without the need to resort to medication. These included identifying other possible reasons for the anxiety such as pain, thirst, hunger or tiredness and using distraction techniques.
- Reasonable adjustments had been made to ensure information was accessible. Staff had developed communication care plans for people who were unable to communicate verbally. These included the use of symbols and cards. There were easy read versions of a service user guide which explained what supported living was and what the staff team could assist people with. There were also easy read versions of tenancy agreements, which people were supported to sign when they were able. Staff had completed signing training to ensure they could communicate with people.
- Staff spoke about people's transition plans from previous care settings to more independent living arrangements. We saw these plans were flexible, very individual and based on people's specific needs and level of support requirements. Some of the transition plans were carried out over a period of weeks and months and on occasions involved staff transitioning with them.
- There were lots of examples where staff had gone 'above and beyond' to enhance the quality of life people received. Examples included supporting one person to re-establish management of their finances, pay bills and recover from debt, budget for food, treats and clothes and be involved in social activities. Staff said, "Over time they are now in control of their own finances and we have worked together and managed to pay off all their debts and be on top of finances. They are a lot happier and settled and now joins in all activities as well as booking themselves on events with support." This had had a significant impact on the quality of their life and social inclusion. Another person has also been supported to manage their finances, which has enabled them to make savings and plan for family birthdays.
- Staff supported one person to access assistive technology, which they used to be more independent in their own home. The person demonstrated the technology to us and it was clear they were really pleased to have control over items such as the television and lighting in their bedroom.
- Staff had supported one person in a consistent way, which had significantly reduced their anxieties, the need for a restriction when using a wheelchair and also reduced the amount of medication they needed to take.
- Staff worked very closely with a person who was reluctant to have medical treatment; the person now received the treatment with support from staff. This had enabled the person to feel more confident and safe

when receiving health input.

- Staff had supported one person to recognise a deterioration in their mental health, to establish coping mechanisms and to liaise with their medical team. The person was able to live a more fulfilled life as a result.
- Staff supported one person who previously lived in a residential setting and lacked independent living skills such as cooking and cleaning. Following a period of intense support, the person could cook and clean their flat and did not need to rely on staff for these tasks. This had provided the person with the skills and confidence to more independent.
- Staff spoke about people in a very positive way and it was clear they were passionate about ensuring people had an improved quality of life, were part of the local community, were empowered to make their own decisions and were included in social events.
- Relatives were very complimentary about the responsiveness of the staff team and service. Comments included, "I am very happy with the service; they have been in various accommodations and all have come with a lot of stress. They now live independently with staff support and has a life. They used to have problems and fears but now is maturing week by week" and "I really can't think of any improvements they can make."
- There were very positive comments from professionals from other agencies. Comments included, "I have found the provider to be open to working in partnership with other support services and they have an innovative, 'can do' approach, which works extremely well in social care" and "I have found staff to be very responsive, knowledgeable, take responsibility and a pleasure to work with."
- The service won the 'Yorkshire and Humber Great British Care Awards' in the 'Putting People first/Personalisation Award' category. Staff will be attending an interview to participate in national finals in February 2019.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure; this included an easy read version.
- Staff understood how to manage complaints and said they addressed them straight away if possible or passed concerns to management.
- People who used the service gave the names of specific staff they would talk to. There were core groups of staff which provided support to people and this enabled consistency and trusting relationships to develop.

End of life care and support

- The provider was developing a policy and procedure for end of life care; this was to include information for staff regarding the appropriate time to speak to people and their relatives about plans for end of life care and support. Most people who used the service were young and relatively active and staff had not supported anyone with end of life care in the past. Senior management told us people would be supported in their own homes with community health service input if required.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Senior staff had been identified in 'Champion' roles. These included, among others, risk, safeguarding, infection control and medication. The staff with champion roles had an enhanced knowledge of the specific topic.
- There was an open culture, with an accessible management team. The focus was on delivering quality care tailored to people's needs and putting people first. Staff understood these values and put them into practice on a day to day basis.
- People's care plans included the support required to meet people's individual needs. People who used the service, their relatives and staff had been involved in formulating and providing information for the care plans.
- The provider's nominated individual and registered managers carried out regular quality assurance visits to people to check they were happy with the service.
- The Board of Trustees was involved in quality monitoring, received reports about the service and held meetings. This ensured they had an overview of the service and any concerns and duty of candour issues could be discussed and addressed. The provider's nominated individual completed monthly updates for the Board.

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

- The provider had a quality assurance system in place which consisted of audits, checks, surveys and response to feedback. Those audits seen included medicines, documentation, finances, health and safety and accidents/incidents. Action plans were produced to ensure any shortfalls were addressed.
- The provider had a 'leadership charter', which set out core values. These included putting people first, taking responsibility, working together, providing a quality service and investing in the local community. There were clearly defined expectations for the management team, which included them being a role model for staff and adhering to the leadership charter. There were meetings every two months for senior staff to discuss progress with moving from good to outstanding rating.
- Staff confirmed communication and morale was good. They also said the management team were supportive. Comments included, "It's a good company to work for; you can walk in anytime to speak to [Names of management team]", "It's personal and friendly, you are not just a number; [Name of provider's nominated individual] knows all the staff and is really on the ball" and "The management team are very accessible and supportive to the staff team."

- The provider had policies and procedures in place to guide staff. These were accessible.
- The registered managers were aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service. We had not always been informed of full information about some incidents, which was discussed with the registered managers to address in future notifications to us.
- The management team had developed a corporate risk register for forward planning to ensure potential hurdles were anticipated and planned for. This gave timescales to address issues, for example, improvements to documentation.
- There were audit and governance committee meetings. These discussed the corporate risk register and reviewed actions.
- Accidents and incidents were analysed so that lessons could be learned.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People who used the service and their relatives all knew the names of the provider's nominated representative and the two registered managers.
- The management team supported parents to set up a forum for them to exchange views, make suggestions and be involved in the service.
- The management team have developed good working relationships with other professionals and agencies. They have been involved in the development of an interagency project in response to identified accommodation and support needs for a specific group of people. The project is managed on a day to day basis by the provider. Staff worked in close collaboration with health and social care teams to ensure people received appropriate levels of care, support and treatment when required. Comments included, "Care4All are supportive and responsive in collaborative working" and "I have worked on a number of funded projects with Care4All and it has always proved to be a very successful partnership."
- Staff said, "We work with service users and other professionals such as the occupational therapists to put together a plan of how support will be delivered."