

Mr Adrian Lyttle

Mr Adrian Lyttle - Sutton Coldfield

Inspection report

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Sutton Coldfield
West Midlands
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18 February 2020

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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 

Summary of findings

Overall summary

About the service

Adrian Lyttle- Sutton Coldfield is a care home providing personal care to people. The service can support up to nine people with a learning disability and nine people were living there at the time of the inspection.

The service was a large domestic style property located in a residential area. There were no identifying signs that this was a care home.

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

At our last inspection a fault with the fire alarm system had been identified. At this inspection we found the same fault remained and the provider had failed to take action to keep people safe, from the risk of fire. The provider had not always notified us of certain events that they are required to do so.

The providers quality monitoring systems and processes were not always effective at identifying where improvements were needed and action was not always taken on issues identified in a timely way.

The provider had made some recent improvements and work was still underway to update their policies and systems in relation to best interest and MCA. This will ensure that people are always supported in the least restrictive way possible and in their best interests.

Improvements were underway to ensure staff received more formal supervision and appraisal to support them to carry out their role.

The provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, race, religion or belief etc. Staff members we spoke with knew people they could tell us about people's individual needs and how they were supported.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support.

People said they felt safe and were comfortable around staff. Relatives told us they felt their family members were safe. Staff were observed to be kind and caring. Staff spoke to people with dignity and respect and took the time to support and encourage people. People were supported to do things they enjoyed doing and to maintain relationships that were important to them.

Staffing levels had recently been increased and staff were recruited safely.

People were supported to access external healthcare professionals to maintain their health and wellbeing. People were supported to have enough to eat and drink and appropriate referrals had been made to healthcare professionals.

There were systems in place for people and relatives to give their feedback on the service.

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 good (published August 2018)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to regulation 12 safe care and treatment and regulation 18 failure to notify CQC of specific information. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any information we may return sooner.

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 always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Adrian Lyttle- Sutton Coldfield 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.

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:

The inspection was unannounced on 17 February 2020, we told the registered manager that we would be returning on the 18 February to complete the inspection.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all this information to plan our inspection.

During the inspection

We met and spoke with eight people who used the service. We also spoke with two relatives and one health care professional. We used a range of different methods to help us understand people's experiences. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six members of staff, including care workers, senior care staff and the registered manager.

We reviewed a range of records. This included three people's care records and three people's medicine records. We also reviewed the process used for staff recruitment, records in relation to training and records relating to the management of the home and a range of policies and procedures developed and implemented by the provider.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection the key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our last inspection records of maintenance checks of the fire system identified a persistent system fault with the fire alarm panel. At this inspection a visual check of the panel showed a fault light and records of maintenance checks of the fire system panel by a maintenance company had repeatedly stated that a new panel was required. The provider had failed to act on the advice.

Systems in place did not ensure the risk of fire was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider took action at the time of the inspection to address this and arrangements were made for the required work to the fire panel to take place the week after our inspection visit. We have shared our concerns about this matter with West Midland Fire Service.

At the time of finalising the report we had confirmation from the registered manager and West Midland Fire service that work to the fire panel had been completed.

- People told us they knew what to do in the event of a fire and emergency evacuation plans were in place to support people in the event of a fire. Staff had completed fire safety training, regular checks on the fire equipment and regular fire drills took place.
- Risk assessments provided information and guidance to staff to mitigate the risks. Staff were knowledgeable about potential risks to people and how to support people safely.
- Staff were available in communal areas to make sure people were kept safe and to respond to people's request for support.

Using medicines safely

- People received the right medication at the right time. Medicines were stored safely and people's medicines administration records (MAR) were completed accurately.
- Staff had been trained to give medication safely and confirmed to us their competencies to administer were checked regularly.
- Some further information to aid staff in administering medicines that had been prescribed on a when required basis (PRN) was needed. This would ensure staff would have information specific to the needs of the person to refer to. Staff we spoke with knew people's needs well.

Staffing and recruitment

- There were recruitment processes in place and we saw evidence these were followed when appointing new staff.
- The registered manager told us that staffing levels had recently increased. Staff commented favourably on the recently increased staffing levels. This meant they had more time to spend with people and support them to do activities.
- Staff were available to support people safely and respond to request for help and support. Staff took time to talk and interact with people in a way and at a pace that met people's needs.

Preventing and controlling infection

- The home environment was clean with no unpleasant odours.
- Staff had access to personal protective equipment and used this appropriately.

Learning lessons when things go wrong

- The provider had systems in place to look at incidents and there was oversight of this information.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed around staff and people told us they would speak with staff if they were not happy about something.
- There were systems in place to monitor and manage allegations of abuse or harm.
- People told us they felt safe living at the home. One person told us, "I like the staff and there is always someone I can talk to."
- There were systems in place to monitor and manage allegations of abuse or harm.
- Staff had received safeguarding training and knew what action they needed to take if they witnessed or suspected abuse. A staff member told us, "Any concerns I had I would report to the managers and yes I am confident that they would deal with the concerns appropriately."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 prior to admission.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs' assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity, disability and sexual orientation.
- Staff had a good understanding of people's care needs.

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

- Meal times were flexible depending on people's individual plans.
- Some people had specific dietary requirements, staff knew these needs.
- People who required support to eat their meals received the support they needed to do so safely.
- Staff monitored people's weight to ensure they were staying healthy.

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

- The home was a traditional house, it was domestic in style comfortable and welcoming.
- People had large spacious bedrooms with ensuite bathroom facilities, these were personal in style and layout dependent on people's needs.
- Adaptations had been made to the building depending on people's needs. For example, some people had walk in shower facilities that met their mobility needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had applied for DoLS where appropriate.
- Staff understood the importance of giving people choice and asking for their consent.

- The registered manager had identified that further work was needed to support staff knowledge and skills in relation to MCA and DoLS and this work was underway when we inspected. The registered manager also took action during our inspection to improve the records they had in relation to the oversight and monitoring of DoLS.
- There was some information in people's care plans around likes, dislikes and choices.

Staff support: induction, training, skills and experience

- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff told us they received the training and support they needed to carry out their role.
- Staff told us managers were approachable and helpful.
- The registered manager told us it was a small staff team and they worked closely as a team and monitored the skills of care staff to ensure that staff were competent to deliver effective support. This was often provided informally and spontaneously. They told us they were in the process of implementing a more structured system of supervision and appraisal and more regular checks on staff competencies in key areas.

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

- The registered manager told us some people had care review meeting at their day care provision and staff from the home had attended this meeting. This ensured information was shared effectively with other professionals.
- There were systems in place, such as daily care records, and regular handover meetings to share information about people's progress.
- People had health action plans identifying their health needs. These provided information about how a person should be supported when receiving health treatment. For example, if they need additional support when having tests at the hospital, or how they communicate pain.
- People had access to health professionals and were supported to attend regular health checks to maintain their health.
- A healthcare professional we spoke with during our inspection told us they had no concerns about people's care. They told us it was a welcoming environment to come into and staff knew people's care needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection the key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were cared for by kind and caring staff who knew their needs. We saw warm friendly, kind interactions between people and staff. One person told us, "I like the staff I can talk to them."
- A relative told us, "I am happy with [person's name] care and have no concerns."
- People's equality and diversity needs were respected. Staff spoke very warmly about people and recognised people's individual needs and qualities.

Respecting and promoting people's privacy, dignity and independence

- Care staff protected people's privacy and dignity while completing tasks such as personal care.
- People had their own rooms which were personalised and contained their own personal possessions.
- People were supported to take control of their lives and were supported to varying degrees to shop, help with food preparation and complete some household tasks.

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

- Staff worked with people, relatives and professionals to make sure their needs were met.
- Records showed people were involved in their care.
- Staff spent time talking to people and engaging them in activities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff could tell us what was important to each person.
- People had a care plan and assessment, this included how the person wanted to be supported and also information about goals and outcomes and what people wanted to do. However, some of this information had not been updated regarding what goals people had achieved, although staff could tell us this information. The registered manager told us that a new care plan format was being introduced and all care plans would be rewritten and updated with the involvement of the person and other relevant people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). They told us that people were asked about what format information should be provided at the point of assessment and whatever format was required, would be provided.
- People's communication needs were identified, recorded and highlighted in care plans. Staff took time to listen and responded to people's communication at an appropriate level and pace.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities they enjoyed.
- One person told us about a baking class they go to and they enjoyed this session very much. Another person told us, "I have a bus pass and enjoy going on the bus to the local shopping centre and there are certain shops I like to go to." Another person told us about their hobbies and interest and how they enjoyed going fishing and to football matches with a staff member.
- People told us about their friendship and relationships and the importance of these. Staff told us about how they supported people to maintain important relationships. We saw people living at the home had developed close friendship and staff recognised the importance of these relationships.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure.
- People and their relatives told us if they had any concerns they would speak with staff or the manager and

they were confident they would be listened to.

End of life care and support

- There was no one receiving end of life care at the time of inspection. People had been supported to record their wishes they wanted respected at the end of their life.

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 the last inspection this key question was rated as requires improvement. At this inspection the key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider is required to inform CQC about the outcome of DoLS applications, but we had not received the notifications for these. The provider had not notified us of two DoLS applications that had been authorised.

The registered manager told us both notifications had been sent to CQC. However, they were unable to provide an audit trail of this for either notification. For example, a copy of the notification or a CQC generated enquiry number that is sent when an email is received. Our system had no record of receiving either notification that would have been sent on different dates.

The failure to notify us of DoLS that had been granted was a breach of Regulation 18 of the care Quality Commission (Registration) Regulations 2009

- The registered manager when realising that we did not have the notifications for this immediately completed the notifications and sent them to us, (CQC).
- The registered manager had developed their audits of the service. Weekly and monthly audits of key areas were now taking place. These still required some development to ensure they were effective. For example, the providers own system had identified that the fire panel required replacement. However, the provider had failed to act on this in a timely way. We received written confirmation from the provider confirming work would commence within a week of our inspection visit.
- The registered manager had identified through their own systems that staff required further training and development in relation to MCA and DoLS and work on this was in progress.
- Care records and risk assessments required more detail in place to ensure information was detailed and current for staff to refer to. The provider own audits had identified this, and the registered manager told us about their plans to revise the care plan documentation and people living at the service would be fully involved in this process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and relatives spoke positively about the registered manager. A relative told us, "Staff and the manager are approachable if I need to ask about anything."

- Staff spoke positively about the management team. A staff member told us, "I can see improvements are being made at the home. It's really good and there is now always one of the managers around if you need to ask about anything."
- Feedback surveys had been completed with people, relatives and staff. Actions had been taken as a result of feedback.
- The registered manager told us they were implementing a more formal supervision and appraisal system to ensure staff received the ongoing support they needed to carry out their role effectively.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The provider was aware of their responsibilities under the duty of candour and told us relatives would be informed of any concerns or issues that had arisen.
- People and relatives, we spoke with told us that staff and managers were approachable and helpful.
- The registered manager was open and transparent during the inspection. They recognised that further improvements were needed at the home and showed a willingness to listen and improve.

Working in partnership with others for people's benefit; continuous learning and improving care

- The registered manager told us they worked well with health and social care professionals and the local authority.
- The registered manager told us they had developed good working relationships with local GP and pharmacy services. They told us people were receiving a good level of service from the local GP surgeries.
- The registered manager told us they maintained their own skills and knowledge by completing training and research.

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 18 Registration Regulations 2009 Notifications of other incidents The failure to notify us of DoLS that had been granted was a breach of Regulation
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place did not ensure the risk of fire was effectively managed.