# Community Integrated Care

# Laneside

## Inspection report

off Sandbrooke Road
Ainsdale
Southport
Merseyside
PR8 3RG

Tel: 01704570134
Website: www.c-i-c.co.uk

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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

Laneside is a small care home accommodating up to four people who require support and personal care. The service specialises in caring for people over the age of 18 who have a learning disability. The home is managed by Community Integrated Care [CIC].

This was an announced inspection which took place on 8 November 2016. We announced our inspection because we wanted to ensure people who lived at the home were available to meet.

The service was last inspected in April 2014 and at that time was found to be meeting standards.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Because of communication difficulties of the people living at Laneside it was difficult to get any detailed verbal feedback. We did however meet three of the people living there and also met with a visiting relative who was able to give some detailed and informed feedback.

We made observations of the way staff interacted with people living at the home and the feedback from the relative we spoke with was very positive. We were told the care was personalised and the staff knew their relative well and understood their care needs.

We reviewed the way people's medication was managed. We saw there were systems in place to monitor medication so that people received their medicines safely.
There was enough staff on duty to help ensure people's care needs were consistently met.

We looked at how staff were recruited and the processes to ensure staff were suitable to work with vulnerable people. We found recruitment to be well managed and thorough.

The manager was able to evidence a series of quality assurance processes and audits carried out internally and externally by staff and from visiting senior managers for the provider. These were effective in managing the home and were based, were possible, on getting feedback from the people living there or their relatives/supporters.

Care was organised so any risks were assessed and plans put in place to maximise people's independence whilst help ensure people's safety.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported. Training records confirmed staff had undertaken

safeguarding training and this was on-going. All of the staff we spoke with were clear about the need to report any concerns they had.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed where obvious hazards were identified. We found the environment safe and well maintained. We had been informed by the provider that the people living at Laneside had been assessed for a move to a supported living environment and Laneside will be deregistered as a care home in the near future. Both manager we spoke with were aware of the issues surrounding the changes and have kept us (the Commission) informed. Meanwhile the home has been safely maintained.

The people living at Laneside were unable to consent to care and treatment. We found the principles of the Mental Capacity Act 2005 were followed, in that an assessment of the person's mental capacity was made and decisions made in the person's best interest. The decision to move to supported living in the future, for example, was well managed with input from social work teams and liaising with family members.

The managers had made appropriate referrals to the local authority applying for authorisations to support all four people deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. We found the applications were completed and were continuing to be monitored by the manager.

Daily living activities were organised in the home and these were appropriate and individualised to the people living at the home. All of the people we met were supported to engage in activity outside of the home on a daily basis.

We saw written care plans were formulated and reviewed on-going. We saw that people or their family members were involved in the care planning and regular reviews were held.

We observed staff interacting with the people they supported. We saw how staff communicated and supported people. Staff were able to explain each individual person's care needs and how they communicated these needs. The family member we spoke with told us that staff had the skills and approach needed to ensure people were receiving the right care. People were observed to be comfortable and react positively with staff. The family member told us they had been consulted about their relatives care and we saw some examples in care planning documentation which showed evidence of this input.

Care records showed that people's health care needs were addressed with appropriate referral and liaison with external health care professionals when needed. We saw an example during the inspection as the manager and staff had liaised well with community services to support one person to attend a dental appointment.

We saw people's dietary requirements were managed with reference to individual needs. We saw one person enjoying their meal when they returned from being out for the day.

When we observed staff interacting with people living in the home they showed a caring nature with appropriate interventions to support people.

We saw a complaints procedure was in place and people's family members were aware of how they could complain. We saw that a record was made of any complaints and these had been responded to. The last complaint was received in 2014.

## 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.

We found good systems in place to ensure medicines were managed safely. These were consistently monitored.

Staff had been thoroughly checked when they were recruited to ensure they were suitable to work with vulnerable adults.

There were enough staff on duty to help ensure people's care needs were consistently met.

We found that people had risks to their health monitored. Assessments and care plans contained necessary detail to help ensure consistent outcomes for people's health.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

There was good monitoring of the environment to ensure it was safe and well maintained. We found that people were protected because any environmental hazards had been assessed and effective action to reduce any risk had been taken.

### Is the service effective?

Good

The service was effective.

Staff said they were supported through induction, appraisal and the home's training programme.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made and care and treatment planned in their best interest.

The home supported people to provide effective outcomes for their health and wellbeing.

We saw people's dietary needs were managed with reference to individual needs.

## Is the service caring?

Good

The service was caring.

A person's family member told us staff were caring, warm and provided good support. We observed people to be comfortable and responsive to staff interaction and attention. Staff had time to spend with people and engage with them.

Staff we spoke with understood and could explain how they maintained people's privacy and dignity.

There were opportunities for people/supporters to provide feedback and get involved in their care and the running of the home.

## Is the service responsive?

Good

The service was responsive.

There were daily activities planned and agreed for people living in the home based around a strong culture of support for people's daily activities and interests and preference.

Care was planned with regard to people's individual preferences. We saw written care plans were formulated and regularly reviewed.

A process for managing complaints was in place and a family member we spoke with knew how to complain. Complaints made had been addressed.

## Is the service well-led?

Good

The service was well led.
There was a registered manager in place.

There were a series of on-going audits and quality checks to ensure standards were being maintained and the culture of the home was being supported. These were effective in identifying any issues and planning the development of the home.

The Care Quality Commission had been notified of reportable incidents in the home.

There was a system in place to get feedback from people so that

the service could be developed with respect to their needs and wishes. These included regular meetings and other formal processes to collect feedback from family members of people living at Laneside.

# Laneside

**Detailed findings**

## Background to this 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.

This was an announced inspection which took place on 8 November 2016. The inspection was undertaken by an adult social care inspector.

We were able to access and review the Provider Information Return (PIR) as the manager sent this to us as part of the inspection. 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 also reviewed other information we held about the service.

During the visit we were able to meet and interact and make observations with all four of the people who were living at the home. We spoke with five of the staff working at Laneside including care staff, the registered manager and a senior manager for the provider.

We looked at the care records for three of the people staying at the home including medication records, two staff recruitment files and other records relevant to the quality monitoring of the service. These included safety and quality audits including feedback from people living at the home.

We undertook general observations and looked round the home, including people's bedrooms, bathrooms and the dining/lounge areas.

Good

# Is the service safe?

## Our findings

During this inspection, we looked to see if there were systems in place to ensure the proper and safe handling of medicines. We found medicines were being managed safely.

People at the home had their medicines administered by the staff. People had a plan of care which set out their care and support needs for their medicines. Care records we saw confirmed that people were reviewed regularly by their doctor and this included medication reviews. From the medication records we saw, people had their medicines given on time and staff supported them well.

Each MAR (medicine administration record) contained a photograph for identification purposes and any known allergy. We checked a selection of MARs and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had had their medicines. It was also easy to audit from the MAR's, in conjunction with other records, to see if the correct stock was in balance. We discussed the fact it would be easier to audit if any 'carried forward' medicines were also recorded on the MAR. Records endured the medicines could be accounted for.

A protocol was in place for staff to follow when administering medicines to be given 'when required' (PRN). These were clear and gave staff the required information regarding their use.

There were no people having medicines given 'covertly' [without their knowledge in their best interest]. We saw that the medication policy included reference to this and staff knowledge supported good practice regarding consent.

Designated staff administered medicines and completed practical competencies in administration of medication as well as standard training. Staff were regularly assessed for competency and good practice. We saw details of the training completed.

We looked at how staff were recruited and the processes followed to ensure staff were suitable to work with vulnerable people. We looked at two staff files and asked for copies of appropriate applications, references and necessary checks that had been carried out. We saw checks had been made and these were thorough to ensure staff employed were 'fit' to work with vulnerable people.

There were four people living in the home at the time of our inspection. Basic staffing levels were seen to be three care staff early morning and late afternoon. This was reduced by one between 10.30am and 14.30pm when people living at Laneside were generally out at a day centre or other supported activity. The registered manager was in addition to these numbers. We saw that extra staff cover was provided if needed, depending on care needs.

Staff interviewed confirmed that the home was well managed in terms of staff numbers and support. Personal care needs were relatively stable and staff told us they had plenty of time to provide positive social contact and support.

The observations we made evidenced staff were available. We observed staff attending to people and supporting them with meals and drinks when they returned from being out. A person's family member said staff supported people with their personal care needs and there was always staff about. We were told, "The staff are very settled and they are good. I feel [person] is very safe here."

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw routine risk assessments in areas such as falls, nutrition, and mobility as well as more specific areas of care such as 'walking around Laneside, scalding [from hot water] risk and, for one person, risks around eating and choking. These assessments were reviewed regularly to help ensure any change in people's needs was assessed to allow appropriate measures to be put in place.

We made observations of people living at the home and they appeared relaxed in the company of the staff. The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training and this was on-going. All of the staff we spoke with were clear about the need to report through any concerns they had. We saw that the local contact numbers for the Local Authority safeguarding team were available to staff. There had been no safeguarding incidents at Laneside.

Arrangements were in place for checking the environment to ensure it was safe. For example, health and safety audits were completed on a regular basis where obvious hazards were identified. Any repairs that were discovered were reported for maintenance and the area needing repair made as safe as possible. We saw the general environment was safe.

We had been informed by the provider that the people living at Laneside have been assessed for a move to a supported living environment and Laneside will be deregistered as a care home in the near future. Both manager we spoke with were aware of the issues surrounding the changes and have kept us (the Commission) informed. Meanwhile the home has been safely maintained.

We saw how accidents and incidents were monitored in the home. All accidents were recorded and sent for review by senior managers. Statistics for accidents and incidents were recorded and good records maintained.

A 'fire risk assessment' had been carried out and updated at intervals. The PIR for the service stated: "All furniture is fire retardant or sprayed to make it fire retardant'. We saw personal emergency evacuation plans [PEEP's] were available for the people resident in the home to help ensure effective evacuation of the home in case of an emergency.

We spot checked safety certificates for electrical safety, gas safety and kitchen hygiene and these were up to date. This showed good attention with regards to ensuring safety standards in the home.

Good

# Is the service effective?

## Our findings

We looked to see if the home was working within the legal framework of the Mental Capacity Act (2005) [MCA]. 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.

We found requirements were being met and people living at Laneside, all of whom lacked capacity to make certain decisions, were assessed appropriately. The example from the inspection was for a person who had to undergo a medical [dental extraction] procedure in their best interest. We saw the assessments had taken into account the issue of consent and the standard two stage mental capacity assessment had been used as part of the process evidencing good practice. There had been liaison with the social worker, family and dental practitioner. This process showed a good understanding of the principals of the MCA and how they should be applied to ensure people's rights are protected as well as good liaison around the person's health care needs.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. All four of the people living at the home were on DoLS standard authorisations. We saw the applications for one person and saw the application had been made appropriately with the rationale described. The manager was monitoring each in terms of review.

We observed staff provide support at key times and the interactions we saw showed how staff communicated and supported people and asked their consent to care. When we spoke with staff they were able to explain each person's care needs and how they communicated these needs.

We reviewed the care of three people on our inspection including asking about aspects of health care and how effective this was.

The information sent to us before the inspection in the PIR told us, 'To ensure we provide an effective service to the people supported we work closely with the MDT regarding any health issues or concerns'. We saw from care records people receive support from healthcare professionals such as, dietician, district nurses, Falls assessment team, GP, social workers and follow advice to ensure effective care is delivered.

People living at the home told us staff had the skills and approach needed to ensure they were receiving the right care with respect to maintaining their health. We looked at the training and support in place for staff.

The Provider Information Return (PIR) told us: 'All the Staff Team are up to date with the Mandatory Training

and bank workers are booked onto also. Staff all have MAPPA training to require de-escalation techniques to enable them to assist people supported when they become very distressed. Staff have autism and epilepsy training to ensure the people we support have effective support'.

We saw that there was a planned induction and new care staff completed the Care Certificate which is the government's recommended blue print for staff induction. Staff we spoke with told us they were up-to-date with training and the registered manager encouraged training and further learning. The registered manager confirmed that care staff had a qualification in care such as QCF (Qualifications Credits Framework) and we saw evidence that 70% had completed these courses and attained a qualification.

All of the staff we spoke with told us they had regular supervision sessions with the registered manager and this provided good support.

People meals were flexible and we saw one person returning from their day out who was enjoying a meal. The person was supported appropriately by staff in attendance. We were told about one person who had had great difficulties with their general health a while ago. There were concerns about weight loss. The PIR told us, 'We were very concerned about [persons] general wellbeing with months of concern, requesting weekly contact from the psychologist or community nurse. We involved the dietician and requested 'Thick and Easy' [a fluid thickening agent for people who have swallowing difficulties] to encourage fluids. Staff spent a lot of time encouraging food and fluids. Thankfully, we are now seeing a [person] who has gained weight and is beginning to enjoy life again'.

Good

# Is the service caring?

## Our findings

We spoke at length to one relative of a person living at Laneside. They were able to give a rounded opinion of the quality of the care at the home as there relative had lived there for a number of years. We were told the care was of a high quality and because staff 'knew people well' they were able to provide a more individualised caring atmosphere to the home. We were told that staff made sure relatives were very involved in the care; "Communication is the key and staff are very good at this; the staff team create a family atmosphere."

We made some observations of how staff interacted with people. Staff were seen to have very positive relationships with people and encouraged a good communal atmosphere. The interactive skills displayed by the staff were positive which encouraged a sense of wellbeing for people when being supported. When the four people living at the home returned from their dally activity the staff support was sociable, timely and well-paced.

A relative told us there were no restrictions to visiting. The importance of building strong therapeutic relationships with people and their families was emphasised in the PIR we received before the inspection: '[Staff] all have the attributes that is essential; e.g. compassionate ,kind, respectful and show compassion to the very vulnerable people we support. All staff attend a seven day induction programme prior to starting work at Laneside. They complete the Cavendish Care Certificate. All care staff have person centred approaches and are encouraged to develop their own one page profile this enables staff to be effectively matched with people they support, share interests and experiences; this is a good starting point for building rapport'.

We saw that staff spent time listening to people and tried to make them feel the centre of attention. Staff were able to evidence how they knew people and transferred this to aspects of the environment such as one person bedroom which we saw being highly personalised with photos and mementoes. The same person had been supported by staff through a difficult period of their lives following bereavement issues; this personalised attention had helped the person through this period.

Good

# Is the service responsive?

## Our findings

The PIR for the service emphasised the importance of an individualised approach to care. This means looking at how support can be organised so that people's individual routines and choices can be flexibly planned into the support offered. The PIR stated: 'Staff familiarise themselves with these routines and ensure they are carried out. Each supported person is assisted to bath and have their hair styled each morning and some also enjoy a bath prior to bedtime. Each person has their own style and this is reflected in their clothes choice and their bedroom. Their likes and dislikes are shared with the team to help a person centred approach to the support and care delivered'.

We saw many examples of this approach including the acquisition of a specialised chair for one person so they felt both safe and more comfortable while relaxing in the lounge area. We also saw people were supported to attend a full a day as possible. People attended a day centre, went shopping and visited local places they might be interested in. We heard about another person who liked musical concerts. Staff told us they were planning to go to a festival. The person enjoyed holidays and happily settled in new environments. To reach this outcome staff were planning a local festival first as a trial.

People living at the home had individual care plans. These contained information and guidance for staff on people's health and social care needs, their preferred routine, daily records of the care and given by the staff and input from external health and social care professionals to oversee people's health and wellbeing.

We saw care plans for areas of care which included mobility, nutrition, personal hygiene, falls, people's routine and medicines. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw provided this assurance. They recorded good detail so that staff support was provided in a way the person wanted and needed to maintain their health and wellbeing. For example, one person's care file gave great detail how they communicated their emotions and care needs including triggers and signs of when they were anxious or worried.

Care plans were reviewed regularly and these reviews provided an over view of the person's care and reflected any change in care or treatment. Where equipment had been assessed as needed to ensure people's safety this was in place and recorded. One person had a behaviour which put them at risk of self-harm. This had been identified and a clear support plan was in place.

We saw a complaints procedure was in place and this had been recently reviewed. Relatives had been given a copy and there was an easy read version available if needed. The last complaint received had been in 2014. There was a full record and outcome recorded for this.

Good

# Is the service well-led?

## Our findings

There was a registered manager who was supported by a regional manager. Both were present throughout the inspection and attend the home on a regular basis. There was a clear management structure supporting the home with all levels of management and supervision having active input into the home. We were told by both registered manager and the regional manager there were clear systems in place to monitor standards and these included a strong emphasis on feedback from people living in the home and their families and supporters.

This was emphasised by the way proposed developments regarding the future placement of people living at Laneside had been managed. The new proposals had been carefully introduced over a prolonged period with full input from advocates of the people living at the home, including family members, and social work teams. This had provided some reassurance, particularly to family members; a relative said, "We have had a number of meetings and been kept fully informed."

Regular feedback is sought from relatives of people living at the service and this extends to more informal approaches as there were only four people living at the home. The PIR states: We have a very good relationship with the parents and families of all people supported. When they are unhappy they call me and I meet up with them; e.g. [family member] asked to meet me recently at their home as they had a few issues'.

The PIR for the home reinforces the shared approach to the running of the home and building confidence in the staff team so they can 'speak' and advocate for the people living at the home. In the PIR, the registered manager reported: 'This open, honest approach has over the years built up confidence and trust. During my annual leave my team were confident enough to question medical staff regarding the health of one person supported and challenge what they wanted to happen. This confidence in person centred care changes lives and supports the vulnerable to have a voice'.

The service supported staff opinions and listened to what they said. All of the staff we spoke with felt they could have their say about how bets support should be provided. The manager described staff meetings as very 'vocal' with staff being able to express their feelings.

From the interviews and feedback we received, the registered manager was seen as open and receptive. One staff said, "You can't fault things here. We all really enjoy coming to work."

We reviewed some of the quality assurance systems in place to monitor performance and to drive continuous improvement. The registered manager was able to evidence a series of quality assurance processes and audits carried out internally and externally from the regional manager. For example the regular medication audit, care plan audits and various health and safety and environmental audits. This had helped to ensure the home was being monitored in key areas.
We saw audits had been carried out on accidents and incidents, infection control and care planning.

The registered manager was aware of incidents in the home that required The Care Quality Commission to

be notified of. Notifications have been received to meet this requirement.

These systems had assisted the registered manager and regional manager to have clear priorities for the home.