

# Middlesbrough Borough Council

## 22 Levick Court

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

22 Levick Court 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 provides personal care to a maximum of 16 people who have a learning disability. The service has eight residential beds and eight respite beds over two floors. The service also supports an active transition plan from children's services to adult's services from the age of 16 working closely with partners from Children and Families Services. On the first day of the inspection there were seven people who lived at the service permanently and three people receiving respite care. On the second day of the inspection there were seven people who lived at the service permanently. Respite beds had been booked but people were not coming in for respite until after we left.

At our last inspection in October / November 2015 we rated the service as good. At this inspection on 6 and 26 March 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However, we did rate the responsive domain as outstanding and this section is lengthier to reflect our findings.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received feedback from people, relatives and professionals which was exceptionally positive about the progress and quality of life that people experienced. Professionals consistently praised the support provided by the service during the transition of young people from children's to adult's services. Professionals involved in people's care confirmed that the service was able to meet people's high level of needs. Support was totally tailored to each individual, and staff understood the best way to support each person with their complex needs. Activities and outings were plentiful and based on the individual interests of people who used the service.

Care plans were extremely well organised and contained information relating to all aspects of people's care and support needs.

The premises were well maintained and were regularly checked to make sure they were safe. An artist had painted many areas of the service with people's favourite soaps stars, other television characters, television programmes, sporting people and areas of local interest. We were told how this had brought comfort and reassurance to people.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks

to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place.

People and relatives told us there were sufficient numbers of staff on duty to ensure people's needs were met. Regular agency staff were used to support one person with their additional one to one hours. Pre-employment checks were made to reduce the likelihood of employing people who were unsuitable to work with people.

The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and staff were suitably trained and received all the support they needed to perform their roles. At the time of the inspection training on learning disability had been accessed for agency staff and as a refresher for all care staff who worked at the service

People were supported with eating and drinking and feedback about the quality of meals was positive. Special diets were catered for, and alternative choices were offered to people if they did not like any of the menu choices.

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. However, further work was needed to ensure decision specific Mental Capacity Assessments and best interest's decisions were in place when people lacked capacity.

The premises were clean and tidy and staff followed safe infection control practices.

We observed numerous examples when staff were kind, caring and courteous. Privacy and dignity of people was promoted and maintained by staff. People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained.

The service had a clear process for handling complaints. The registered manager was aware of the Accessible Information Standard that was introduced in 2016. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. They told us they provided and accessed information for people that was understandable to them and ensured information was available in different formats and fonts.

The home was well led by an experienced registered manager and management team. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Outstanding ☆

The service had improved to outstanding.

Support was completely tailored to each individual, and staff understood the best way to support each person with their complex needs.

Feedback from people, relatives and professionals was extremely positive about the progress and quality of life that people who used the service were experiencing.

Activities and outings were plentiful and based on the individual interests of people who used the service.

There was a visible complaints system in place which ensured that any concerns could be dealt with in a timely manner.

### Is the service well-led?

Good ●

The service remains well led.

# 22 Levick Court

## **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 inspection took place on 6 and 26 March 2018. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. We informed the registered manager of the second date of our inspection. The inspection was carried out by one adult social care inspector and an expert by experience. 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 the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. To inform our inspection planning we contacted health and social care professionals to seek their views on the care and service provided.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed a range of records. This included two people's care records and medicines records. We also looked at three staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service and at tea time. We spoke with four people who used the service and four relatives. We spoke with the registered manager, deputy manager, cook, kitchen assistant, three care staff and two agency care staff who were providing one to one support for a person who used the service.

## Is the service safe?

### Our findings

People who used the service and their relatives told us they felt safe. One person said, "I feel safe, yes." Another person said, "I am safe." A relative we spoke with said, "I've never heard a harsh word said. They [staff] are absolutely fabulous."

We looked to see if arrangements were in place for safeguarding people who used the service from abuse. Staff had received training in preventing and detecting abuse. They were able to discuss the signs that might alert them to suspect different types of abuse and knew how to raise any concerns. Staff were confident any concerns they raised would be dealt with appropriately.

We checked staff recruitment records and found that suitable checks were in place. Staff completed an application form and we saw that any gaps in employment history were checked out. Two references were obtained and a Disclosure and Barring Service (DBS) check was carried out before staff started work at the service. The DBS checks the suitability of applicants to work with adults, which helps employers to make safer recruitment decisions.

There were enough staff on duty during the day and night to ensure people's needs were met and they were safe. The registered manager told us staffing levels varied according to need, the number of people receiving care and if people were attending medical appointments or taking part in activities and outings. A relative told us, "Yes there is more than enough staff on duty day and night."

We looked to see if there were safe systems in place for managing people's medicines. We found that people received their medicines as prescribed and medicines were stored safely and securely. Staff had been trained in the safe administration of medicines. The registered manager told us they checked staff competency to administer medicines but this was overdue, however, they confirmed that these were to be undertaken within the next few weeks.

Risks to people's safety and health were assessed, managed and reviewed. People's records provided staff with information about any identified risks and the action they needed to take to keep people safe. Risk assessments had been reviewed and updated on a regular basis. People were encouraged and supported to take responsible risks such as going out into the community independently.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety was maintained. We saw documentation and certificates to show that relevant checks had been carried out on gas safety, the fire alarm, fire extinguishers and the electrical installation. We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order.

During the inspection we looked at some bedrooms, toilets, shower rooms and communal areas and found that the environment was clean and staff followed safe infection control practices. Personal protective clothing such as aprons and gloves were readily available for people to use.

Staff were aware their responsibilities to raise concerns, to record accidents and incidents, concerns and near misses. The registered manager had systems in place for reporting, recording, and monitoring significant events, incidents and accidents. The registered manager told us that lessons were learnt when they reviewed all accidents and incidents to determine any themes or trends.

## Is the service effective?

### Our findings

People told us they thought staff were well trained to be able to meet their needs. One person said, "Yes the staff have the right skills they can lift and bathe me." A relative told us, "Staff are well trained." Another relative commented, "Staff know their job well."

Staff confirmed that they had regular supervision; this was a one to one meeting with the registered manager or another senior member of staff. Staff told us the registered manager and other senior staff were always available for support. Through supervision it could be identified if further support was necessary to help staff in particular areas they may struggle with. Supervision also gave staff the opportunity to identify any areas they wanted to develop further or training they wanted to receive.

Discussions with the registered manager and staff and the records we looked at showed staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, first aid, infection control, moving and handling, health and safety and equality and diversity. The service used the same regular agency staff to support one person who used the service, however, although they were confident and knowledgeable when we spoke with them they had not undertaken any specific training around learning disability. We pointed this out to the registered manager and when we returned for the second day of the inspection this training had been arranged not just for agency staff but as a refresher for all care staff who worked at the service.

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.

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 authorisation 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. For some people it was not deemed necessary for a DoLS application to be submitted to the local authority. For other people applications had been submitted to the 'supervisory body' for authorisation to restrict a person's liberty, as it had been assessed that it was in their best interest to do so.

For people who did not always have capacity, staff had not completed mental capacity assessments or best interests for areas such as choices about healthcare, personal care, medicines and equipment to be used. We pointed this out to the registered manager who told us they would take immediate action to address this.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests

of people they knew well, for example supporting people with their personal care. Our judgment was that staff did act in the best interest of the people they supported but that processes had not been followed to formally assess and record this.

People were supported to have a good diet which met their needs and preferences. One person told us, "I like the food and I eat well." A relative told us, "[Name of person] sits at the table, staff cut the food if he needs it, but he is quite independent, he eats more than he ever has done. The staff give him healthy snacks and a healthy balanced diet."

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. Discussion with the registered manager and examination of records informed us that in general when people had lost weight they had been referred to the dietician. However, we did note that for one person who had lost weight the appropriate professionals had not been contacted. We pointed this out to the registered manager during the inspection who confirmed this had been missed, however, action had since been taken and the person had gained weight. Dietary requirements for health or culture were provided for when needed.

People's care records showed details of appointments with, and visits by, health and social care professionals. Staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, their doctor, community nurses, social workers, speech and language therapists and chiropodists. A relative told us, "I feel safe that he is in there [Levick Court] if he is unwell they are straight onto it." Care plans reflected the advice and guidance provided by external health and social care professionals. This demonstrated that staff worked with various healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met.

The premises were suitable and appropriate for the needs of people who used the service, with well-lit corridors, bathing and toileting facilities, communal lounge areas and a dining room. There was appropriate furniture throughout. The corridors within bedroom areas had benefitted from painting. The registered manager and staff had researched people's likes and interests and arranged for an artist to paint a mural on many of the walls. We saw paintings of famous people from Britain's Got Talent, soap stars and sporting professionals. The registered manager told us the pictures were well liked by people.

## Is the service caring?

### Our findings

People told us they were happy and that staff were very caring. One person said staff were, "Very caring and very good." A relative told us, "When I pick my son up at the weekend the staff are chatting to him and holding hands with him." Another relative said, "The staff here are just so enabling, sensitive, compassionate and in tune. They [staff] know exactly how to care for him." Professionals told us that staff treated people kindly and respected their choice. One professional wrote and told us, 'Levick care staff support, help and maintain residents/respite person's independence through encouragement were possible. Residents have the opportunities to access the local community, activities and holidays (residents choose destination). Staff adopt a person centred approach and treat people with dignity; respect and safeguard/welfare of residents are always paramount.'

Staff were keen to provide people with person-centred care and they demonstrated empathy and understanding of each person's individual needs. Staff listened to people and made time for them to express their wishes in their own way. For example the care plan of one person who used the service said that they would hang around the kitchen area if they wanted something to eat or drink. We saw this happen during the inspection and staff were quick to respond by asking the person if they wanted a teacake and coffee.

Staff ensured people had the time they needed to make every day choices such as what they wanted to eat, drink, wear and how they would like to spend their day. Some people had lived in the service happily for many years so the staff knew them well. The registered manager and staff demonstrated a good knowledge of people's background, life history, individual needs and preferences. They knew what each person enjoyed doing and they interacted with people in a positive, friendly, caring manner. We saw that people were at ease with the registered manager and all of the staff.

Where people were anxious or in need of reassurance we saw staff interacted with them in a kind and compassionate way. Staff were able to distract people by chatting with them and providing reassurance. People and staff engaged in conversation, general banter and there was laughter. We observed staff accepting physical contact such as holding hands and hugs to ensure people were emotionally supported.

People were encouraged to be independent. One relative told us, "They are encouraging him to be more independent. We spoil him, he was one of six children we did everything for him and in the last home he just wandered. Here they encourage him to choose his own clothes and dress himself. I visited and he was in his pants in his room then he appeared clothed and he had done it himself I couldn't believe it."

Privacy and dignity was protected and promoted. One relative told us, "They treat him with dignity. He has his own space in his room, he likes some peace in there sometimes, they knock on his door before they go in." Confidential care records were stored securely and staff spoke in private when discussing information about people who used the service. Staff told us the importance of treating people as individuals, listening to them and making time for people. An agency care worker we spoke with during the inspection said, "Everywhere I go I tell people about this place. Love and respect just oozes out of all of the staff."

As far as they were able, people were actively involved in making decisions about their care. Relatives told us they were kept fully involved and that the staff and registered manager were very good at keeping them informed about all aspects of their relative's care. They said that they were able to visit the home at any time and always felt welcome. One relative told us, "I feel very much part of the team. They [staff] keep me very much in the loop.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

## Is the service responsive?

### Our findings

People received personalised, responsive care that was tailored to their individual needs. One relative told us, "They [staff] are absolutely phenomenal at managing [name of person] needs. Their ability to look outside of the box is just amazing. It's such a tight package of care." A professional wrote and told us, 'Due to the nature of my client's condition he has experienced some dramatic changes over the last couple of years. However, staff have been responsive to these and have understood the importance of consistency of staff and environment in helping support him through these changes. Along with his family, we have all been able to work hard towards maintaining his placement there and ensuring he accesses the right support. The staff will communicate any incidents that have occurred and have often already come up with solutions to try and prevent these happening again in the future. The staff regularly demonstrate a caring and empathetic approach with my client.'

Levick Court provides permanent and respite care to people. For respite care, people and their relatives were able to plan ahead and book dates of their choice. Staff were skilled at managing these bookings. For example two people who used the service had become friends and their respite was planned so that they can come in together and socialise with each other. Another person needed peace and quiet so when they come into respite the other beds available in this area were blocked out.

The service was extremely proactive at managing the transition of young adults from children services (a service for children who have a learning disability, physical disability, complex needs and autism) to adult services. The provider had a dedicated staff member to ensure that people's transition into the service was planned and support put in place to help people's move be as smooth as possible. This staff member met up with social workers and staff who worked at the children's service twice a year to discuss the children that were coming to the age of 17-18 years old and have voiced an interest in accessing adult services. The allocated staff member from Levick Court met the child to get to know their support needs, interests, hobbies and other important information. The child visited Levick Court on many occasions during this transition.

The staff had developed a picture book of the service with photographs of coming into the car park, the entrance to the building and photographs of all rooms. This book was developed to help people to reduce any anxieties about staying at Levick Court and increase familiarity. A professional we contacted spoke extremely positively about Levick Court. They told us, 'I have recently had four cases in which children have become adults and have had to transition over to Levick. During this transition process Levick have been outstanding in getting to know children and families and also providing several tea visits to the young person. Levick have attended all transition meetings and have been flexible in their approach by visit the child/adult in different settings to ensure they understand their needs. Levick staff are always contactable and email and communication is second to none. The four adults that have transitioned over have found the service to be brilliant and they enjoy attending respite. Parents note that they are always informed of any key changes and are always provided with a rota. Parents also note that they feel reassured during the process as Levick are always open and honest and allow parents to visit at any time.'

The service had an excellent understanding of people's social and cultural diversity. The registered manager told us how the service made sure that one person had certain types of foods that were representative of their culture available to them. All the staff we spoke with were knowledgeable about each person's beliefs and preferences, and were able to tell us how they supported people.

The registered manager and staff had given careful thought to the recent redecoration of the service. An artist had painted walls in the service with people's favourite television programmes, characters, sporting characters and areas of local interest such as Saltburn. One person who used the service always came in for their respite care carrying a character from their favourite television programme. To enhance this person's stay characters from this television programme had been painted on to the wall in the area of the service in which they spent their time. In addition there was a painting of a horse which the person would stroke. Staff told us this helped the person to relax and reduce their anxieties.

Care was completely personalised to each person that used the service, and people and their relatives were fully involved in their care. Staff had an excellent understanding of all of the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. For example, when one person moved into the service they would not sit at the table to eat their meals. However, with support from staff they now sat down to enjoy their meals.

Care records we reviewed included detailed assessments and care plans. The assessment process ensured people were suitably placed and that staff knew about people's needs, wishes and goals. Records were person centred and had lots of detail about what was important to and for the person. People's preferences, their personal history and any specific health or care needs they had were documented. This allowed all staff to have a clear understanding of the person's needs and how they wanted to be cared for. Information was available in each person's care records to identify specific likes and dislikes and the personal abilities of people to manage their own care, along with the support they required from staff.

A fundamental aim of the service was to promote people's quality of life by providing positive opportunities for people to live life to the full. People were encouraged to maintain and develop interests which were important to them and this contributed to people living meaningful lives. People told us there were always plenty of meaningful activities for them to join in if they wanted to. Activities, outings and holidays were a regular occurrence. People enjoyed going to the cinema, bowling, shopping and bingo. Staff were flexible with their working hours to accommodate activities people liked to take part in. For example some people who used the service liked to go to a disco on an evening at a local club. Staff stayed and supported people until the club closed at 11pm or until the person wanted to come. There had been trips out to Beamish, Eden Camp, Metro Centre and York. Some people had been abroad to Spain last year and this year holidays were planned to Skegness. Holidays had been booked in June which was when people's bedrooms were to be redecorated and to avoid any disruption for people.

The registered manager was aware of the Accessible Information Standard that was introduced in 2016. This Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services who have a disability, impairment or sensory loss. Information was available in different formats, large print, different languages, braille and pictorial format. We were shown a book of pictures which helped staff to communicate with one person when they came into respite care. This was a copy of the communication book they used all the time and helped staff to communicate effectively when the person stayed at the service. Staff and people had also developed an activity file which contained cut out pictures and leaflets of their favourite places to visit.

Staff at the service had developed a pictorial portfolio of procedures relating to health and wellbeing. We

saw simple pictorial sheets informing people what to expect when they had their blood taken. They were in the process of developing other pictorial sheets for health screening such as checking breasts and testicles, cervical screening and other areas such as chiropody and the flu vaccination.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. There had not been any complaints since our last inspection of the service. We saw the complaints procedure was readily available and on display in the home and used pictures and simple language to help people state what had made them unhappy and why.

At the time of our inspection no one was receiving end of life care. However, the support of health care professionals was available to ensure people could remain at the home at the end of their life and receive appropriate care and treatment. We saw in the care records that end of life care plans were in place for people, which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected.

## Is the service well-led?

### Our findings

People, relatives and professionals spoke positively about the registered manager and staff and told us the service was well led. One person said, "The manager is [name of registered manager], she is real good." A relative told us, "[Name of registered manager] is very approachable. I've never had any issues with her. All the staff are excellent." Another relative said, "The manager is very approachable."

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had relevant experience in health and social care. They had worked at the service for many years and had a good knowledge of people's care needs, likes and preferences, as well as the day-to-day workings of the service and the governance structures in place.

Staff told us they thought the service was well led. One staff member said, "This is the best job I have ever had and I love it. The manager is very supportive."

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The manager was supported by a deputy manager and a team of motivated staff many of which had worked at the service for many years.

People benefited from a staffing structure which made sure all staff were aware of their roles and responsibilities. The management team had an excellent knowledge of the people who lived at the home and the staff who supported them. They spent time in all areas of the home which enabled them to constantly monitor standards.

The registered manager and other staff carried out a number of quality assurance checks and audits to monitor and improve standards at the service. This included checks on care records of people who used the service and staff records. Counts of medicines were undertaken; however there wasn't a formal auditing tool to check other areas such as records and systems. The registered manager told us they would contact a representative from the local medicines management team for South Tees Clinical Commissioning Group for advice and develop an audit as a matter of priority. In addition the infection control audit focussed more on hand hygiene and personal protective equipment and didn't include checks on the environment. After the inspection the registered manager sent us a more detailed infection control audit which they were to implement.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

There were regular meetings with people who used the service and discussion took place about activities and outings, food choices and any concerns. Surveys for people who used the service had been undertaken.

This meant that there were mechanisms in place to communicate with people and their relatives and involve them in decision making in relation to the service.

A senior manager visited the service bi monthly to monitor the quality of the service provided. We saw records of the findings from these visits.

The registered manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.