

Cinnabar Support and Living Ltd

Linford Grange

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 11 April and was unannounced.

Linford Grange provides accommodation and personal care for up to 19 people. The service provided this support to a wide range of people including people with learning disabilities, older people, people with physical disabilities, and people with mental health support needs. The residential service contained rooms, apartments, and self-contained flats that people lived in.

At the time of our inspection the provider confirmed they were providing personal care to 16 people.

There was 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.

Staff had an excellent understanding of abuse and the safeguarding procedures that should be followed to report abuse. The staff we spoke with were confident that if they reported anything of concern, it would be followed up promptly and efficiently. People had risk assessments in place that were personalised to cover the risks that were present in their lives. This enabled them to be as independent as possible.

Staffing levels were adequate to meet people's current needs. There were enough staff deployed to make sure people received the support they needed, and had the opportunity for one to one time with staff.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Induction and on-going training was provided to ensure staff had the skills, knowledge and support they needed to perform their roles. Staff were able to access a wide variety of training and qualifications. Staff valued their training and felt that it improved their working practice.

People told us that their medicines were administered safely and on time. We saw that the medication administration systems in place were accurate and well maintained.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. Staff reported that they felt confident in their roles due to the support they received from their seniors, and could get support and help when they needed it.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People told us that staff gained their consent before providing support, and consent forms were signed.

People were able to choose the food and drink they wanted and staff supported people with this. People enjoyed the food on offer, and we saw that fresh food was cooked daily, and people had a choice of what they could eat.

People were supported to access health appointments when necessary. Health professionals visited people within the service for a variety of needs, and good relationships were formed between the service and health services in the community.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. The staff and management team displayed a complete respect for all the people living within the service, and had an excellent understanding of each person's needs, personality, and background.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People told us they were regularly consulted about their care, who would be supporting them, and what was happening.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported to make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Linford Grange

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 was planned to check 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 11 April 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with four people who used the service, three care staff, the chef, the head of care and the registered manager. We reviewed six people's care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe living within the service. One person said, "Yes, I feel very safe living here, and safely supported. I don't have any worries or concerns about safety at all." All the people we spoke with made similar positive comments.

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "Everything would be reported to the manager's office. I would record everything. I know that what I say would be taken seriously and followed up properly." Staff also had a good understanding of whistleblowing procedures and we saw that training had been completed in these areas. The registered manager was aware of the requirement to notify CQC about incidents as required. During our inspection, we saw that people appeared to be relaxed and calm in the support they were receiving from staff which was done in a safe manner.

People had risk assessments in place to cover the areas of risk that were present within their lives. The people we spoke with felt that staff understood the risks that were relevant to them and supported them to manage risk in a way that promoted independence and positive outcomes. The risk assessments we saw covered areas such as medication, behaviour, the environment, moving and handling, skin care and more. Assessment of risk was clear and easy for staff to follow and support people in the safest manner possible. All the risk assessments we looked at were regularly updated and reviewed.

The service used safe recruitment practices to ensure that all staff were suitable to work with vulnerable people. All the staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks.

There were enough staff working at the service to meet the needs of the people. One person told us, "There are lots of staff, if I need anything at all, then someone comes." Another person said, "There are plenty of staff around. Most people get one to one time to go out and about with staff and do things." One staff member said, "The staffing levels are great, we don't use any agency staff at all. We cover any shifts that need covering from within the permanent staff team." We saw that the provider also ran another local residential service, as well as a home care service, and the staff members across the different areas were working as one team, and able to work at different sites and cover shifts when required. The rotas we looked at showed that staffing levels were consistent, and that each staff member knew what their planned shifts would be. People using the service were also informed of which staff would be working with them on which day.

Fire safety equipment was present within the service and a record of maintenance and fire safety drills was kept. We saw that individualised evacuation plans had been created to outline the needs of specific individuals in the event of a fire or emergency.

Medicines were administered in a safe manner. People had detailed information about their prescribed medication, written within their files. We saw that medication was securely stored within a locked trolley. Medication administration records (MAR) in use were all completed accurately. We checked the stock levels and the expiry dates of medicines and found that they were all accurate and in date.

Is the service effective?

Our findings

All staff had the knowledge and understanding required to support people effectively within the service. The staff we spoke with told us the training they received was of a high quality and enabled them to feel confident in their roles. One staff member said, "The training options are very good, we are well equipped to support the very varied client base in this service." The service provided care to a wide mix of people, across a wide age range, with varying needs. During our inspection, we saw that the staff communicated effectively with all the people living at the service and supported them confidently and in an individualised manner.

All staff went through an induction period before starting work. One staff member told us, "I completed various mandatory training courses first, then I spent a week or two shadowing senior staff, getting to know people, and seeing how the service runs." All the staff we spoke with confirmed they had been through this process. We saw that induction checklist records were kept within staff files which showed that staff had gone through this process.

Staff received on-going training to improve their knowledge. We saw that staff training updates were regular and were kept track of via a training matrix. All staff had either completed or were signed up to complete an NVQ level 2 in health and social care. Many staff had been given the opportunity to progress on to higher level qualifications including NVQ3 and 5. We saw that one staff member had been given the opportunity to study a degree within the field of mental health nursing. The service had recognised both the needs of the people they were supporting and the enthusiasm of the staff member within this subject, and facilitated the learning and qualification opportunity.

Staff members received support through regular supervision. One staff member told us, "I receive regular supervisions with my line manager. We also have group meetings, and I can basically speak with any of the management team whenever I need to. It's a very supportive place to work." We saw that people had their one to one supervisions documented within their files.

Staff sought consent from people before carrying out any care. One person told us, "The staff always check before doing anything. They talk to me about what I need, and let me be in control of everything. They are good." We saw that consent forms were signed within people's files. Family members or representatives had signed them where any person was not able to themselves.

The staff we spoke with all had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the (MCA). 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 to 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). The registered manager had good knowledge of the DoLS

procedure and was able to explain how the process was applied for residents. Authorisation was sought and gained from the appropriate authorities to lawfully deprive some people of their liberty. The records we saw confirmed this. This ensured that people were cared for safely, without exposing them to unnecessary risks.

People could make choices about the food they ate and were supported to maintain a healthy and balanced diet. One person told us, "The food is very good actually. It's usually three courses, soup, main, and a dessert, and there is always different choices on offer. We observed that the kitchen was stocked with fresh ingredients and people were served a choice of hot food at lunch time. Those that required support to eat were given it, and people could eat with others in the dining area or by themselves in their room if they wanted to. People's dietary requirements were taken in to account, and encouragement towards healthy choices was given.

People were given the support they required to access health services. One person told us, "I've had people in to see me. The physiotherapist and other people came in to sort out some equipment with me. The staff here book it all in and support me with it all." We saw that people had regular input from a variety of health professionals and this information was recorded within their files. People's care plans contained detailed information about their health conditions and requirements which were updated regularly.

Is the service caring?

Our findings

People felt well cared for by the staff at the service. One person said, "The staff are very, very caring." Another person said, "They are very kind and considerate, they are like family to me." All the people we spoke with made similar positive comments. During our inspection, we saw staff interacting with people in a warm and friendly manner, providing support in a caring and enthusiastic way.

People felt involved in their care and understood their care plans. One person said, "I am very much involved and have been since day one. I wouldn't stay here if I didn't feel like I was in control of my own care and felt involved in all decisions about me." We saw that the service had a keyworker system in place, and staff took on the responsibility of making sure certain people were as involved in their own care as they could be, and that their documentation was up to date and reflective of their needs. The content of each person's care plans included information that was specific and centred around them. This meant that staff could understand each person's preferences and develop caring relationships with them.

People told us their privacy and dignity was respected at all times. One person said, "Absolutely, my privacy is respected. They always knock on the door, and leave me alone when I don't want to be disturbed." One staff member said, "The whole team work in a way that respects people's privacy and dignity, we would all speak up if we thought somebody was not." During our inspection, we observed people being supported over lunch. We saw that staff took time to offer people the choice of having a protective apron to make sure their clothes stayed clean. The staff offered people support with their lunch in a discreet and dignified manner.

People were encouraged to be as independent as they could be. One person told us, "The staff do encourage me to do things for myself. I may move in to one of the flats, as that would give me even more independence." The registered manager showed us that many of the people living within the service had built up their skills and independence over time, and were achieving things that they previously had not been able to, including accessing activities within the community. We saw that information about people's independence had been documented within their files to show the journey that they had been on. The service supported each person as an individual, and identified which areas of their life they were able to be independent in, and which goals they would like to move towards achieving.

People were able to express their thoughts and views to staff at any time. All the people we spoke with felt that the staff team all listened to their views, respected what they had to say, and gave them the time they needed to express themselves.

People were able to have visitors and were supported to maintain the relationships that were important to them. One person told us, "My family and friends come and see me when I like. There are no restrictions." We saw that staff had an excellent knowledge of the personal and family relationships of the people they were supporting, and encouraged people to develop positive relationships.

Is the service responsive?

Our findings

People all had an assessment of their needs before moving in to the service and receiving support from the staff. The registered manager would meet with the person and their family, and carry out the assessment of their needs to make sure the service was the appropriate one for them, and the staff could support them correctly. All the files we looked at contained pre assessment paperwork.

The care that people received was personalised to their needs and requirements. All the people we spoke with told us that they felt the staff knew and understood their needs and who they were as a person. One staff member said, "We have to support a wide variety of people, some old, some young, and a lot of different abilities. We treat each person as an individual, with their own set of skills, needs and requirements." We saw that information about a person's likes and dislikes, personal history, family life and preferred routines were all recorded in detail. Personalised information was present in all areas of people's care planning which gave staff a clear guide on the tasks that were required for a person's care, as well as how to carry them out in a personalised way.

Care plans and risk assessments were regularly reviewed and updated by management. People told us they were regularly updated and consulted about all aspects of their care. The registered manager said, "We are completely led by what the person wants." We saw that people had formal reviews of their care where they and other professionals could be involved in discussing their care. People also had less formal reviews of their care in the form of regular discussions and communication with staff who could update information as required.

People had the time they needed to receive care in a person-centred way. People told us that staff did not rush them through anything, and that they had the time they needed to express themselves. One person told us, "There are enough staff around so I don't get rushed. I have one to one time with staff for certain tasks, and the support in general is planned very well. I get everything I need." We saw that the staff were flexible to the needs of each individual, and the service was setup in a way that allowed support to be person led. During our inspection, we saw that two people had been supported out into the community for a coffee with staff. It was clear that they had very much enjoyed their trip out, and were not rushed through the activity. Staff had taken photographs of the people out enjoying themselves, and had printed them out for the people and their families to have.

People knew how to share their concerns and complaints. All the people we spoke with told us that they had not had to make any complaints, but were aware of the formal complaints procedure. The registered manager showed us that the service had a complaints policy and procedure for dealing with complaints effectively. We saw that actions and responses could be created and carried out for any complaints made.

Is the service well-led?

Our findings

People told us they got on well with the registered manager and could see and speak with them regularly. One person told us, "The manager is very good. All the managers are good here, they listen to what I have to say and respect it." All the staff we spoke with said that they could speak to both the registered manager and the head of care whenever they needed to. A staff member said, "The management are brilliant, very supportive." Another staff member said, "Its great working here, we are a good team and we are supported very well." During our inspection, we saw that both the registered manager and the head of care had an excellent knowledge of the people being supported in the service. Both spoke enthusiastically about how people had progressed with their independence and received a high standard of care. The staff and the management were proud of the service that they ran, which they felt was unique in the way it provided positive support to a wide range of individuals.

The service was organised well and we saw that staff were able to respond to people's needs in a proactive and planned way. The staff were aware of the visions and values of the service and felt positive about working there. The staff talked about how the service had grown and changed, and how they worked as a larger team across another local residential service run by the provider, as well as a homecare service. During our inspection we saw that both staff and people from the providers other local residential service, had come to visit, socialise and take part in activities. We observed staff working well as a team, providing care in an organised, and calm manner. We saw that the service had a staff structure that included team leaders, senior carers, carers, a chef, the head of care and the registered manager. People were well aware of the responsibilities of their roles and others. None of the staff we spoke with had any issues with the running of the service or the support they received.

Staff communicated in an open and positive manner. We saw that the registered manager sat in on all staff handovers. This allowed the staff to communicate with one another on a daily basis, and receive any support they required from the registered manager who was able to have input and question practice if needed. One staff member said, "I feel listened to. I know that I can bring up any issues, and that they will be followed up properly."

We saw that various team meetings were held to further update staff about a range of topics and provide a forum for discussion. We saw minutes of these meetings which recorded all the information discussed so that any staff not present could update themselves.

Quality feedback questionnaires had been sent out to staff, people, and their relatives, and the results had been reviewed and collated by management, with actions created from the information where necessary. The service carried out detailed quality audits in many areas and we found that there were actions plans in place to address any areas for improvement.