Mr Adrian Lyttle

Mr Adrian Lyttle - Erdington

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 11 August 2016. This was an unannounced inspection.

Mr Adrian Lyttle Erdington was previously registered by a different provider and therefore this was their first inspection under the new provider.

The home provides accommodation and personal care for up to 10 people who require specialist support relating to their learning and physical disabilities. At the time of our inspection, there were 10 people living at the home.

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.

The service was not consistently safe, effective or well-led because the registered manager had not always fulfilled the responsibilities of their role. For example, they had not sent an alert to the local safeguarding authority where required nor had they followed key processes to ensure that people were not unlawfully restricted. The provider had also failed to implement safe recruitment processes.

People received care and support with their consent where possible and were offered choices on a daily basis which included meal preferences. This meant that people had food that they enjoyed and any risks associated with their diet were identified and managed safely within the home.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

People received care from staff who had the knowledge and skills they required to do their jobs. People were supported to have their medicines when they required them, from staff that had the relevant knowledge and skills they required to promote safe medication management.

The service was caring because people were supported by staff that were nice, helpful and caring and who took the time to get to know them, including their personal histories, likes and dislikes. People were also cared for by staff that protected their privacy and dignity and respected them as individuals.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible. People felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were actively encouraged and supported to engage in activities that were meaningful to them and to maintain positive relationships with their friends and relatives.

Staff felt supported and appreciated in their work and reported the home to have an open and honest leadership culture. People were encouraged to offer feedback on the quality of the service and knew how to complain if they needed to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected from the risk of abuse and avoidable harm because the registered manager had failed to identify when a safeguarding alert should have been sent to the local authority.

People were not always protected from risks associated with their care needs because risk assessments and management plans were not always specific to their individual care needs.

People were not always supported by staff that had been recruited by a safe recruitment process.

People were supported by enough members of staff to meet their needs.

People received their prescribed medicines as required.

Is the service effective?

Requires Improvement

The service was not always effective

People's rights were not always protected because key processes had not been followed to ensure that people were not unlawfully restricted.

People received care and support with their consent, where possible.

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People's dietary needs were assessed and monitored to identify any risks associated with their diet and fluid requirements and they had food they enjoyed.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were nice, helpful and caring.

People received the care they wanted based on their personal preferences and dislikes because staff spent time getting to know people.

People were cared for by staff who protected their privacy and dignity.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

Is the service responsive?

Good

The service was responsive.

People felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were actively encouraged and supported to engage in activities that were meaningful to them.

People were supported to maintain positive relationships with their friends and family.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

The management team had not ensured that information that they were legally obliged to share with us and/or other agencies, was sent.

The management team had some systems in place to assess and monitor the quality and safety of the service. However, these were not always effective in identifying shortfalls such as flawed recruitment processes and un-personalised risk management plans.

Staff felt supported in their work and reported the home to have an open and honest leadership culture.	

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 unannounced inspection took place on 11 August 2016. The inspection was conducted by one inspector.

As part of the inspection we looked at the information that we hold about the service. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also requested feedback from the local authority with their views about the service provided to people at Mr Adrian Lyttle Erdington. A Provider Information Return (PIR) request had also been sent to the provider and returned. A PIR is a pre-inspection questionnaire that we send to providers to help us to plan our inspection. It asks providers to give us some key information about the service, what the service does well and any improvements they plan to make.

During our inspection, we spoke or spent time with nine of the people who lived at the home, two relatives and four members of staff including the registered manager and three carers. We reviewed the care records of two people, to see how their care was planned and looked at the medicine administration processes. We looked at training records for all staff and at two staff files to check the provider's recruitment and supervision processes. We also looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, accidents and incident records and compliments and complaints.

Requires Improvement

Is the service safe?

Our findings

The registered manager told us and information we hold about the service showed that there had not been any safeguarding concerns raised since their last inspection. However, we found that a potential safeguarding alert should have been raised. Records we looked at showed that staff had recorded physical bruises on a person's body which required reporting to the local safeguarding team for investigation. There was no evidence of what action had been taken to determine the cause of the bruising or that the person had received any medical assistance. We discussed this with the registered manager. They agreed that although they did not feel that anything untoward had occurred, it should have been raised with the appropriate investigating authorities.

We found that staff had received training on what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We have safeguarding training and [registered manager's name] always asks us about the safeguarding policies and procedures during supervision to make sure we know how to keep people safe". Another staff member said, "The training we have tells us about the different types of abuse like financial, neglect, physical… and it tells us what to look out for like bruises, marks on the body or if a person seems quiet or withdrawn. I have never had any concerns, but if I did I would report it to a senior or management straight away or we can call the safeguarding team ourselves, the number is on the wall in the office". This meant that staff had the knowledge and the skills they required to identify the potential risk of abuse and knew what action to take, but this was not always implemented in practice.

We found that the provider's recruitment systems and processes did not always protect people from being supported by unsuitable staff. We saw that the provider had not always ensured that the references people provided were from their most recent employer. The registered manager acknowledged that this was an area where improvements could be made. Nevertheless, staff we spoke with told us that they felt the provider had ensured they were fit to fulfil the role and had completed an induction programme before working unsupervised. The registered manager told us, "There is a probation period for all new starters and they are required to spend time shadowing and completing their care certificate [the new minimum standards that should be covered as part of induction training of new care workers] before they are signed off their probation".

Records we looked at showed that people had risk assessments in their care files which related to generic risks around the home. These included moving and handling and fire safety. The risk assessments detailed what actions staff needed to take in order to reduce any potential risks and how to respond when required. Whilst some of these were considered generic and difficult to navigate, staff spoken with were aware of how to support people safely because they had got to know people needs over time and did not rely on the risk assessments.

Staff we spoke with knew how to protect people from risks associated with their health conditions and were aware of what action they needed to take in an emergency. One member of staff told us, "[person's name] needs two members of staff to mobilise so we always make sure there is two of us when we are supporting

her". Another member of staff said, "Some people have seizures and we know how to manage these or when we need to get emergency services". During our inspection, we saw staff supporting people in ways that reflected their care needs as recorded in their care plans.

Everyone we spoke with told us that they were happy with the care that people received at the home and they were satisfied that people were kept safe. One person we spoke with told us, "They [staff] look after me, I am very safe". Another person we spoke with said, "We [people] are all safe here". A third person said, "I feel safe; I can speak to the staff if I am worried about anything". A relative told us, "I have no concerns at all about the care [person's name] is receiving or her safety; they [staff] are all very good". Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff. We saw that staff acted in an appropriate manner to keep people safe. For example, we saw that where people required assistance with mobilising, staff provided the appropriate level of support.

Everyone we spoke with told us they thought there was always enough staff available to meet people's needs. One person said, "There is always someone around if you need them". A relative told us, "I think there's enough staff". Staff we spoke with did not raise any concerns about the staffing levels in the home. One member of staff told us, "As with any job, there are days when you could do with an extra pair of hands, but most of the time we are fine; [registered manager's name] is usually around to give us a hand if needed". Another member of staff said, "The staffing levels have never been a problem; at night, we only have to call the senior on-call or the manager if we need to".

We were told that all of the people living at the home required support to take their medication and that all of the staff were trained to administered medicines. One person we spoke with said, "They [staff] sort our tablets out for us". A member of staff we spoke with told us, "We are well trained with medication; we even have the pharmacist come and train us". We saw that medications were stored appropriately and staff were aware of the disposal policy for unwanted or refused medication. Processes were in place to identify missed medication early and there was a good rapport between the provider, GP's and the local pharmacy to ensure people received their medication as prescribed.

Requires Improvement

Is the service effective?

Our findings

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment in accordance with the Mental Capacity Act (MCA; 2005). The MCA 2005 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. This may include restricting a person's liberty in order to keep them safe when providers are required to submit an application to a 'supervisory body' for the authority to deprive a person of their liberty under these circumstances. However, despite having training, staff we spoke with including the registered manager were not always sure about their role and responsibilities with regards to DoLS. We found that one DoLS application had been submitted on the recommendation by a visiting health care professional, but the registered manager had failed to identify other people living at the home that were potentially being deprived of their liberty in order to keep them safe. We discussed this with the registered manager at the time of our inspection and they recognised that this was an area that needed to be addressed and agreed to identify people who may require a DoLS application. During our inspection, we found that people were being care for in the least restrictive ways possible and the registered manager had submitted applications before the end of our site visit.

People we spoke with told us that staff gave them choices and asked them what help they needed. One person said, "Staff ask us what we want" and, "They listen to us". Staff we spoke with were able to give examples of how they promoted consent and independence as much as reasonably possible, in all aspects of the day to day care and support they provided to people. One member of staff told us, "We always give people choices and try to encourage them to be as independent as possible". Another member of staff said, "We get to know people well so even if they can't tell us what they want verbally, we can offer choices in other ways and look for their response, like showing people different options and waiting for their facial expression to change". The registered manager said, "We are here to support and care for people and that includes respecting their wishes and choices; sometimes families will tell us what they want us to do, but we always give the choice to the person living here first and foremost".

People we spoke with told us that they had a good choice about what they ate and they enjoyed the food the staff prepared for them. One person told us, "The food is good; they [staff] are good cooks; sometimes I help them". Another person said, "We get two choices and the staff ask us what we would like; tonight I am having creamy chicken". Staff we spoke with told us that they prepared all of the meals at the home and where possible, they encouraged people to get involved in some of the meal preparation in order to promote their independence. One member of staff told us, "We [staff] do all the cooking, but people will do their own lighter meals and drinks with our support and they do help lay the tables; we encourage them to get involved and be as independence as much as possible". On the day of our inspection we saw people helping in the kitchen and laying the tables.

We found that people had access to doctors and other health and social care professionals as required. One

person said, "If I need to go to the doctors, they [staff] will take me". A relative we spoke with said, "They [staff] will take her to all of her appointments, like to the Doctors. They have it all under control; they make sure she is ok and they let me know anything I need to know". On the day of our inspection we saw one person was being supported by a member of staff to attend a hospital appointment. Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments they were sent including those relating to their learning disabilities. We also saw that the provider had ensured people had access to specialist learning disability services and any health care concerns were followed up in a timely manner with referrals to the relevant services.

Everyone we spoke with, observations we made and records we looked at showed that staff had the knowledge and skills they required to do their job. One person told us, "They are very good at looking after us". A relative we spoke with said, "They [staff] are excellent, very professional and knowledgeable". One member of staff we spoke with said, "We do a lot of training, when we first start we do an induction and the 15 units [care certificate] which covers our core skills, we also do refresher training". We saw that the registered manager kept a training record which detailed the dates when staff had completed various training as well as a rolling programme of updates that staff were required to undertake throughout the year. This meant that the registered manager knew when staff were due any refresher or additional training and ensured that this was facilitated.

Staff we spoke with told us and records we looked at showed, that staff received supervision from the registered manager to discuss any training needs or concerns. This allowed the registered manager to further monitor the effectiveness of the training and how staff were implementing their learning in practice. We were also told by staff and records showed that the registered manager facilitated regular team meetings to discuss any outstanding training or service-related issues. One member of staff told us, "We have team meetings every month; they are good. It's a nice opportunity to meet up with everyone and sometimes we will do additional training, like last week we watched a DVD about seizures as part of the meeting".

Good

Is the service caring?

Our findings

People we spoke with were consistently positive about the caring attitude of the staff and the relationships that were formed between them and the staff team. One person we spoke with told us, "I like living here, the staff are nice". Another person said, "They [staff] are kind and helpful". A relative we spoke with told us, "[Person's name] is well cared for, the staff are very nice and very caring". Another relative we spoke with said, "The care staff are very friendly and welcoming, it feels very much like [persons name's] home and they [staff] are just her 'friends' who support her".

During our inspection we observed staff interacting with people with warmth and compassion. We saw that staff adapted their communication and interaction skills in accordance to the needs of individual people. For example, one person responded well to humour with staff, whilst another person required comforting and physical contact. We saw staff reciprocated people's requests for hugs appropriately and they appeared to have developed trusting relationships with people.

Everyone we spoke with told us that staff took the time to get to know people and to understand their histories, likes, preferences and needs. One person said, "They [staff] know me very well here". A relative we spoke with told us, "The staff know [person's name] very well and they don't have a high turnover of staff so a lot of them have been there since [person's name] has, so its consistency". Staff we spoke with were able to tell us about different people's individual care needs. Records we looked at showed that people had care plans in place that were person centred and they included information about their life histories, hobbies and interests. People were encouraged to maintain their individuality and we saw bedrooms were personalised to their preference. One person said, "We can decorate our rooms in any way we want to".

Almost everyone we spoke with told us and we saw that staff treated people with dignity and respect. One person said, "I keep things private and that's ok". A relative we spoke with said, "[Person's name] always looks presentable and is dressed nicely, they make sure she has nice clothes". Staff we spoke with told us it was important to respect people as individuals and that they promoted people's privacy and dignity. One member of staff said, "This is their [people's] home and we respect that. We knock before we enter rooms and ask permission before we touch anything like their belongings, for example". Another member of staff told us, "Some people need support in the bathroom but we help them as much as they need us to and then stand back to give them some privacy". Records we looked at confirmed that the provider promoted dignity and respect at all times through person-centred care planning.

We saw that people were supported to express their individuality and staff were aware of how they could promote equality and diversity within the home. A staff member we spoke with said, "People have their own interests and their own beliefs; we respect that and we encourage everyone else to too, like with supporting different football clubs or what they like to wear". We saw that people were referred to by their preferred names, their independence was promoted as much as possible and they were able to express themselves as individuals. For example, we saw in one person's care file, that staff had included the packaging of a hair dye box to make sure they knew what colour the person liked to have their hair; this was also included in their future wishes funeral plans, demonstrating the providers understanding of how important it is to continue

to respect a person's wishes after death.

Good

Is the service responsive?

Our findings

We found that people and/or their representatives were consulted about their care plans; this ensured that people received the care they needed in the way they wanted it. One person told us, "We have reviews where we can tell them [staff] what we think or if anything has changed". A relative said, "We are invited to be involved in the care reviews". We also saw that people had allocated 'key workers'; these are members of staff who are responsible for working closely with people on a more individual level. We saw that people had engaged in regular care plan reviews with their key workers.

Everyone we spoke with and records we looked at showed that the provider asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. One person told us, "We have important meetings with [registered manager] where he asks us about things". A relative said, "We get to give feedback at the reviews and they [registered manager and provider] send out questionnaires, but generally if you have anything to say, you can always just speak with them, they are very good". We saw that the registered manager had collated and analysed all of the feedback from people who lived at the home, relatives and visiting health and social care professionals in to an annual report to identify any areas in need of improvement.

Everyone we spoke with told us they knew how to complain. One person told us, "I would tell [registered manager's name] if anything was bothering me". A relative said, "I have never had a cause for complaint, I have raised minor issues with [registered manager's name] and they have always been dealt with immediately". Another relative told us, "I have no concerns or no complaints, but if I did, I would speak to [registered manager's name] he is very open and available when you need him, I speak to him regularly". We saw that no formal complaints had been made recently, but there was a complaints procedure in place. However, we found that the complaints procedure had not been made available in alternative formats to ensure that it was accessible to all of the people living at the home. The registered manager assured us that a more accessible format would be made available to people. Nevertheless, everyone we spoke with were confident that they knew how to complain and any issues raised would be dealt with quickly.

On the day of our inspection we saw people engaging in activities that they enjoyed. For example, we saw people going out to day centres and visiting family independently. One person told us that they had been to the theatre with their family and had stayed out overnight because they wanted to watch the football with their relative. We saw that the person had made their own way back to the home on public transport at a time that suited them. We also saw people were actively encouraged and supported to follow their own interests, such as football, swimming and motorcars. People we spoke with told us that they were looking forward to going on holiday in September as a group and were excited about celebrating each other's birthdays because they, "Sometimes had parties". Everyone we spoke with also told us that their friends and relatives were always welcome to visit them and they were able to spend time with people that were important to them.

Requires Improvement

Is the service well-led?

Our findings

The service was required to have a registered manager in place as part of the conditions of their registration. There was a registered manager in post at the time of our inspection. However, we found that the registered manager was not always fulfilling the responsibilities of their role. The provider had not always ensured that information that they were legally obliged to tell us and other external organisations, such as the local authority, was passed on. For example, they had failed to identify and report a potential safeguarding concern. They had also failed to recognise that some people may be at risk of having their liberty deprived and the need to submit an application to a 'supervisory body' in order to do so lawfully. Whilst, there was no evidence that these omissions had negatively impacted upon the safety of people using the service, the registered manager acknowledged these shortfalls and the need for improvements to be made.

We saw that there were some systems in place to monitor the quality and safety of the service including audits of the environment and maintenance checks, medication processes and care records. We also found that the registered manager had used the information from these systems to identify areas for improvement. However, not all of the quality monitoring systems and processes were effective. Some of these had failed to identify the shortfalls found during our inspection. For example, they had failed to recognise that robust recruitment policy and procedures had not been followed.

Staff we spoke with told us they felt supported in their work and that the service promoted an open and honest culture. One member of staff said, "I love my job, everyone is lovely and supportive; it's a really nice company to work for". Everyone we spoke with confirmed that the registered manager was approachable, open and honest in their leadership style. One person said, "[registered manager's name] is always around if we need him". A relative we spoke with told us, "Both [registered manager's name] and [Provider's name] are approachable and supportive; they helped us a lot when we were having trouble with the funding". A member of staff told us, "We can go to him [registered manager] with anything; he is very approachable". Another member of staff said, "He [registered manager] is a very good manager; he is supportive of us and is very hands-on, he will help out and gets involved in the care".

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. People we spoke with, records we looked and observations we made showed that the registered manager was compliant with this requirement. We found them to be open in their communication with us throughout the inspection, and information we asked for, was provided to us.

Staff we spoke with were aware of the service having a whistle-blowing policy. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about risks to people's safety, malpractice or illegality without the fear of workplace reprisal. They may consider raising a whistle-blowing concern if they do not feel confident that the management of their organisation will deal with their concern properly, or when they have already raised a concern but the problem within the organisation or with the provider has not been resolved. One member of staff told us, "If I had any concerns I would go straight to [registered manager's name] but I was worried about them in particular I can go to [provider's name] or

CQC". Information we hold about the provider showed that we had not received any whistle-blowing concerns recently and the provider assured us that no concerns had been raised with them directly.