

The Lady Verdin Trust Limited

The Lady Verdin Trust - Claremont

Inspection report

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15 November 2015
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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 

Overall summary

This inspection was unannounced and took place on the 14 October 2015. Following this an announced visit to the head office of the Lady Verdin Trust [The Trust] to look at training and recruitment records and phone calls to the family members of the people living in the home took place on the 15 and 18 October and the 15 November respectively.

Claremont is part of the Lady Verdin Trust and is registered to provide accommodation for four people who require support and care with their daily living. The home is located in a residential area on the outskirts of Crewe. The single storey domestic property is close to shops, bus stop and other local amenities. Staff members are available twenty four hours a day. At the time of our visit there were four people living in the house.

Summary of findings

Claremont 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager, (their job title within the organisation was community services director), did not work in the home on a daily basis. Day to day management was provided by a community support manager who had responsibility for additional services operated by the Trust and a house manager who was solely responsible for Claremont.

Because of their communication needs we were unable to ask the people living in the home about whether they thought the staff members supporting them were caring. Although neither relative expressed any concerns about the care being provided to their family members they both commented on the recent staff changes.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights if they had difficulty in making decisions for themselves.

We asked staff members about training and they confirmed that they received regular training throughout the year, they described this as their CPD [continuous professional development] training and that it was up to date.

Whilst we did not identify that the needs of the people were not being fully met we did see that some of the review timescales within individual care plans had slipped, for example, a number of care plans written in August 2014 and January 2015 had not been reviewed since being written. Other care plans were fully up to date so it was not a consistent issue. We discussed this with the community support manager who has since provided written confirmation that all of these issues had been discussed with the new house manager who had been given some supernumerary hours to update and if necessary re-write any care plans.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the support being provided.

We found that the provider and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the care files, including risk assessments, medication, individual finances and staff training. The records were being maintained properly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home on the day of our inspection.

Staff members confirmed that they had received training in protecting vulnerable adults.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Good



Is the service effective?

The service was effective.

New staff members received a thorough induction.

Staff members received regular training and on-going supervision.

Policies and procedures were in place regarding the MCA and DoLS and staff members had a good understanding of the MCA.

Good



Is the service caring?

The service was caring.

The four people living in the house appeared relaxed and comfortable with the staff and vice versa.

The staff members we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs.

Good



Is the service responsive?

The service was responsive.

There was a formal care review process in place. This was done with the involvement of the people living in the home and where applicable their family members.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy.

Good



Is the service well-led?

The service was well-led.

There was a registered manager in place.

The community services director and community support manager spoke with the people living in the home on a very regular basis. This meant that information about the quality of service provided was gathered on a continuous and on-going basis.

The organisation had robust systems in place to audit the quality of service being provided at Claremont.

Good



The Lady Verdin Trust - Claremont

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 was unannounced and took place on the 14 October 2015. Following this an announced visit to the head office of the Lady Verdin Trust [The Trust] to look at training and recruitment records and phone calls to the family members of the people living in the home took place on the 15 and 18 October and the 15 November respectively. The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. We looked

at any notifications received and reviewed any other information we held prior to visiting. We also invited the local authority to provide us with any information they held about Claremont.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with the four people living in the home but because of their communication difficulties we were unable to judge what they thought of the care being provided to them. After obtaining consent we then contacted two family members who visited regularly to obtain their opinions about the quality of care being provided. They were able to tell us what they thought about the home and the staff members working there.

Claremont is a domestic property so we were conscious of not being intrusive. We looked at all areas of the home and found that it was well furnished, homely and had been adapted to meet the needs of the people living there. This enabled us to observe how people's care and support was provided. We looked at two people's care plans and other documents including policies and procedures and audit materials.

Is the service safe?

Our findings

Although we could not ask the people living in the home directly whether they enjoyed living there or if they liked the staff members supporting them we did not identify any concerns regarding their safety during the inspection. We observed that there were relaxed and friendly relationships between the people living at Claremont and the staff members supporting them.

We spoke with two relatives on the telephone regarding the service being provided to their relatives. Neither of the relatives expressed any concern regarding the safety of the service.

Our observations during the inspection were of a clean, homely environment which was safe and comfortable and had been adapted to meet the needs of the people living there. For example the fitting of ceiling hoists meant that people could be transferred from their chair to their bed safely.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The community services director and community support manager were both aware of the relevant safeguarding process to follow. They said that any concerns would be reported to the local authority and to the Care Quality Commission [CQC]. Homes such as Claremont are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been no safeguarding incidents requiring notification at the home since the previous inspection took place.

The three staff members we spoke with on the first day of the inspection were all aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to their line manager and were aware of their responsibilities when caring for vulnerable adults. The staff members also confirmed that they had received training in this area and that this was updated on a regular basis. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example crossing the road or going swimming, were kept in the appropriate care file.

The staffing rotas we looked at and our observations during the visit demonstrated that there were three staff members on duty whenever the four people living in the house were there. During the day and dependent on any activity that people participated in, for example attending day services, then there may only be one or two people on duty. One member of staff 'slept in' during the night. Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care.

There have been a number of staff changes within the home over the previous year; this has included the appointment of a new house manager and other staff members. The staff members on duty and the community support manager all told us that this had caused some disruption within the home but that the care provided to the people living there had been maintained. There was now a settled staff team. Although we did not identify any issues with staffing during our inspection we did identify some shortfalls within the documentation being maintained, particularly in relation to care plans and medication. These are discussed further within the relevant sections of the report.

The registered manager and community support managers were in addition to the staff members working at Claremont. From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

We looked at the staff recruitment process carried out by the Trust and examined the files for two relatively newly appointed staff members. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed

Is the service safe?

by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started working for the Lady Verdin Trust.

We saw that although policies and procedures were in place to help ensure that people's medicines were being managed appropriately. Each person's medication was

kept in a lockable cupboard in the home. We carried out a check on the medicine administration records [MAR sheets] signed by staff members whenever any medicine was given and the actual medication stored in the cabinets. We saw that there were odd gaps within the MAR sheet when medicines had not been signed for and the stock balance actually held did not match the balance on the MAR sheet. For example, according to one record there should only have been four tablets remaining when in reality there were six. We discussed this with the community support manager on the 15 October and they have since provided written confirmation that these issues have been addressed and will be audited regularly in order to ensure that this is maintained. Records were kept of all medicines received into the home and of any medicines that had been returned to the pharmacy as no longer required.

Is the service effective?

Our findings

It was standard practice that whenever a new staff member commenced work at the Trust they undertook an induction in their new workplace; this would be for a minimum of three weeks during which time they would be a supernumerary member of staff and would shadow existing staff members. (Shadowing is where a new staff member worked alongside either a senior or experienced staff member until they were confident enough to work on their own). They would then be enrolled and undertake the Care Certificate that could take up to six months to complete. The induction programme was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently.

It was an expectation of the Trust that once this certificate was completed all staff members would then start on a level three Diploma course in care. Both qualifications are part of a nationally recognised framework for staff induction and training. We asked two of the staff members on duty about the induction process and they both confirmed all of the above. One of them told us they had worked as a supernumerary staff member for four weeks and that they were currently working towards their level three Diploma course. The second staff member told us that in their opinion they had been very well supported when she had started working for the Trust and they were working towards their Diploma. We were also able to confirm the induction process during the visit to the Trust's head office when we looked at the recruitment records maintained for the two staff members we had spoken to earlier.

Once the staff member has completed the above their on-going training becomes part of a system operated by the Trust called continuous professional development [CPD]. This is maintained and organised by the training department based at the head office. All staff had annual updates that covered areas such as medication, equality and diversity, moving and handling, fire safety, food safety, COSHH, safeguarding, person centred values, finance, cross infection and hygiene. Other areas such as the Mental Capacity Act and dementia awareness were also included in the CPD training. We were able to confirm this content

when we looked at the work books staff members completed during their training. We have been told previously that the Trust was an accredited City and Guilds training centre and all managers were trained as assessors.

We asked the three staff members at Claremont about training and they all confirmed the CPD process above and that their training was up to date.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of any on-going training needs.

We observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our visit we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent.

Visits to community health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why.

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 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).

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.

Is the service effective?

Policies and procedures had been developed by the Trust to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw that mental capacity assessments had been completed because the people living at Claremont did not have full capacity to make their own decisions. When necessary a best interest meeting had been held, for example, in connection with the person's finances. All of the people using the service were subject to a DoLS because they were unable to consent to care being provided.

The four people have lived in the home for a number of years so menus were planned informally. This was largely based on experience of what people liked to eat and from information provided by family members. This provided a very flexible menu for people. Drinks were readily available whenever anybody wanted them. People's weights were monitored as part of the overall care planning process. This was done to ensure that people were not losing or gaining weight inappropriately.

Claremont is a domestic property and there were no obvious signs on the outside that it was anything other than an ordinary bungalow. This theme continued inside and apart from adaptations to enable people to move around freely and to be cared for properly.

Is the service caring?

Our findings

Because of their communication needs we were unable to ask the people living in the home about whether they thought the staff members supporting them were caring. We did however speak to two family members of the people living in the home. Although neither relative expressed any concerns about the care being provided to their family members they both commented on the recent staff changes. One of them told us about a staff member who had moved to another home operated by the Trust, they told us, "When X was there, it was excellent, now she has gone it is difficult to give an opinion". The other relative said about the same staff member, "X is brilliant".

The three staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives.

We saw there was good interaction, communication and understanding between the staff and the people who were receiving care and support throughout the inspection visit. This included the support they provided when helping people to eat their meal and afterwards when they were spending time with people in their own rooms. We were

able to see that the relationships between the people living in the house and the staff members supporting them were warm, respectful, dignified and with plenty of smiles. The four people living in the house appeared relaxed and comfortable with the staff and vice versa and it was obvious from observing the staff members that they genuinely cared for the people using the service..

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day.

We were able to see the bedrooms during our visit. These were homely, comfortable and had been furnished and decorated to reflect the likes and personalities of each person.

The Trust had developed a range of information, including an easy read service user guide for the people living in the home. This gave people relevant information on such areas such as how to make a complaint.

Nobody using the service had an advocate at the time of the inspection visit. All had family members who visited regularly and could 'advocate' for them if necessary.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

We looked at two people's care folders to see what support they needed and how this was recorded. Each person had four files that had been sub-divided into nine topics covering all areas of care. The content within the files included, health needs and medical information, care plans and risk assessments, medication, monitoring, including appointments with the GP, nurse, dentist etc. and financial matters. The care plans we looked at were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. Whilst we did not identify that the needs of the people were not being fully met we did see that some of the review timescales had slipped, for example, a number of care plans in one person's folder written in August 2014 and January 2015 had not been reviewed since being written. Other care plans in the two folders we looked at were fully up to date so it was not a consistent issue and appeared to have been caused by the recent staff changes. It was Trust policy that care plans were reviewed every six months or as required. We discussed this with the community support manager on the 15 October. They have since provided written confirmation that all of these issues had been discussed with the new house manager who had been given some supernumerary hours to ensure all of the care plans are up to date.

In addition to the on-going review of the care plans there was also a formal annual review process in place. This was done with the involvement of the people living in the home and where applicable their family member. Both of the people we spoke with said that they were always invited to reviews and they said that they were always kept informed by staff members.

Nobody had moved into Claremont for two years so we did not look at any pre-admission paperwork for the people

who were living there. We have ascertained previously that the Trust has admission policies and procedures in place. If somebody not currently known to the Trust was identified as needing a service they would receive a pre-admission assessment to ascertain if their needs could be met. This would be followed by a gradual introduction into the relevant home; by visiting for a meal, spending a few hours there and having an overnight stay so that if and when the placement became permanent it would be successful for all parties.

The people living at Claremont Road had a daily activity planner and they could choose what they wanted to do. We saw that these consisted of a mixture of activities including attendance at a day centre or ordinary tasks such as a trip to the hairdresser. When in the house they could choose what to do and where to spend their time.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. The complaints log within Claremont showed that the last complaint made was on the 23 November 2014 and prior to this there was another on the 16 November 2014. We asked the community support manager about these on the 15 October and they explained that there had not been any formal complaints made since then. The first complaint above was a family member asking questions about one of the other people living in the home and the second one was a request from the next door neighbour requesting that some over-hanging tree branches were trimmed; this was rectified at the time. People were made aware of the process to follow in the service user guide. This was available in an easy read format. We did not identify any issues of concern during our inspection.

Is the service well-led?

Our findings

The community support manager and the community services director (registered manager) told us they visited the home on a regular basis. In addition to this the staff members were in frequent contact with the family members who also visited regularly. This meant that information about the quality of service provided was gathered on a continuous and on-going basis with direct observation of the people who lived there and their relatives.

The three staff members we spoke with were positive about how the home was now being managed and throughout the inspection we observed them interacting with each other in a professional manner. They were positive about the service and the quality of the care being provided. We asked them how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They said they could raise any issues and discuss them openly within the staff team and with the house manager or community support manager.

The staff members told us that monthly house and staff meetings were held and that these enabled managers and staff to share information and / or raise concerns.

Representatives from the people being supported by the Trust had formed a service user forum called Chatterbox. The people involved with this were proactive in gathering the opinions of the people receiving a service. At the time of our inspection they were looking at how they could do this and were developing an easy read questionnaire for people to complete.

The Trust and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included routine maintenance checks being carried out by the staff members working in the home, for example, weekly and monthly checks of the fire alarm and emergency lights weekly and monthly respectively, a first aid box check as well as visual checks on the bathroom hoist and any slings used for moving and handling. In addition the community support manager carried out a health and safety audit every month.

The community services director (registered manager) and community support manager undertook a full quality

assurance audit every six months. The last audit undertaken on the 17 August 2015 had covered the following areas; health and safety, the care planning system, appropriate maintenance of people's files, financial records, , staff development plans, a check on any relevant certificates, for example gas safety and general checks which included, were house routines being adhered to and was the rota being completed properly. The community support manager has confirmed in writing since the inspection that this audit had identified the issues we had noted within the care plan reviews and had already started to address these prior to our inspection. He has confirmed that all reviews are now up to date and will continue to be monitored as part of the on-going auditing systems already in place.

Maintenance certificates for any equipment in the home, for example, gas safety, PAT testing, hoists and the fire alarm system were also all in place.

A representative from the Trust board visited the service as part of its own quality monitoring system and spoke to the people living there every two months; this also helped to ensure any issues were identified and dealt with.

Claremont is only a small service and over time there were very few changes needed to the care being provided or any associated records, such as care plan reviews. The quality assurance systems above were therefore a demonstration of the Trust continuing to monitor the service to confirm this was still the case.

As part of the overall quality assurance process and following its first self- assessment of the whole organisation in January 2014 the Trust had held a 'Driving Up Quality' day in September 2015. This involved people using the services, the people working for the Trust, relatives, friends and relevant professionals from other agencies. The purpose of the day was to review the action plan drawn up from the initial self- assessment day which focussed on how quality could be improved. As part of the planning process for this inspection we did contact Cheshire East council for their opinion regarding the service provided to people by The Trust. With regard to the quality day they told us via email that, 'LVT seem to be very proactive regarding ensuring that people are at the heart of service provision. They recently held a follow up to their initial Driving up Quality event and it was clear that they had followed up on any identified actions from the first event'.