Freeways

# Leigh Court Centre

**Inspection report**

Pill Road
Abbots Leigh
BA8 3RA
Tel: 01275 877254
Website: www.freewaystrust.co.uk

Date of inspection visit: 15 December 2015
Date of publication: 11/02/2016

## 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? | **Requires improvement** |
| Is the service well-led? | **Good** |

## Overall summary

Leigh Court Centre provides personal care and support to people with learning disabilities and mental illness living in their own homes in North Somerset and Bristol. At the time of this inspection there were 13 people who received support from the service. The support people received ranged from a half an hour each week to a few hours each week. The service provided domiciliary support to people in their own homes and a supported living service. A supported living service is where people have a tenancy agreement with a landlord and receive their care and support from a care provider. As the housing and care arrangements were entirely separate people can choose to change their care provider if they wished without losing their home.

The inspection took place on 15 December 2015 and was announced.

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

# Summary of findings

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.

People and their relatives were happy with support arrangements provided. They told us they were safe and treated with respect.

The service had not sought the views of relatives to gauge their satisfaction and make improvements to the service. The registered manager had plans to cascade the satisfaction survey to relatives for their feedback.

Systems were in place to protect people from harm and abuse and staff knew how to follow them. The service had systems to ensure medicines were administered and stored correctly and securely. There were enough staff available to keep people safe and meet their needs. A recruitment procedure was in place and staff received pre-employment checks before starting work with the service.

Risk assessments had been carried out and they contained guidance for staff on protecting people. Care plans provided information about how people wished to be cared for and staff were aware of people's individual care needs. People had access to healthcare services and were supported to attend health appointments where required.

Staff received training to understand their role and they completed training to ensure the care and support provided to people was safe. New members of staff received an induction which included shadowing experienced staff before working independently. Staff received supervision and told us they felt supported.

People's preferences were recorded and arrangements were in place to ensure that these were responded to. Staff were knowledgeable regarding the individual care needs and preferences of people. Reviews of care had been carried out so that people could express their views and experiences regarding the care provided.

There were systems in place to receive feedback from people who use the service. People were confident if they raised concerns these would be responded to. Most of the relatives we spoke with were aware of the complaints procedure and confident the registered manager would respond.

The registered manager and provider had systems in place to monitor the quality of the service. The registered manager and staff shared a vision for the service and created an action plan with people who used the service and staff that was regularly reviewed and updated.

# 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.

People were protected from the risk of abuse because staff were trained and understood how to report it.

People were protected from the risk of abuse because the provider followed safe recruitment procedures.

People's medicines were administered and stored safely.

Risks to people's safety were identified and care plans identified the support people required to minimise risks.

**Good**

**Is the service effective?**
The service was effective.

People's rights were protected because the correct procedures were followed where people lacked capacity to make decisions for themselves.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

**Good**

**Is the service caring?**
The service was caring.

People told us they were happy with the care and support they received to help them maintain their independence. We observed that staff were caring in their contact with people.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were supported by staff who respected their dignity and maintained their privacy.

Staff knew the people they were supporting well and had developed good rapport with people.

**Good**

**Is the service responsive?**
Some aspects of the service were not responsive.

Relative's views on the service were not sought to gauge their satisfaction and make improvements.

Support was provided flexibly to help people achieve the outcomes they wanted.

**Requires improvement**

# Summary of findings

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| Care planning was person centred and focused on each person's individual needs, well-being and aspirations. | |
| **Is the service well-led?**<br>The service was well led.<br><br>The registered manager promoted an open culture and was visible and accessible to people being supported by the service and the staff.<br><br>People were supported and cared for by staff who felt supported by approachable managers.<br><br>Systems were in place to monitor and improve the quality of the service for people. | **Good**  |

# Leigh Court Centre

**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 15 December 2015 and was announced. The provider was given 48 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care 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 looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who also monitor the service provided by the agency.

During the inspection we visited two properties and spoke with three people who lived there. We also spoke with the registered manager and one staff member. We observed staff interacting with people during our visits. We looked at documentation relating to seven people who used the service, five staff recruitment and training records and records relating to the management of the service. After the inspection we spoke with four relatives and four further members of staff. We also spoke with four visiting professionals.

Good

# Is the service safe?

## Our findings

The service was safe. People and their relatives told us they or their relatives were safe in their homes and with the staff supporting them.

One person said, "Yes I am safe here". Comments from relatives included, "I am pretty sure they are safe, they have all of that covered" and "They are very safe and the home is secure". Staff discussed the safeguarding procedure with people on a regular basis and recorded the details of the conversation in care records.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. The registered manager and staff knew the importance of safeguarding people they cared for. They had received training in safeguarding vulnerable adults. When asked they could give us examples of what constituted abuse and what action they would take if they thought people who used the service were being abused. They informed us they would report their concerns to the registered manager and they were confident it would be dealt with appropriately. They were also aware they could report this to the local authority safeguarding department and the Care Quality Commission. Staff were aware of the provider's safeguarding policy. The service also had a whistleblowing policy and staff told us they would report concerns to external agencies such as the police or the safeguarding team if required.

People's needs had been assessed prior to services being provided. Records showed assessments were undertaken to identify risks to people who used the service, these assessments were reviewed regularly. The assessments covered areas where people could be at risk, such as managing their medicines, accessing the community and going on holidays. We also noted that risk assessments of people's environment were carried out to ensure the safety of people who use the service and staff.

A recruitment procedure was in place to ensure people were supported by staff with the experience and character required to meet the needs of people. We looked at five staff files to ensure checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff told us these checks were completed prior to them starting work. Records confirmed the checks had been completed.

We looked at the staff records and discussed staffing levels with the registered manager. The registered manager told us staffing levels were based on people's individual assessed hours of support provided and the staffing rota was arranged around this. Staffing rota's reflected people's individual hours and identified when they required support. Staff felt there were enough staff available to meet people's needs. We looked at the staffing rotas and confirmed the staff support hours identified for each person were covered. The registered manager told us if people's needs changed and they needed more staff support this would be given and the person's support hours would be reviewed if required.

There were systems in place for the administration and recording of medicines. Records showed each person had guidelines on how and when they take their medicines. Medicines were stored securely. Where agreed, people told us that they had received their medicines from staff and they received these on time. One person told us, "The staff come in everyday and give me my pills, I'm happy with that". Records indicated that staff had received training on the administration of medicines and knew the importance of ensuring that medicine administration records (MAR) were signed and medicines were administered. We noted that following medicine errors this was discussed with the staff member involved during supervision to reduce the likelihood of further incidents.

Good

# Is the service effective?

## Our findings

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs. Relatives told us they thought staff were trained to meet the needs of their family members.

Staff told us they completed an induction when they commenced employment, the registered manager told us the induction linked to The Care Certificate. The Care Certificate Standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member told us, "The induction was very clear and gave us the right information; if we needed more time shadowing we could have it".

Relatives told us they thought staff were trained to meet the needs of their family member. One relative told us, "The staff are trained to meet my family member's needs, they know and support them well". Staff felt they had enough training to keep people safe and meet their needs. Training included core skills training that the provider had identified such as medicines, safeguarding adults from abuse and fire safety. Staff also received training to meet people's health needs and conditions such as epilepsy, autism and supporting people with mental health needs. We looked at the training matrix and identified there were some staff who needed updated refresher training for some subjects. The registered manager told us they had arranged for training to be delivered to these staff. Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. One staff member described the training they had received as, "Really good, informative and interesting". Another said, "The training gives us the tools to do what we need to".

Records showed staff received regular supervision and appraisal from their supervisors. This gave staff an opportunity to discuss their performance and identify any further training they required. One staff member told us, "Supervisions are really good; they always say what you have done well and where you can improve so you can better your practice in a positive way".

The registered manager told us they had supported people to be involved in delivering training to staff. They gave us an example where a person was involved in delivering sign language training to the staff and another supported the finance training. They said this enabled people to be involved in the service. One staff member told us they thought this was "Really valuable" and it had been a "Great success" as it got people involved and was based on what people wanted from the staff.

The management and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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.

Care records showed the service recorded whether people had the capacity to make decisions about their care. For example, care records described how people might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. However, more significant decisions about their care and finances would need to be made on their behalf in conjunction with their family and other healthcare professionals. For example, any decision about hospital treatment or substantial financial spends.

Good

# Is the service caring?

## Our findings

The service was caring. People and their relatives said they were supported by kind and caring staff. One person told us, "The staff are very nice and kind to me". Comments from relatives included, "The staff are absolutely lovey" and "The staff care". During our inspection we saw staff approached people in a caring manner and engaged people in positive conversations.

People were supported by staff who knew them. Relatives thought staff knew their family member well. One relative told us, "The staff know my relative well" they went on to say how the staff had identified their family member did not always recognise when their relative was in pain and was not well. They said the staff knew something was not right and how they were very impressed with them identifying this and the action that staff took. The health professionals we spoke with said they felt the staff had a good knowledge of the people they were supporting.

Staff told us they spent time with people getting to know them and they recognised the importance of developing trusting relationships. One staff member said, "People need to trust you, we are someone to come to if they are worried". Staff talked positively about people and were able to explain what was important to them such as their chosen routines, family contact and hobbies.

People felt staff respected their rights and dignity and provided the opportunity for them to exercise choice in their daily lives. People told us staff always knocked on their door before entering, respected their choices around staff support and provided personal care in private. Staff described how they ensured people had privacy and how their modesty was protected. For example, covering people up whilst providing personal care and ensuring personal information was kept private. One staff member said, "I think about what I would want, put myself in their place. We are here to help people and make them as comfortable as possible". Another told us how one person requested the same sex carer for support and how they respected the person's wishes.

The service had nominated 'dignity champions' that included people who used the service and staff. The registered manager told us this involved being a role model, arranging 'dignity days' to raise awareness and to attend staff and tenants meetings. They said people who used the service chose who they thought would be suitable for the role through a voting system. We saw evidence of dignity champions discussing relevant topics at staff and tenants meetings. For example, at a staff meeting the dignity champion reminded staff that they needed to consider who can hear conversations when they are having private discussions. During a tenants meeting a discussion was held around bullying and what action they would take if they were experiencing this.

People were able to make decisions and plan their own care. For example, one person had decided they wanted to change their morning routine. The person's relative told us how the staff were flexible about supporting them to meet their preferences around this. Staff were aware of the person's wishes and their care record had been adjusted accordingly to reflect their decision. We received mixed feedback from relatives about being involved in their family members care. Most of the relatives we spoke with said they were involved in and happy with their family members care. However one relative said they wanted to be more involved and they felt there was a lack of communication from the service and family input. We discussed this with the registered manager and they reassured us they would look into this and ensure the family member was involved.

We saw feedback from people that demonstrated positive comments had been received by the service these included; '[name of staff member] is wonderful, she is always happy and makes me laugh' and 'the staff are happy when they come to see me, I like how the staff always smile'.

Requires improvement

# Is the service responsive?

## Our findings

Not all aspects of the service were responsive. .

People told us that they knew how to complain. One person told us, "I would speak to the manager if I was unhappy or I would tell staff they listen and help me". Most of the relatives we spoke with were aware of how to raise concerns and confident the registered manager would respond. Comments included, "I am aware of the of the complaints procedure, they are very keen on feedback and the manager is very assessable" and "I would speak to the manager and I am confident they would respond". However, one relative told us they had raised a concern and this had not been responded to. The relative said they had discussed their concerns with staff but had not received a response as a result. They told us they had phoned to speak with the registered manager but they were off sick and they felt there had been a lack of communication with the staff team. We discussed this with the registered manager following our inspection and they reassured us this was being looked into to ensure the concerns were acknowledged and would be rectified.

Where complaints had been raised and acknowledged, we saw these were investigated, recorded and responded to in line with the provider's complaints policy. Records showed a senior manager had audited the complaints and feedback received by the service and developed an action plan in response to this. The action plan identified areas of improvement and ideas to increase the feedback received by the service.

At the time of our inspection the service had not gauged relative's satisfaction of the service by the use of surveys in order to make improvements. The registered manager told us this was something they would ensure happened in the future.

People's views were regularly sought about the service they received. Staff encouraged people to give feedback on the care and support delivered and this was recorded in people's daily records. One staff member told us, "We give the person support and then have a chat and ask them if they were happy or not, if they are not we ask them what they were not happy about. This is recorded daily and reviewed by the manager".

People were also encouraged to give feedback through a completing a feedback form. The registered manager told us they viewed the feedback followed up on areas where people were not happy. For example, one person had expressed they were not happy because they had not received support to take their medicines, the concerns were acknowledged by the registered manager and actions were identified to resolve the issue. Another person had commented they were not happy with changes in the staffing, following this the staffing arrangement returned to how they had previously been. Records confirmed this.

The service also received feedback from people through the use of assistive technology. This was completed using pictures and questions to guide the person through an application on a tablet to what they were happy or unhappy about relating to their support. We saw evidence the statistics from the feedback were viewed by the senior managers of the service and the registered manager told us where there were themes and trends these were investigated.

People received care that was responsive to their needs and personalised to their wishes and preferences. People's Each person had a care plan that was personal to them. Care plans contained evidence that people were involved in the planning and assessment of their care. Care plans contained records of people's preferred daily living routines and described their personal likes and dislikes. They included information about what the person was able to do for themselves and where they needed support. One person told us, "Staff help me with my shopping, shower and food, the staff are here if you need them".

People were supported to identify and achieve their goals. One person had identified they would like to go on holiday without staff support. Staff had spent time with the person working through the potential risk and putting plans in place to reduce these so that they could achieve their goal. Staff were supporting another person to access the community independently because they had recognised whilst the person was being supported by staff in the community they were demonstrating that would like to be alone. Staff had supported the person to look at the risks and were working in a safe and structured way to enable them to access the community alone.

The service held regular tenants meetings. These were used to discuss items relating to communal areas of the homes and people's preferred choices. For example, one meeting discussed the colour scheme for the communal

Requires improvement

# Is the service responsive?

lounge. Another meeting discussed the security of the home and reminded people of the importance of closing and locking windows and doors and to ask visitors for identification before allowing them to enter the service.

Good

# Is the service well-led?

## Our findings

The service was well led.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about management and the culture within the service.

There was a registered manager in post at Leigh Court Centre. The registered manager had an office at the head office and told us they spent most of their time at the supported living service. The provider had managers at the other two locations overseen by the registered manager. The registered manager told us they regularly spent time observing staff and giving them feedback to support their development and promote best practice. They said they promoted an 'open door policy' for staff to approach them and they kept their calendar available for staff to see where they were if they needed to contact them. One staff member told us, "The manager starts at 7.30am they are very available for support". Staff told us the registered manager was approachable and assessable and they felt confident raising concerns with them. Other comments included; "The manager is very assessable, they are always here or on the end of the phone" and "They are very available, nothing is too much trouble for them".

The registered manager told us they kept themselves up to date with best practice and changes in legislation by attending training, viewing relevant websites and subscribing to magazines relating to care. They also attended the local provider forums and described how they had taken an idea from one relating to a social media forum for people who use the service. This involved people trialling the social media which was specifically designed for people with learning disabilities and them giving feedback. The registered manager said that people felt they would rather use existing social media forums and they were in the process of arranging for people to have their own Wi-Fi access rather than using the services.

The service had quality assurance systems in place to monitor and improve the quality of the service. Records showed the audits covered various aspects of support which included the care records, comments and complaints, safeguarding and medicines. All accidents and incidents which occurred in the home were recorded and analysed. The audits identified actions required for improvements and noted when they had been completed. The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

The registered manager had regular contact with the managers based in the services and discussed relevant items such as staff training, people's care records, safeguarding and any updates to the services. We saw these discussions were recorded and action points were detailed where improvements were required.

We looked at staff meeting records and they were held to address any issues and communicate messages to staff. Items discussed included training, supporting people with their finances, receiving feedback from people and any changes to support. People attended staff meetings to give the staff feedback from their tenants meetings and any actions from this. For example, staff support required to encourage the use of the assistive technology feedback system. Staff described the staff meetings as, "Regular" they went on to say "You are definitely able to contribute and are listened to". The staff member went on to say they had found an approach to supporting a person that worked really well, they said they had talked this through with the staff team and how the staff had taken this on board and things had improved for the person. Another staff member told us, "You can express your feelings in staff meetings and things can change".

We spoke with the registered manager about the values and vision for the service. They told us their vision was, "For everything to start with the client [person] for them to govern their support and be involved in everything". One staff member told us the vision was "To increase people's independence as far as possible, with people taking control of their lives with support where needed. Another said, "We try to help people to be as independent as possible and fulfil their dreams". The registered manager told us they communicated the visions through supervisions and meetings. The service had a service action plan detailing what they planned to achieve for the year. This was developed with input from people who use the service and staff and was recorded in a document. The plan was reviewed and updated with progress six monthly. One staff member told us, "We have an annual review of the service and set a vision for the following year, staff and tenants are involved, we want people to be involved in the panning for the service".