

Leading Lives Limited

Kesgrave Bungalow

Inspection report

11 Edmonton Close
Kesgrave
Ipswich
Suffolk
IP5 1HD

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26 October 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 26 October 2017 and was unannounced. The service was previously inspected on 26 September 2016 and was rated as Requires Improvement because of concerns about staff recruitment and quality assurance audits that were identified during that inspection. During this inspection, we found that the service had made sufficient changes for them to be rated as Good in all key questions and Good overall.

Kesgrave Bungalow is a short break respite care service that provides support for people with a learning disability. The service has four beds and the length of stay can vary depending on the needs and choices of the people who use the service. At the time of our inspection there were two people using the service.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 team leader is the person who manages the service on a day-to-day basis, supported by the registered manager.

There were systems in place, which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe. There were processes in place to ensure the safety of the people who used the service. These included risk assessments, which identified how the risks to people were minimised. There were sufficient numbers of trained and supported staff to keep people safe and to meet their needs. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

The registered manager, the team leader and the staff understood their obligations under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager knew how to make a referral if required. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were supported in their role and received regular supervision and underwent training, which enabled them to better support the people they worked with.

People were supported to eat and drink enough to maintain a balanced diet, people were given a choice of meals and were encouraged to help preparing the vegetables. They were also supported to maintain good health and access healthcare services.

We saw examples of positive and caring interactions between the staff and people living in the service. The

people who were using the service on the evening of our inspection were not able to communicate easily, but they were able to express their views through facial expressions, signs and smiles. The staff knew the people well enough to be able to understand their individual communication methods, understood what they wanted and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People received care that was personalised and responsive to their needs. The service listened to people's experiences, concerns and complaints. Staff took steps to investigate complaints and to make any changes needed.

Staff told us that the registered manager and team leader were open, supportive and had good management skills. There were systems in place to monitor the quality of service the organisation offered people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient staff to keep people safe and the recruitment process was robust and checked that the staff were suitable people to be working with vulnerable people.

People's risk assessments helped to protect people from risks without restricting their independence unnecessarily.

People's medicines were managed and stored appropriately.

Is the service effective?

Good ●

The service was effective.

The service was effective.

The requirements of the Mental Capacity Act 2005 were met. Staff were trained to meet people's care needs.

People were provided with sufficient food and drinks.

People were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

Staff were caring, supportive and respectful towards the people who used the service. Staff had developed positive relationships with people.

Staff were aware of people's care needs and preferences. People had their privacy and dignity respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care needs had been identified before they started

using the service.

Appropriate care plans were put into place to give staff guidance on meeting people's needs in a way that was consistent.

People were supported in a personalised way. There was an effective system in place for handling complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and the team leader were committed and was proactive in providing a high standard service which was centred on the needs of people who used the service.

Processes were in place to monitor the quality of the service and action was taken when it was identified that improvements were required.

Kesgrave Bungalow

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 comprehensive unannounced inspection took place 26 October 2017, and was undertaken by one inspector.

Before our 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 also looked at information we held about the service including notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the previous inspection reports and the action plan which the service had supplied following this inspection.

During our inspection, we spent time observing the way that people were being supported by the staff. The people who were using the service could not talk with us, but they were able to communicate with us through their facial expressions, signs and body language.

We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

During our inspection, we spent time with the two people who were using the service, two care staff, the team leader and the registered manager. We reviewed four care files (those of the two people using the service during our inspection and two other people's care files), two staff recruitment files and their support records, audits and other records that were held at the service.

Is the service safe?

Our findings

During our last comprehensive inspection on 26 September 2016 this key question was rated as Requires Improvement because not all of the staff files contained the evidenced that staff had the right to work in the United Kingdom or were of suitable character.

On this occasion, we found that changes had been made and staff were now recruited in a safer way. Records included the information that was required for appointed staff. This included full employment histories and references. There were also enhanced checks on people's backgrounds with the Disclosure and Barring Service (DBS). DBS checks verify whether applicants have any criminal records and whether they are barred from working in care services. This contributed to protecting people from the employment of unsuitable staff.

Staff knew how to keep people safe and protect them from harm; they were trained to recognise signs of abuse and were able to identify how people may be at risk of harm or abuse and what they could do to protect them. They were aware of the organisation's safeguarding and 'whistle-blowing' policies. When concerns were raised the service notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. One staff member said, "The training made it very clear what I needed to do. If I thought anyone was harming any of [the people] staying here." Another member of staff told us, "I have reported an incident before and will do it again."

Risks had been assessed and steps had been put in place to safeguard people from harm without restricting their independence unnecessarily. Risks to individual people had been identified and action had been taken to protect people from harm. For example, the risks around using bed rails or people going into other people's bedrooms. The risk assessments recognised people's skills and identified what support people required to reduce the risk without impinging on people's independence. This meant that people could continue to make decisions and choices for themselves.

The service ensured that risk assessments associated with emergency situations were carried out. For example, there was a fire risk assessment in place that was up to date and reviewed as needed and each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed in times of emergency.

To help ensure that people were safe, regular health and safety checks were carried out regarding the building and environment, such as legionella water checks, fire alarm tests and fire drills.

During our inspection we found that there were enough staff on duty to keep people safe and to meet their needs. The service never had more than four people staying at one time and two staff worked on each shift, sometimes supported by the team leader. Care was taken by staff to make sure that people that did not get on well together did not stay at the same time. They reduced the number of people staying when people with complex needs or who needed a high level of support were staying at the service. This was so that the staff would be able to support people properly, without rushing and to spend meaningful time with all the

people staying.

Our observations showed that staff had time to prepare the meal and to book people into the service, while still interacting with the people staying. Both people were able to make requests for drinks and activities and were given the attention they asked for without delay.

Medicines were safely managed. Staff had undergone regular training and had their competencies checked. The service had a strong policy about how people's medicines came into the service, how it was recorded and how it was checked in and out. Storage was secure and well managed. Records were comprehensive and well kept. We saw audits that had been carried out and the team leader told us what action they took if errors occurred. They were investigated and the staff retook training if necessary. We talked with staff about the way medicines were booked in, recorded and were accounted for. The records we saw were filled in appropriately. They were knowledgeable about the medicines people used and the way it should be stored and administered. The person's main carer was asked to send a medicine update into the service with their current medicines at every visit to ensure that the person's medicines records were kept up to date. People's care plans contained guidance and protocols for the use of medication needed as and when, painkillers for example.

Is the service effective?

Our findings

During our last comprehensive inspection on 26 September 2016 this key question was rated as Good. At this inspection, we found this key question remained Good.

Staff told us that they had the training and support they needed to carry out their role effectively. Records evidenced that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. Staff were offered the opportunity to request training and discuss career progression in these sessions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made and sent to the local authority to be authorised. For example one was to allow the staff from stopping the person leaving the building without support because they would have been unsafe to leave on their own.

Staff continued to demonstrate they understood the MCA and DoLS and how this applied to the people they supported. Staff continued to encourage people to make decisions independently in areas they were able to. Staff demonstrated they knew people well, understood their means of communication, which enabled them to support people to make their own decisions, for example what time they went to bed, what they wanted to eat and how they wanted to spend their time.

Staff understood their responsibilities to seek people's consent before providing them with care or support. A member of staff told us, "I tell [people] what I'm going to do and make sure they understand and are okay with it before I give them help. Some [people] can say yes or no. Others, give implied consent. We know that [they] like to have a bath and as soon as I say, 'do you want a bath' and go to pick up their toiletries they are on the way to the bathroom. We always make sure we give them choices and respect their decisions."

The service had ensured that people were supported to maintain a balanced diet. People were able to choose what they wanted to eat by using photographs of the different meals. The staff told us that they knew people's preferences and prepared meals that they liked when they visited the service. When able, people were encouraged and supported to help prepare the meals. We saw that people were supported to eat their meals; staff took their time when supporting people to eat and allowed them to take the food at their own pace. People ate well and looked as if they were enjoying their meal.

The service had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by preparing people's meals in the way that was easiest for them to eat. Cutting it up for them or preparing soft food for example. If people had special dietary needs they were recorded in people's care plans.

People were supported to maintain good health. Records demonstrated that the staff were proactive in obtaining advice or support if people became unwell. A staff member told us that if people become ill during their stay, they would contact the person's main carer for advice and would make a doctor's appointment and support people to attend.

Is the service caring?

Our findings

During our last comprehensive inspection on 26 September 2016 this key question was rated as Good. At this inspection, we found this key question remained Good.

We saw examples of positive and caring interactions between the staff and people using the service. People were able to express their views, staff knew people's individual ways of communicating and made sure their decisions were acted on. We saw people ask for drinks and they received them without delay. One person wanted to watch their DVDs and was supported to choose which one they wanted to watch. This pleased the person and they watched their programme avidly. Another person indicated they were ready for dinner while the staff member was talking with us. The staff member said, "Oh sorry [person] am I spending too much time gossiping, here let me get on with your dinner."

When staff spoke with people, they were caring and encouraging. It was evident that the staff knew the people well and understood their needs. When staff spoke they gave people the opportunity to join in the conversation and make choices about what they wanted to do and where they wanted to be.

People, where able, were involved in planning their own care; they were included in reviewing their care plans with the help of staff. Other people important to them were also involved and invited to the review meetings. Regular reviews of people's care were carried out and they and their relatives were invited to take part in the review.

People's right to privacy and dignity was respected and promoted. A member of staff described ways in which they protected people's privacy and dignity, such as making sure doors were closed during personal care. We saw that they called out to one person as they approached their open bedroom to warn the person they were going in.

Staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed on an ongoing basis. A staff member told us, "We take our time and give people a chance to do things at their own pace. If they need help we will offer it."

Is the service responsive?

Our findings

During our last inspection on 26 September 2016 this key question was rated as Good. At this inspection, we found this key question remained Good.

The service ensured that people's care records were personalised to include information about them, such as their hobbies, interests, preferences and life history. This information enabled staff to get to know people quickly and to offer support in the way they wanted to be supported. Care plans were detailed and were kept under regular review and updated if people's needs changed. They were kept secure.

The care plans were detailed enough to give staff a good understanding of people's preferences and life experiences. The care plans included clear instructions for staff on how best to support people, and took account of people's needs, choices and preferences. This was clear evidence that the care provided was person centred. This level of detail helped staff to support people to engage in meaningful activities that they enjoyed. One person's care plan detailed that they liked sports and which soap operas were important to them. Another person's care plan explained that the person settled better if they always used the same bedroom when they visited. Because of this, that room was booked out to them when they stayed.

Staff supported people to take part in a range of activities within the home and in the community during the evening and weekends as most of them attended regular day services throughout the week. They explained that they planned social events for when people came to stay. The staff tried to make sure that friends stayed on the same days and they all went out together, sometimes to the local pub or sometimes to the cinema if there was a film people wanted to see. There were photographs displayed around the service of people taking part in activities together.

We saw that some of the activities that people took part in include arts and crafts, card marking, paper flowers making and jewellery.

The service had a robust complaints process in place that was accessible; they were displayed in the service and were of an easy read format. The complaints were dealt with effectively.

Is the service well-led?

Our findings

During our last inspection on 26 September 2016 we rated this key question as Requires Improvement. This was because we found that work was required to make the quality assurance audits more robust in order to fully capture areas that needed improvement. Areas such as the issues with staff recruitment records that had not been identified by the audits. At this inspection, we rated this key question as Good.

At this inspection, we found the service had taken the necessary action to embed good practice into the service people received. Staff records were in order and contained all the information needed to evidence that the staff recruitment processes ensured that staff were fit to work with vulnerable people.

There was a registered manager in post, they were not on duty during our inspection, but came in to help facilitate the inspection. The registered manager was transparent in their conversations with us.

Staff told us that the registered manager was accessible. One staff member said, "I get on well with [the registered manager]. They are here often and stop to spend the time of day and always chats to the people staying here at the time." Another staff member said, "Everybody here works well together. We're a good team."

The team leader managed the day-to-day running of the service and was supported by the registered manager who visited the service often and was in daily contact with the team leader by telephone. While speaking with both, it became evident that they knew the people who used the service well and worked closely with people's families in booking people's stays so they fitted in with people's needs and family arrangements.

Staff told us that the team leader was approachable and supportive of them. A member of staff said, "[Team Leader] is a great manager, she's supportive and is always contactable even on her days off." The team leader was clear about their role and responsibilities and was aware of the culture within the home, which they told us was, "Open and transparent, warm, relaxed and a fun place for both people and staff."

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach both the registered manager and team leader if they had any problems and that they would listen to their concerns. Staff said that the team leader put people's needs first and looked for ways to make them happy.

There were many complements and thank you cards sent in from people's family members, one read, 'I really appreciate the care you give my [relative], I can enjoy my break without worrying' Another said, 'I don't know what I would do if my [relative] didn't want to come and stay with you, but [they do] so that's good.'

The registered manager and the provider continued to assess the quality of the service through a regular programme of audits and observations that were undertaken weekly, monthly and quarterly. We saw that these quality audit systems were capable of identifying shortfalls which needed to be addressed. Where

shortfalls were identified, records demonstrated that these were acted upon promptly.