

Because We Care Limited

Levina House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

We inspected the service on 20 October 2015. The inspection was unannounced. Levina House offers accommodation for up to 6 people who have a learning disability. On the day of our inspection six people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

People were kept safe in the service and staff knew how to protect people from harm. Staff knew how to respond to incidents and how to escalate concerns. This meant there were systems in place to protect people from the risk of abuse.

Summary of findings

Medicines were managed safely and people received their medicines as prescribed. Staffing levels were matched to the needs of people who used the service to ensure they received care and support when they needed it.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

People were supported to make decisions and where there was a lack of capacity to make certain decisions; people were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions. Staff respected people's privacy and dignity and people were supported with their independence.

People were involved in planning their care and support. They were supported to have a social life and to go out into the community and go on holidays.

Although people were involved in giving their views on how the service was run, their views and requests were not always listened to or acted upon. The systems in place to monitor the quality of the service provided was not fully effective.

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 kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support.

People were supported to maintain their hydration and nutrition and risks to their health were monitored and responded to appropriately.

Good



Is the service caring?

The service was caring.

People were supported to make choices about what they did each day and staff gave people the support they needed to develop their independence.

People were supported by staff who valued their rights to privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and had an active social life with access to holidays, further education and places of work.

People were supported to raise issues and when complaints were made these were listened to and acted upon.

Good



Is the service well-led?

The service was not always well led.

People were involved in giving their views on how the service was run but these were not always listened to or acted upon.

The management team were approachable but the systems in place to monitor the quality of the service were not always fully effective.

Requires improvement



Levina House

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.

We inspected the service on 20 October 2015. The inspection was unannounced and the inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with all six people who used the service and two members of care staff. We also spoke with one of the managers who worked in the service and the registered manager. We looked at the care records of four people who used the service, medicines records of six people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Is the service safe?

Our findings

People told us they did not always feel safe in the service when other people communicated through their behaviour. However we saw staff had received training in how to respond to this appropriately and the way people described how staff dealt with these situations confirmed to us that staff followed the guidance given in the training. We observed people interacting with staff and it was clear they felt comfortable with staff. Relatives we spoke with told us they felt their relations were safe in the service. One relative said, "I visit regularly, I've never seen anything which gave me cause for concern."

People were supported to be safe from harm. Where people communicated through behaviour which staff may find challenging, there were care plans in place informing staff how to respond to this and how to keep the person and other people safe from harm. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the processes for reporting concerns and escalating them to external agencies if needed.

People were supported to take risks to enable them to have freedom without having unnecessary restrictions placed upon them. We saw that people were supported to go out into the community alone when they chose and there were systems in place to ensure staff knew they were safe, such as a formal check that the person had enough money and a mobile phone to contact staff at the service if they needed to. We observed this in practice during our visit with people going out into the community alone or with staff. One person we spoke with confirmed staff followed these procedures each time the person went out alone.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. There were risk assessments in place informing staff how to support people safely both in the service and in the community, whilst still supporting their independence. There were management plans in place to inform staff how to respond if there was an emergency in the service or in

the community. We looked at one person's care records who had a health condition and there was a detailed plan in place informing staff how to recognise the person was having a seizure and how to respond.

People felt there were enough staff working in the service to meet their needs. One person we spoke with told us staff were, "Always there if you need them." Another person said, "There's always a staff member." A relative had commented on staffing levels in a recent survey and said, "Always seem to be plenty of staff around." We observed there were enough staff to ensure that people's individual needs and requests for support were responded to quickly.

Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. One member of staff told us, "We seem to have enough staff, there is a ratio of two staff to every one resident but we can ask for more from other homes (in the group of nearby services also owned by the provider) if we need it." The registered manager told us that the staffing levels were designed to match the needs of the people living in the service and that levels would be increased when needed for example to support activities outside of the service.

People relied on staff to administer their prescribed medicines and we found the systems were safe and people received their medicines as prescribed and in a way they preferred. We saw that medicines had been discussed with people who used the service in a recent survey and people had confirmed that staff gave them their medicines when they should. Relatives had also completed a recent survey and we saw one relative had commented, "Medication is always administered." We saw that each person had a detailed medicines record which included how they preferred to take their medicines.

Staff received training in the safe handling and administration of medicines and had their competency assessed to ensure they were following safe practice. We found medicines were stored safely and there were systems in place to monitor this. Weekly audits were undertaken to ensure they were being administered as prescribed and stored appropriately.

Is the service effective?

Our findings

We observed staff supporting people and we saw they were confident in what they were doing and had the skills needed to care for people safely. We saw staff dealt with the complex needs of people in a relaxed manner and clearly knew the best way to support people with their individual needs.

Staff told us they enjoyed working in the service and felt they had the training they needed to enable them to do their work safely. They told us they were given training in a range of subjects relating to the work they did. One staff member stated, "Training here is excellent; I've always had very thorough training." The other member of staff told us, "We are trained regularly; I've had the training that I need. I'm able to ask for additional training if I need it." Records we saw confirmed staff were given regular training in a range of subjects relevant to their role.

Staff told us they had regular supervision from the manager and were given feedback on how they were working. One member of staff told us, "Supervisions are good, you can ask for training and discuss any concerns you've got. It's good to be able to communicate with each other and get that feedback."

People told us they felt they were supported to make their own decisions. One person said, "I do what I want to do." We saw people had signed their care plan to give consent for the plan to be in place and to be used for staff and other professionals as part of their care and support. We saw one person had had a procedure carried out at the hospital and a document, written in a way the person would understand, had been used to help staff explain what the procedure involved to ensure the person was involved in the decision.

The staff that we spoke with had a basic understanding of the Mental Capacity Act 2005 (MCA). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. There were care plans in place detailing how much support people needed with decisions. Where the person was not able to make a decision due to a lack of capacity, a detailed capacity and best interest's assessment had been undertaken which incorporated the views of the person, their family and professionals.

The registered manager and staff displayed an understanding of the Deprivation of Liberty Safeguards (DoLS) and the registered manager had made applications for a DoLS where appropriate. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. One person had said they did not want to live in a care setting and their relative confirmed this was the case but said they were happy with the placement. This had been acted on appropriately by the management team, to ensure the person was not being deprived of their liberty. Meetings had been held with a team of external professionals and we saw they had recorded that the person was improving under the care of the staff and that it was in the best interests of the person to remain in the service.

People were supported to eat and drink enough. People told us they got enough to eat and we saw people used the kitchen and helped themselves to food and drinks whenever they wished.

People's nutritional needs were assessed regularly and there were care plans in place informing staff of people's nutritional needs. Two people had a risk identified in relation to their nutrition and advice had been sought from their GP. A referral had been made to an external health professional and guidance sought for one person.

People were supported with their day to day healthcare. We saw one person had recently been seen by a health care professional for a review of their healthcare and they had written that, "[Person] is happy and looks well." We saw from care records that staff sought advice from external professionals such as psychologists and dieticians to support people with their health care. Individual health files were provided for people which detailed information such as how the person communicated their health needs and any allergies they had. These files were kept updated following appointments with healthcare professionals.

People were supported to see a doctor when they needed to and to visit the dentist and optician on a regular basis. One person described another person who didn't like one of their external health professionals and so the manager had referred them to another.

Is the service caring?

Our findings

People were supported to settle in the service once they moved in. One person told us their health condition had improved since they moved and said, "That means I have settled in happily." Another person told us, "I like it here, all the staff respect us." A third said, "I am happy here."

One person did not feel Levina House was the right place for them and we saw the management team and external professionals were working with one person to support them to move into a place of their own. Staff were supporting the person to develop independent daily living skills and had arranged for an external occupational therapist to visit the person and help them develop their cooking skills. The person's care plan detailed progress being made with independent living skills and what further skills the person was working towards.

People were supported by staff who knew them well and understood their individual needs and their likes and dislikes. Our observations showed staff clearly knew people well and when we spoke with staff we saw they had a good knowledge of people's likes, dislikes and what support they needed.

Both of the staff we spoke with referred to people with warmth and told us they enjoyed working in the service. We asked two staff what they enjoyed about the job and one said, "Seeing them develop their independence and learning daily living skills" and the other said, "Working here means that the residents that don't have family support get the best possible family setting. I like going home knowing I've made a difference to that person that day."

People were supported to make choices about how they spent their time. People told us they chose what they did each day and were supported with this. We observed this in practice when we heard staff asking people what they would like to do. People had meetings to decide on the food menu for the following week and staff shopped for the ingredients for the meals. One person told us they didn't like that sandwiches always being on the menu for lunch, but acknowledged that if they asked for something else this was given.

People were supported to participate in cultural and religious activities that were important to them. One person liked food which was specific to their culture and

told us they were supported with this and that they cooked with staff to show them the types of food they liked. We saw this was also recorded in the person's care plan to guide staff in how to meet the needs and preferences of the person. Two people were supported to attend religious services of their choice.

Positive relationships were encouraged throughout the group of care homes owned by the provider within close proximity to each other. A monthly disco was held at a nearby service and people from Levina House were given the opportunity to attend this. There was also another service next door to Levina House and one person told us about a friendship they had formed with a person from there. People were also supported to spend time with their relatives and friends and to maintain their relationships with them. One person told us, "I go and see my friend a lot I go when I want to, my mate comes here as well."

People were supported to be independent and maintain daily living skills. When we arrived one person made us a drink and we saw people were making themselves meals through the day. One person had been looking for voluntary work and had achieved a placement. They told us they were pleased about this and were looking forward to starting work.

The registered manager told us that no-one was currently using an advocate but that advocacy was discussed at meetings held for people who used the service so that people would know when and how they could access one. People had access to information about speaking with an advocate and these were written in a format tailored around the needs of the people who used the service. Advocates are trained professionals who support, enable and empower people to speak up.

People were treated with dignity and had their need for privacy respected. People told us they were given their own mail to open and had locks on their bedroom doors. One person said, "I can go to my room and lock the door." Relatives we spoke with told us they felt their relations were treated with dignity and one relative had commented in a recently completed survey, "Staff are aware of residents need for privacy." Another had commented staff were, "Very polite and respectful at all times." Staff described good practices in promoting people's rights to privacy and dignity and ways of promoting people's privacy and dignity were detailed in their care plans.

Is the service responsive?

Our findings

People were involved in planning their own care and support. We saw people had been developing their own 'about me' care plan which included their plans for their future and what was important to them. One person went through their 'about me' plan with us and showed us the pictures they had used. They were clearly pleased with their work and had included some of their achievements in academic work and certificates they had been awarded. People had signed their care plans to verify they were happy with the contents in them. One member of staff told us, "They (people who used the service) can access their file whenever they want and can make changes if they think it is wrong."

Staff told us people did not have a set routine and had choice of when to go to bed, wake up and how they spent their day. One member of staff told us, "We don't have a real routine. They all have their preferences and we adapt to them."

Meetings were held for people to get involved in and these were used to communicate what was happening in the service, and to get people's views on what activities they would like to do. There was also a weekly menu planning meeting where people chose the meals for the following week.

Staff we spoke with had an excellent knowledge of the preferences of people and how they liked to spend their time and how they preferred to be supported. Staff knew what would work well for individuals and what would not. We saw people's preferred daily routines and how they liked to be supported were detailed in their care plans and one member of staff told us, "We review the care plans at

monthly meetings, if we find better ways of doing things then we do." A second staff member said, "The care plans are there to give you guidance but they change to adapt to their (people's) needs, rather than what we see as routine."

People were able to access the local community independently. There were also planned activities and holidays for people to take part in if they wished. One person told us, "They take us out to Alton Towers and other activities. We go to the pub and we play pool." Relatives we spoke with told us they thought their relatives went out a lot and had enough to do. We saw there had been a selection of holidays offered so that people could choose the holiday they preferred. One member of staff told us, "We go bowling and shopping." They choose individually what they like to do and we do it."

We observed people were comfortable approaching the registered manager with any issues they had during our visit. There was a complaints leaflet which was written in a format tailored to fit the people who used the service (easy read format). Individuals also had their own easy read booklet with pictures and information describing what they should do if they wished to raise a concern and what they should expect afterwards. We saw that the complaints procedure was also discussed at a recent meeting held for people who used the service to make sure they knew how to raise concerns. We spoke with two relatives and they both said they would contact the service if they had any concerns they wished to raise. One relative told us, "I have no issues; if I did I'd mention it to staff and take it from there."

If people raised a concern they could be assured this would be listened to and acted on. We saw there had been one complaint made by a person who used the service and we saw this had been dealt with appropriately and the complaint had been resolved following a meeting with the person.

Is the service well-led?

Our findings

People who used the service and their relations were supported to have a say in how the service was run through regular meetings and an annual survey, however their views were not always acted upon. We saw the results of the most recent survey and these were very positive and where requests had been made some of these had been acted on. We saw that one person had requested a change in a type of food and this had not been acted on. We saw the person had made the same request some months later during a meeting held for people who used the service and again this request had not been acted on. Another person told us about a request they had made which also had not been acted upon.. We saw that other requests and actions arising from meetings and surveys had been acted on and changes made in response, such as one person and their relative had requested a piece of furniture and this had been provided.

The manager carried out audits of a range of areas of the running of the service for example testing the competency of staff, environmental and medicines audits. However we found that care records and staff files were not audited to check their accuracy. We found that one care record had not been updated for some time. Although we did not see there was a negative impact on this person as staff knew how to support them, there was a risk that new staff would not understand the person's complex needs. We also found information was missing from the files of two members of staff and this had not been identified due to a lack of systems to audit the records.

Additionally we saw that there was a monthly visit undertaken by the manager who oversaw the service, to

assess the quality of the service provided. However we found the audit did not take into account looking at care records or staff files. We saw a conversation with people who used the service was recorded which was not effective in fully exploring how well the service was being managed.

We saw relatives had commented positively on how well the service was run in a recent client satisfaction survey. One relative had commented, "Everything seems to run really well." Another had said, "Communication is great."

We observed people had a good relationship with the management team and were comfortable and confident to approach them. We saw registered manager interacting with people and they clearly knew people's personalities very well and engaged in an open and inclusive way.

People benefitted from an open culture within the home. Staff were able to raise any issues or put forward ideas with the management team and felt they were listened to. Staff were happy and worked well as a team one member of staff told us, "I think we get enough support. I've always been able to approach them (managers) if I have any concerns, they've always been good."

There was a registered manager in post and she oversaw the management of the service and had a small team of managers who alternated working on a daily basis between the other services in the group. Because We Care has a number of care homes in close proximity and a team of managers moved around the different services working in each one. The team of managers met regularly to discuss individual services and share best practice. Each manager had their own area of responsibility to ensure consistency such as audits and reporting to external bodies when there was an incident or a change in the service.