Community Integrated Care

Linda Grove

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

Summary of findings

Overall summary

This inspection took place on 10 March 2016 and was unannounced.

Linda Grove is a residential care home that provides accommodation and personal care for up to four people with a learning disabilities. The accommodation is all on the ground floor. At the time of our inspection four people lived at the service.

Linda Grove 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 provider had comprehensive care plans in place for all of the people who used the service. We could see that were people's health care needs had changed staff had written how the staff should support them in light of this change. However care plans for two of the people who used the service had not been reviewed since early 2014. Therefore staff may not be supporting or caring for a person appropriately and promoting their independence.

Staff had an understanding of safeguarding and whistleblowing and were confident that any concerns they had would be listened to by the registered manager. One staff member told us, "I would report it to the registered manager and if needed I would contact the local authority safeguarding number." Staff we spoke with were able to give examples of abuse. Such as physical, financial, emotional and how behaviours may change if someone had been or was subject to abuse.

Staff had an understanding of the Mental Capacity Act 2005 (MCA 2005). Staff sought people's consent and supported people to make decisions that were in their best interests. People told us they were able to make choices about their support. People told us staff treated them with kindness and understanding and we observed positive, caring interactions between people and the staff. Staff supported people to maintain their independence. The registered manager had a good insight into the principles of the MCA 2005 and explained the processes used by the service in meeting their responsibilities.

Recruitment practices were robust and safe. This meant that only people who were suitable to the role were employed. Staff received an induction in the home on commencement of employment. Staff had completed a range of in house training, such as safeguarding, first aid and MCA 2005. Staff had received regular supervision and appraisals to discuss personal development.

The provider had systems in place for recording safeguarding, accidents, incidents and complaints. People knew how to make a complaint. One relative told us, "I know how to complain but I have never needed to."

Policies and procedures were in place to ensure medicines were managed in a safe way. Records were up to

date with no gaps or inaccuracies found. A staff signing
sheet was available so records could be audited. Staff were trained in safe handling of medicines and received regular medicine competency checks.

The provider had effective management systems in place to assess and monitor the quality of the service provided to people.

We have made a recommendation that the service reviews and updates all the care plans for the people that use the service.

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.

People told us they felt safe and staff knew what constituted abuse and how to report anything they suspected as being abuse. The service had safeguarding and whistleblowing policies and procedures in place to keep people safe.

There were enough safely recruited staff to ensure people's assessed needs were taken care of and extra staff had been deployed to enable planned individual activities.

A medicine administration procedure was in place to ensure people's medicines were managed in the correct way.

Is the service effective?

Good

The service was effective.

Staff were well supported and had the training and skills to help them meet people's assessed needs.

Staff had a good understanding of the Mental Capacity Act 2005. People's capacity to make decisions was appropriately assessed and Deprivation of Liberty Safeguards were applied for where necessary.

People received medical assistance from healthcare professionals when they needed it.

People were supported to have a healthy and varied diet.

Is the service caring?

Good

The service was caring.

People were encouraged to be independent and make choices about their day.

They were supported to maintain relationships with people who were important to them.

Staff knew people well and interacted with people in a kind and caring way.

Is the service responsive?

Good

The service was responsive.

People were involved with planning and reviewing their care and relatives were updated.

Staff knew about people's preferences. People accessed the community to participate in activities they enjoyed.

There were systems in place to manage complaints.

Is the service well-led?

Requires Improvement

The service was not always well led

Care plans outlining the support a person requires had not been reviewed since early 2014.

The provider completed quality checks and sought the opinions of people who used the service to make improvements.

There was a whistleblowing procedure and staff knew how to whistle blow.

Staff were aware of what their roles and responsibilities were and felt well supported by the registered manager.

Linda Grove

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 10 March 2016 and was unannounced. The inspection team consisted of one adult social care inspector.

Before we visited the home we checked the information we held about this location and the registered provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised since the last inspection, which took place in October 2014.

During our inspection we spoke with two people who used the service. We also observed the lunchtime and interactions between staff and people living at the home. We spoke with four staff including the registered manager. We spoke with two external professionals and two family members.

We looked at two people's care records, four staff records, staffing rotas and training plans and records. We also looked at policies and procedures, complaints, medication records and accident and incident recordings. We also looked at records relating to the management of the service including quality checks. The home was last inspected in October 2014 and met the regulations it was inspected against at that time.

Good

Is the service safe?

Our findings

One person told us, "Yes I feel safe, I like the staff that care for me." and a relative told us, "I feel my relative is safe living in the home and we've never had an issue". We observed that people living at the home were comfortable in the company of the staff who supported them.

People were supported by staff who had receiving training in how to keep them safe from harm and abuse. Staff were able to explain to us the various forms of abuse that people were at risk of and who they would report this to. One member of staff told us, "I would report any concerns to the manager or senior staff." Staff told us they were encouraged to raise any concerns and were aware of the processes and procedures to follow. We saw that the provider had policies and procedures in place to keep people safe such as safeguarding and whistleblowing procedures. No safeguarding concerns had been raised in the last 12 months.

Staff undertook assessments of people's care needs to identify any potential risks when providing their support. One staff member told us, "We update the different areas of risk as people's needs change." We saw risk assessments documented on care records which included areas such as risks around moving people and people's mobility. Assessments were up to date and reflected the care needs of people at the home.

We saw that processes were in place to record any accidents or incidents. Although none had taken place, staff were able to tell us the processes they would follow if such events happened.

There were enough staff available to support people, and at the times they preferred. One relative told us, "Every time I have been there, there are enough staff and people are able to do activities." One staff member told us, "Yes, we have enough staff on duty." Another staff member told us, "Yes, there is enough staff and we will rota on extra staff if we are planning any specific activities for anyone."

Medicines were stored securely in a locked cupboard. Each person had a medication administration record (MAR) which gave detailed instructions of what medicines people were prescribed, the dosage and timings. The records were completed correctly with no inaccuracies. We saw detailed information about how people were supported to take their medicines. Records confirmed staff had all completed medicine training and received competency checks. A staff member was able to explain the process used for ordering medicine and returning any surplus. They told us the service had a good relationship with the GP and pharmacy.

The provider had a robust recruitment system. Checks had been carried out with the disclosure and barring service, (DBS) before staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. References had been obtained and completed application forms, a detailed employment history and proof of identity was also recorded.

Staff were aware of the procedures in an emergency and contingency plans were in place for people to go to another home nearby if this was required. Fire alarms were tested weekly and fire drills were carried out every six months. Plans were on people's care records detailing their individual care and mobility needs in

an emergency, so they could be assisted safely and effectively.

Good

Is the service effective?

Our findings

Staff received an induction when they started working at the home. One staff member told us, "I had an induction into the home, I helped and I 'shadowed' staff." The
provider held a formal induction where 'essential' training was delivered. Staff worked alongside another experienced staff member while they got to know the people and systems in the home. Plans were in place for all new staff to complete the 'Care Certificate.' The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment.

Staff told us that training had improved. Staff had completed a range of training relevant to their role. There was also additional training that had been booked for staff such as catheter care and manual handling training. This meant that staff received training that was directly linked to the needs of people who used the service to ensure that they could effectively meet their care and support needs.

Staff received regular supervision and appraisals. This meant that staff were supported in their roles and development. One staff member told us, "I have my supervision regularly approximately every two months and discussed my role and my training needs. I have an annual appraisal with my manager."

There was good staff communication. A 'handover' meeting was held each day, where information was passed onto staff about any changes to people's health or well-being. The staff member told us, "Everyone is included and people might sit in while we have this meeting."

The provider had trained their staff in understanding the requirements of the Mental Capacity Act 2005 (MCA).

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

One staff member told us, "We see if the person has got capacity themselves to understand decision making or we would arrange a best interest meeting." Another staff member told us, "If the person has not got capacity we have a 'multi – disciplinary' meeting or have advocates to decide with the service user about their options."

All of the people at the service had capacity around day to day decision making and staff requested further support from professionals in arranging 'best interest' meetings for more complex decisions. For example, a meeting had been held to make a decision around one person's medical treatment.

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. 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 (DoLS) were

being met. We found four people's liberty was being restricted. Decisions had been correctly taken to submit applications to a 'Supervisory Body'. At the time of our visit the provider was waiting on the authorisation.

Staff understood the importance of gaining consent from people before they supported them. One staff member told us, "We always get permission from people before we support them. We ask them first, so they can make choices."

People's nutritional needs were met with support from staff and people had a choice of meals. One person told us, "We have a choice. I like the food." We saw mealtimes were a sociable occasion and observed people being offered a variety of options to chose from for their lunch.

Good

Is the service caring?

Our findings

People were treated with dignity and respect. People chose whether they spent time in the same room as support workers. We saw people were relaxed with support workers and carried on with their daily routines. One relative told us, "This is a home from home. The staff are so friendly, I am welcome to visit anytime."

Staff were caring and compassionate in their behaviour with people, showing kindness and promoting dignity. They were able to explain how people were supported to do everyday tasks and that independence was encouraged and promoted in the home. For example, staff supported people with personal care but encouraged them to be as independent as possible. We saw this reflected in people's care plans. We saw staff talking to people and they were respectful and polite. We observed staff always knocked on a person's door before entering their bedroom. It was clear from the observation of people's responses, body language and facial expressions that they were comfortable in the presence of the staff.

Staff had a clear understanding how to support people with their health and wellbeing. Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. The registered manager told us people who did not have relatives to provide advice and support to them would be supported by an advocate. Advocates can represent the views for people who are not able to express their wishes. For example, staff had supported a person with changing the décor and furniture in their bedroom. One staff member told us, "It's about understanding the person's perspective. How would you feel if someone were caring for you?"

We observed people were offered choices in their daily routines. Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. Some people preferred to spend time in the kitchen, office, lounge or their bedroom and staff respected people's wishes. Staff were able to describe how they offered choices to people; for example, regarding meals and what activities they would like to do that day. We saw on the day of the inspection, one person being supported to go shopping by a member of staff. Who discussed what shops they would visit and made sure the person's attire was suitable for the weather. Staff told us that where people were able to refuse options, their choice was respected.

Staff discussed people's support needs and had an understanding of person centred care. They were able to tell us about the people who used the service, and knew their life histories. One staff member told us, "We have regular meetings to discuss people's support, we do all work closely." Records we saw showed reviews of people's care involved the person, their family and people important to the person. Care planning was therefore inclusive and took account of the person's view, their families and others opinions. The registered manager told us the most important thing was to have the full involvement of all the relevant people with the person themselves at the centre of all decisions.

Good

Is the service responsive?

Our findings

People told us they were involved with reviewing their care. One person said, "I talk to my key worker regularly." A relative told us, "I am very involved and always updated."

The care files we looked at confirmed that where possible people were involved with reviewing their care. Staff knew about people's preferences. For example, one staff member told us how a person liked to follow a certain routine in the morning when they were getting up. Staff used information they had about people to provide good interactions. Staff talked to people about their friends and family and also about things they had done and liked doing.

Where people's needs had changed we saw that these had been identified by staff and appropriate action taken. For example any concerns regarding catheter care had been recorded and monitored by staff. Any changes were clearly documented and shared by staff to ensure effective care was given. GP appointments were planned and if a person was nervous of seeing their GP their care plans gave clear guidance on how to support them to minimise their nervousness.

People told us they accessed the community to participate in activities they enjoyed. Everyone accessed the community during the inspection. We saw one person attended activities at a local activity centre and another went shopping with a member of staff. We saw people had activity planners in place and people confirmed they had been involved with planning these. People and relatives spoke enthusiastically about activities at the home. A relative told us, "I am pleased with all the things my relative does." This meant people had the opportunity to participate in activities they enjoyed.

People and relatives told us if they had any concerns or complaints they would happily raise them. One person explained if they were sad they would tell staff. A relative told us, "I would go to the manager, I know it would get sorted out". The provider had a policy and a system in place to manage complaints. The provider had not received any complaints and staff told us if they did they would respond to them in line with their policy and inform their manager immediately.

Requires Improvement

Is the service well-led?

Our findings

Each person who used the service had comprehensive care plans which enabled staff to support and care for each individual and promote their independence. Some care plans that related to an individual health needs had been updated. However other care and support plans had not been reviewed and updated since early 2014. This meant that people had not had their holistic needs reviewed regularly and may not be being supported appropriately.

We have made a recommendation that the service reviews and updates all the care plans for the people that use the service. This will enable them to receive appropriate care and support while maximising their independence.

People and relatives spoke positively about the staff and the home and we saw there was a positive atmosphere. One person said, "I like it here". A relative told us, "Overall I'm very pleased with the manager and staff they involve me in my relative's life." Staff explained how they were a good team and would all work together to make the atmosphere and the home nice for the people that lived there. Our observations showed that staff worked well together and were friendly and helpful to people, nothing was too much trouble.

All the staff we spoke with were complimentary about the registered manager and how the home was managed. Staff told us that the registered manager had recently had to oversee another service, which meant they had less time in the home supporting staff. One staff told us, "Yes we see less of the registered manager now but they are always responsive. If we phone they are always very quick to get back to us."

Staff we spoke with told us they were happy to raise concerns and were aware of the whistle blowing procedure. Whistleblowing is the process for raising concerns about poor practices. One member of staff said, "I would be happy to whistle blow and would be listened to". We saw there was a whistleblowing procedure in place. This demonstrated staff knew how to raise concerns and were confident they would be dealt with.

Staff told us they had supervisions and meetings to discuss concerns and bring about changes. A staff member gave an example of a situation when they had needed support from the registered manager. The staff member said, "The manager was great, I was listened to, I couldn't have asked for any more support". This demonstrated that when staff raised concerns they were listened to and changes made if required.

Quality checks were completed by the provider and staff who worked at the service. These included checks of health and safety, medicines and the monitoring of incidents and accidents. Where concerns with quality were identified reports detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.