

L & S CARE HOMES LTD

# L and S Care Homes Limited - 3 York Terrace

## Inspection report

3 York Terrace  
Birchington  
Kent  
CT7 9AZ

Tel: 01843843486

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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

### Care service description

L and S Care Homes Limited - 3 York Terrace provides accommodation for up to three people who need support with their personal care. The service provides support for people with learning disabilities or autistic spectrum disorders. The service is a small, converted domestic property. Accommodation is arranged over three floors, including a self-contained one bedroom flat on the lower ground floor. The service has two single bedrooms on the first floor. Three people were using the service at the time of our inspection.

### Rating at last inspection

At the last inspection, the service was rated Good.

### Rating at this inspection

At this inspection we found the service remained Good.

### Why the service is rated Good

The registered manager was leading the service and was supported by a deputy manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were relaxed in the company of staff and each other. Staff treated them with dignity and respect at all times.

Staff knew the signs of abuse and were confident to raise any concerns they had with the registered manager. Concerns were investigated and responded to.

People had enough to do during the day, and were supported to take part in activities they enjoyed such as swimming and going out to local cafes. Staff supported people to maintain relationships with their friends and family and be part of their community.

Assessments of risks to people had been completed and care had been planned with people and their representatives to meet their needs and preferences, and support them to develop independent living skills.

Changes in people's health and behaviour were identified quickly and staff contacted people's health care professionals for support. People were supported to plan and cook a balanced diet of food they liked. Processes were in place to support people to take any medicines safely, however, no one was taking medicines at the time of our inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible. The policies and systems in the service support this practice.

There were enough staff to provide the care and support people needed when they wanted it. Staff were recruited safely and Disclosure and Barring Service (DBS) criminal records checks had been completed. Staff were supported to meet people's needs and had completed the training they needed to fulfil their role. Staff were clear about their roles and responsibilities and worked as a team to meet people's needs.

The registered manager had oversight of the service. Staff felt supported and were motivated by them. Staff shared the registered manager's vision of a good quality service and told us they would be happy for their relatives to receive a service from L and S Care Homes Limited - 3 York Terrace. Records in respect of each person were accurate and complete.

## 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 remains safe.

Risks to people had been identified and staff supported people to be as safe as possible while being independent.

Processes were in place to protect people from the risks of unsafe medicines management.

Staff knew how to keep people safe if they were at risk of abuse.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

### Is the service effective?

Good ●

The service remains effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff supported people to make their own decisions.

People were supported to enjoy a balanced diet.

Staff were supported and had the skills they required to provide the care people needed.

People were supported to have regular health checks and to attend healthcare appointments.

### Is the service caring?

Good ●

The service remains caring.

Staff were kind and caring to people.

People were given privacy and were treated with dignity and respect.

Staff had the skills to communicate with people in ways that they understood. Staff took time to understand what people were telling them.

People were supported to be as independent as possible.

### **Is the service responsive?**

**Good** ●

The service remains responsive.

People had planned their care with staff. They received their care and support in the way they preferred.

People participated in activities they enjoyed.

Any concerns people had were resolved to their satisfaction.

### **Is the service well-led?**

**Good** ●

The service remains well-led.

Checks were completed on the quality of the service and action was taken to address shortfalls.

People and staff shared their views and experiences of the service and these were acted on.

Staff shared the registered manager's vision of a good quality service.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

# L and S Care Homes Limited - 3 York Terrace

## **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 7 June 2017 and was announced. 48 hours' notice of the inspection was given because the service is small and the people are often out. We needed to be sure that they would be in at some time during the inspection, so we could meet them. The inspection team consisted of one inspector.

We did not ask the provider to complete a Provider Information Return (PIR) before the inspection. 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. This was because we inspected the service sooner than we had planned. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we spoke with one person, the registered manager and two staff. We visited people's bedrooms, with their permission; we looked at care records and associated risk assessments for two people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the support provided to people.

We last inspected L and S Care Homes Limited - 3 York Terrace in June 2015 and the service was rated Good.

# Is the service safe?

## Our findings

People told us they felt safe at the service. We observed that people were relaxed in the company of staff and each other. One person told us the front door was locked and this made them felt safe.

People were supported to participate in risky activities they enjoyed, such as meal preparation and swimming. Risks to people had been identified and action was agreed with them to keep them as safe as possible while supporting them to develop new skills and be independent. Detailed guidelines were available for staff to refer to.

Risks relating to people's behaviour had been identified. Staff had worked with other professionals to support one person to understand the risks to themselves and others from their behaviour. The person had not displayed this behaviour while they had lived at the service. Staff were informed of changes in the way risks to people were managed during the handover at the beginning of each shift. Changes in the support people were offered were also recorded in a communication book and people's support plans so staff could catch up on changes following leave or days off.

Advice had been sought to support people with behaviours that challenged. One person had been referred to the speech and language therapy team and a psychologist for support to communicate their needs and understand changes in their life. Accidents and incidents involving people were recorded. Managers reviewed these to look for patterns and trends. Accidents did not happen often and were limited to everyday accidents, such as trips.

People and staff had practiced how to safely leave the building in an emergency. An on call system was in operation and staff felt confident to contact the person on call for support in an emergency.

People continued to receive consistent care and support, when they needed it, from staff who knew them well. Staff worked one to one with people and provided the individual support they required. The staff team was consistent and staff turnover was low. The registered manager and deputy manager were on call out of hours to provide any advice and support staff needed.

Two people had begun to use the service since our last inspection. New staff had been safely recruited and there were always enough staff available to support people. The required recruitment checks had been completed. Disclosure and Barring Service (DBS) criminal record checks had been completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Staff knew how to keep people safe. They were trained and understood how to recognise signs of abuse and what to do if they suspected incidents of abuse. Staff told us that they were confident that the management team would take any action that was needed. Staff were aware of the whistle blowing policy and their ability to take any concerns to outside agencies if they felt that situations were not being dealt with properly.

# Is the service effective?

## Our findings

We observed people being offered choices in ways they understood and staff responded consistently to the choices people made. One person told us staff helped them to understand the choices available to them and respected the choices they made, such as when they got up, went to bed and what they did during the day.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

People were supported and encouraged to make choices about all areas of their life. Detailed guidelines were in place for staff to refer to about how to support people to make decisions, such as showing them items and limiting the number of choices offered. Guidelines were also in place to support people when they were making decisions about risky activities. These acknowledged people's rights to make unwise decisions and provided staff with guidance about how to support people to reduce any risks related to people's decisions.

When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives, health care professionals and independent mental capacity advocates.

The registered manager was aware of their responsibilities under DoLS and had discussed any concerns they had with people's care manager and the local authority DoLS team. People were not restricted and were free to come and go as they pleased. The front door was locked and people knew where the keys were kept. People told us they preferred staff to support them when they went out. They told us staff supported them to go out whenever they wanted and they went out often. No one had a DoLS authorisation in place at the time of our inspection.

Staff supported people to maintain good health. People had health action plans and were registered with a local GP. Staff supported people to see health professionals and attend health care appointments. They helped people tell their health care professional how they were feeling and offered them reassurance. People had regular health care checks including eye tests and dental check-ups. One person had lost a significant amount of weight since moving into the service. This had been planned with them and they completed healthy eating training. Staff supported the person to put what they had learnt into practice and



the person told us about the healthy meals they cooked.

People planned their meals with staff and were supported to make healthy choices. Menus were balanced and included fruit and vegetables. People prepared their own meals and drinks with support from staff when necessary.

Staff had received the training they needed to complete their roles. New staff had received an induction when they started work at the service to get to know the people, the care and support that they needed and to understand their roles and responsibilities. Staff received regular training and updates to perform their duties. They had either completed or were working towards recognised adult social care vocational qualifications. Training was arranged to support staff to meet people's specific needs, including challenging behaviour. Staff's competence to complete specific tasks continued to be assessed. Any shortfalls were addressed quickly and staff were supported to develop the skills and attitudes required to provide consistent care.

Staff told us they felt supported by the management team and were able to discuss any concerns they had with them. They met with a manager regularly to talk about their role, the people they supported, their development and achievements.

# Is the service caring?

## Our findings

People told us that staff were 'good and 'nice' to them. One person told us, "It's not bad, I like living here". One staff member told us, "We [staff] come to work in people's home. Everything we do is about them".

Staff treated people with dignity and respect. People were referred to by their preferred names and were relaxed in the company of each other and staff. Staff showed genuine affection for people and people responded in a similar way. Staff knew people well, their likes and dislikes and how they liked things done. We observed staff and people in the service; staff spoke with people individually and in a respectful way. People responded to staff positively.

Staff understood what people were telling them and checked their understanding to make sure it was correct. Staff followed the people's communication guidelines. We observed staff giving people clear and specific instruction about how to complete tasks and praise when they completed each stage. People responded to the instructions they received. Staff understood the importance of communicating with people consistently to reduce the risk of them becoming confused.

Staff supported people to be as independent as possible, including supporting them to develop independent living skills such as cooking, cleaning and budgeting. People took part in household tasks with staff when they wanted to. One person told us how they had learnt to keep their bedroom clean and tidy and was proud to show us their bedroom.

Staff explained to us what each person was able to do for themselves and what support they needed, such as support to wash and dress. Staff had supported one person to learn how to adjust their own clothing when they went to the toilet. This gave the person more dignity and privacy. People told us they had privacy and staff knocked on the bedroom door and waited to be invited in. Staff supported people to have privacy and completed checks to make sure they were safe. Guidance was in place for staff for staff to refer to about how to keep people safe whilst ensuring their privacy.

Routines at the service were flexible and responded to changes in people's needs and their requests. Staff knew people's preferred routines, such as when they liked to get up. Some people preferred a structured programme of activities and liked things done in the same way each time. We observed that staff consistently supported people to follow their preferred routines. This gave people control over their lives and reduced the risk of them becoming anxious or worried.

People had chosen how they wanted their bedrooms and communal areas decorated. One person told us they had chosen to have a double bed in their bedroom but did not want a chest of draws. People's bedrooms and others areas of the home were personalised with photographs, pictures and other items people liked.

Personal, confidential information about people and their needs was kept safe and secure. People who needed support were supported by their families, care manager or advocate. An advocate is an independent

person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

## Is the service responsive?

### Our findings

The registered manager met with people and their representatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted. When people moved into the service in an emergency the registered manager completed a basic assessment and deployed additional staff to make sure they could meet the person's needs.

Further assessments of people's needs, such as assessments of their skills and behaviour were completed to find out about what people were able to do for themselves and what support they needed from staff. Assessments were reviewed regularly to identify developments in people's skills and changes in their needs. This information was used to plan people's care and support.

People, their relatives and other people who knew them well were involved in planning and reviewing people's care and support. Some people were not able to tell staff how they wanted their support provided, so staff observed people's skills and routines to understand how people liked to live and have their care provided. Plans were in place to support one person to be more involved in reviewing and developing their support plan. The person told us staff always provided them with the support they wanted and they were happy for staff to write their support plan without their involvement.

Support plans contained goals that people wanted to achieve, including the learning to make meals independently. Care plans contained information about what people were able to do for themselves and the support and prompts they required. Detailed guidance was provided to staff about how to provide the support people needed to make sure this was consistent. For example, one person's guidelines for road crossing instructed staff to remind the person to look both ways and encourage them to use road crossings.

Support plans and guidelines were followed consistently by staff to support people if they began to display behaviour that challenged; these were positive, supportive interventions. Guidelines included instructions such as, 'gently remind not to bang' and 'when stopped offer praise'. Records were kept of any behaviour that people displayed. These were used to identify any patterns, trends or changes in people's behaviour and were available for health care professionals to refer to. Care plans and guidelines were changed to reflect changes in the people's behaviour and advice from health care professionals.

People had opportunities to follow their interests and take part in social or physical activities. People told us they went out almost every day, dependant on the weather and took part in social activities, such as swimming and attending discos. They used facilities in the local community including the local library and pubs. One person told us they had chosen to visit a local town on the day of our inspection. They told us they had enjoyed their trip and lunch out when they returned. People were able to take part in hobbies that they enjoyed and we observed people were able to do this when they chose too.

People told us the management team and staff listened to any concerns they had and addressed them. A

complaints policy and procedure was available to people, their relatives and visitors. No complaints had been made about the service.

# Is the service well-led?

## Our findings

The registered manager had been leading the service for several years and knew people well. Staff told us they were supported by the management team who were always available to give them advice and guidance. They told us they could speak to them at any time about any worries or concerns they had. Staff were motivated and enjoyed working at the service. They told us they felt valued and appreciated. Staff worked well together to provide people with the care and support they needed.

There was a culture of openness; staff and the registered manager spoke to each other and to people in a respectful and kind way. The registered manager had a clear vision about the quality of service they required staff to provide. Central to this was supporting people to be as independent as they could be. This vision was shared by staff. All the staff we spoke with told us they treated people as they would want to be treated. One staff member told us, "This is the best service I have worked at for supporting people to be independent, take part in activities and offering choices in everything. I wouldn't want to work anywhere else".

The management team led by example and supported staff to provide the service as they expected. They checked staff were providing care to these standards by working alongside them and observing their practice. Any shortfalls were addressed immediately. Staff were reminded about their roles and responsibilities at staff meetings and during one to one meetings. They understood their roles and knew what was expected of them.

People were involved in planning what happened at the service. One person told us they were saving to go on a holiday they had chosen. There were regular team meetings and staff told us their views and opinions were listened to. People, their relatives, staff and visiting professionals had been regularly asked for their feedback. All the feedback had been positive. Feedback had not been recorded to support the registered manager and provider to check they were continually improving the service. This was an area for improvement.

The management team completed regular checks on all areas of the service including the environment, records and the support people received. They had taken action to address any shortfalls they found.

Accurate records were kept about the care and support people received and about the day to day running of the service. All the records we asked for were available and up to date.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The registered manager knew when they were required to send notifications to CQC when required.

Services are required to prominently display their CQC performance rating. The rating was not displayed at the time of our inspection. Staff took action following our inspection to display the rating in the entrance

hall.