

Underley Educational Services

The Garden Site Underley

Inspection report

Underley Garden School
Kirkby Lonsdale
Carnforth
Lancashire
LA6 2DZ

Tel: 01524271569

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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

This comprehensive inspection took place on 4 January 2018 and was unannounced. At our last inspection in July 2016 of the service we found a breach of Regulation 12 Safe Care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records relating to the safe management and administration of medicines were not always accurate or completed in full.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe to at least good. At this inspection we found that the provider had completed those actions we found the service was meeting the fundamental standards of quality and safety.

The Garden Site is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The Garden Site is registered to provide accommodation and care for up to eight adults with learning disabilities and or autism. The provider had recently submitted an application to vary their registration to accommodate four adults. On the day of this inspection there were three people living in individual properties on the site. The service is situated near the town of Kirkby Lonsdale.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Medicines were being administered and recorded appropriately and were being kept safely.

There were sufficient numbers of suitable staff to meet people's needs. Staff training was on going and people had received sufficient training to safely support and care for people. Staff were supported by the registered and deputy manager through regular staff meetings, supervision and appraisals.

We saw that the service worked well with a variety of external agencies and health professionals to provide appropriate care and support to meet people's physical and emotional health needs.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the home to protect people.

When employing fit and proper persons the recruitment procedures had included all of the required checks of suitability.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

Hazards to people's safety had been identified and managed. People were supported to access activities that were made available to them and pastimes of their choice.

People's dignity and privacy were actively promoted by the staff supporting them.

People were treated with respect and their relatives made very positive comments about the staff team who supported them.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the provision.

The focus of the service was on promoting people's rights. 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 supported this practice.

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.

Prescribed medicines were managed safely and stored safely.

People were safe and well cared for.

There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Relevant people were involved where people lacked capacity to consent.

Staff had received the appropriate training to fulfil their roles.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

Is the service caring?

Good ●

The service was caring.

Staff were respectful and friendly in their approaches.

Staff demonstrated good knowledge about the people they were supporting and knew their likes and dislikes.

People's dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

We saw there were activities which people took part in and people were encouraged to be independent.

Care plans were person centred containing details about people's preferences, goals and wishes.

Is the service well-led?

Good 

The service was well led

There were adequate processes in place to monitor the quality and safety of the service.

People living at the service and their relatives were able to give their views and take part in meetings and discussions about the service.

The Garden Site Underley

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 inspection took place on 4 January 2018 and was unannounced. The inspection team consisted of a lead adult social care inspector.

Before we carried out our inspection we looked at information we held about the service. This included the statutory notifications we had received from the provider. Statutory notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also asked a local commissioner for their feedback.

We also looked at the Provider Information Return (PIR) we had asked the provider to submit to us prior to the inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

There were three people living at the service when we carried out our inspection. People living there had complex needs and could not easily share their views with us. During our visit we met one person however they did not wish to speak with us and we visited two of the individual homes at the location.

We also contacted some relatives to ask them for their comments about the service. We observed how staff interacted with people and spoke with two staff, the registered and deputy manager of the service. We looked at the care records for all three people, staff training records and records relating to how the service was managed.

Is the service safe?

Our findings

People who used this service were not easily able to express their views but we were able to observe how they were supported. We observed that people were supported in a calm and safe manner. One relative told us they thought their relative was, "Very safe" as the location of The Garden Site is "The optimum site."

At the last inspection we found a breach Regulation 12 Safe Care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records relating to the safe management and administration of medicines were not always accurate or completed in full.

At this inspection we found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. They were being stored appropriately and administered by people who had received the appropriate training to do so. However we found the records for stock balances were not always completed in full. As there were only three people currently using the service this had no impact on their medications being managed safely. We discussed this with the registered and deputy manager and they told us how they would improve this record. One person told us they thought their relative's medications, "Were administered and controlled safely."

We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. We saw how, when errors had occurred, these had been picked up through the audit processes in place. We saw actions the registered manager put in place to prevent and reduce the risk the reoccurrence of any errors. Where people were in receipt of covert medications the registered manager took action to ensure that appropriate information was made available to the staff responsible for giving them. This meant people received their medicines safely.

During this inspection staff we spoke with had received training in safeguarding and had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to the relevant authorities. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and actions taken to prevent reoccurrence and any lessons that had been learned had been recorded.

Records we looked at relating to any risks associated with people's care and treatment were current and accurate. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks. These included all risks associated with the event of an emergency such as a fire.

We saw there were sufficient numbers of suitable staff to meet people's needs and promote their safety. Staff we spoke with told us they felt staffing levels were sufficient. We were told by a relative, "In our experience there has always been sufficient staff".

We looked at four personnel files and saw that the necessary checks on employment had been completed.

References had been sought and we noted that they were usually from the most recent previous employer in accordance with the homes recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

The premises we visited were well maintained and decorated. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon.

Is the service effective?

Our findings

We looked at the staff training records which showed what training had been done and what was required. We saw that staff had completed induction training when they started working and had received regular updates on important aspects of their work. A relative told us, "We believe the staff have the appropriate training to look after our relative". However we also received a comment suggesting that it might be more beneficial to people using the service if care workers had a greater understanding and use of sign language.

We saw that staff received support via supervision sessions. This was regular one-to-one support meeting between individual staff and the deputy or registered manager or senior carers to review their role and responsibilities.

People and their relevant others had been asked about meal preferences and we saw that meal were prepared individually and therefore catered for each person's preference and dietary needs. We saw that people had nutritional assessments completed to identify their needs and any risks they may have when eating. Where necessary people had been referred to their GP or to a dietician.

We saw from people's records that there was effective working with other health care professionals and support agencies such as local GPs, dentist, community nurses, mental health teams and social services. People were supported in managing their health and wellbeing needs by appropriate referrals being made to external services. We also saw that the provider had brought in other experts who were specialised in some of the complex needs and conditions of the people living at the service. This also supported the staff team in improving their skills and knowledge to better support the people they were working with.

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. Best interest meetings were held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged. This meant that people's rights were protected.

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. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people were being deprived the appropriate authorisations were in place or had been applied for.

We saw that people and their relatives had been involved, consulted with and had agreed with the level of care and treatment provided. We also saw that consent to care and treatment in the care records had been signed by people with the appropriate legal authority. This meant that people's rights were being protected.

Since we last inspected the provider had invested in the renovation and conversion of an existing building at The Garden Site. They had created two specially designed and bespoke new homes for the use of the current people using the service. These homes would replace the ones some people were currently living in. Professional consultation had been taken into account when designing the homes to ensure they were built to the right specifications for the individuals that would be living in them. Some of these specifications included the use of some high level technology including special sensory lighting controls.

Is the service caring?

Our findings

We observed the atmosphere in two of the individual homes and saw that it was calm and relaxed. We saw that the interactions between staff and people living in the home demonstrated respect and an understanding of people's needs. Staff treated people with genuine affection, care and concern. We observed staff knock before entering a person's room. The staff took appropriate actions to maintain people's privacy and dignity. A relative commented that they felt people's privacy was upheld and felt their relative's staff team were caring.

We saw that people's care records were written in a positive way they included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life. This helped the staff to know the things that mattered to individuals as well as the care they needed.

Most people had relatives who could support them if they needed assistance to express their wishes or to make important decisions about their lives. Where applicable independent advocacy had been arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support. This helped to protect people where any decisions had been made in their best interest.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was an extremely sensitive and caring approach observed throughout our inspection visit. We saw support was provided for people in maintaining important relationships. We saw that some people had regular arrangements in place for staying short spells with relatives. A relative told us, "We are kept informed (of relatives progress and wellbeing) by phone communication and monthly reports".

We saw that the staff gave people time and encouragement to carry out tasks themselves. One person was supported in completing daily household tasks. We saw that if applicable people used public transport or went for walks locally. This helped to maintain people's independence

Is the service responsive?

Our findings

We saw people could engage in activities of their choice. People were supported in attending their own social events or with visiting friends and relatives. We also noted that a number of people also preferred to spend time individually in their own rooms.

We looked at all the care records for people currently living at The Garden Site. Each person had a care plan that was tailored to meet their individual needs. We saw that a full assessment of people's individual needs had been completed prior to admission to the service. Care plans recorded people's preferences and provided information about them and their family history. This meant that staff had knowledge of the person as an individual and could easily relate to them. A relative told us they believed their relatives core staff team provided person centred care and knew their preferences well.

From the records we saw information available for staff about how to support individuals was very detailed, current and accurately recorded. We saw that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories.

Care plans we looked at documented information about how individual people could communicate and clear indicators for staff to follow in understanding how people demonstrated and expressed their needs. We also saw how the staff team used their knowledge and skills when supporting with healthcare appointments such as the dentist. Hospital passports were in place which were documents that provided information between health professionals and people who cannot always communicate for themselves should they need to be admitted for treatment.

We were told by a relative there had not been too many occasions where they have had to complain. But where they have had concerns they were dealt within an acceptable time scale. Records of complaints received showed that appropriate actions and responses had been provided. The registered manager told us they preferred to deal with people's concerns as and when they arose.

We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. The records we looked at contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Is the service well-led?

Our findings

We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager was also responsible for another location nearby providing the same type of service. This meant at times the deputy manager held accountability for The Garden Site. We found both managers were suitably qualified, very knowledgeable and familiar with the needs of the people they supported. A relative commented, "Anytime we have attended meetings or offered suggestions, I would say our points are noted and acted upon if deemed an improvement. On the whole the leadership has been effective and the service seems to be coherent with process and procedure."

At our last inspection in July 2016 the service was rated overall as requiring improvement and we found a breach of regulation. At this inspection we found that the registered manager and provider had taken appropriate actions and we found the service was now meeting the fundamental standards of quality and safety.

We saw that people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and the environment they lived in

There was regular monitoring of accidents and incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed or lessons to be learnt. Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Where required we had been notified of any incidents and accidents and appropriate referrals had been made to the local authority. This meant we could check that appropriate actions had been taken.

The auditing and quality monitoring systems that were in place were adequate in identifying any concerns relating to the safety and quality of the service. The oversight of safety and maintenance on the site was also monitored regularly by a suitably qualified facilities manager. Where any actions had been required to improve things these had been noted and addressed by the registered manager.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included an external consultants and professionals, social services, community nurses and other healthcare professionals.