

Stockton-on-Tees Borough Council

Stockton-on-Tees Borough Council - 1 Lanark Close

Inspection report

1 Lanark Close
Elm Tree
Stockton-on-Tees
Cleveland
TS19 0UY

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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

About the service

1 Lanark Close is a residential care home providing personal care for up to 16 people living with learning disabilities. The provider is running the service as 13 bedded, providing short-breaks and a crisis bed.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 16 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. The service is designed to give people opportunities to meet when they go on short breaks and is more like a hotel experience. Six people were using the service at the time of inspection.

People's experience of using this service and what we found

Everyone we spoke with talked very positively about the care they received from staff at 1 Lanark Close. One person told us, "I am very, very happy coming here". Comments from relatives included, "I don't know what I would do without it" and "The staff are amazing." Strong relationships had been formed between people and staff. People received support from a dedicated staff team. Staff put people at the heart of their work. They were caring and compassionate. The staff team was consistent and had an understanding of people's needs.

The atmosphere within the service was lively and fun. People were treated respectfully and without discrimination. Short breaks gave people chances to develop their independence as well as to have a holiday. Staff enabled people to maintain and develop their independent living skills. Relatives told us that the service gave them the opportunity to have a much needed rest from their caring roles. They said such breaks were essential not just to the well-being of the people using the service but to them as carers.

Staff knew how to safeguard people from the risk of abuse. Recruitment processes reduced the risk of unsuitable candidates being employed. Risks to people were identified and staff knew the actions to take to reduce these. Medicines were managed safely.

Staff delivered care and support in a person-centred way. They had the right training and skill mix to support people effectively. They received support through supervision meetings and an annual appraisal. 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. People's health

needs were met. The service worked with a range of professionals to meet people's needs

People's care and support was based on their individual needs and preferences. They were encouraged to get involved in the activities and events that interested them. Staff actively supported people to be a part of their local community.

People and relatives told us the service was well led. The registered manager ensured people and staff were involved in the development and running of the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was outstanding (published 13 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Stockton-on-Tees Borough Council - 1 Lanark Close

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector 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.

Service and service type

1 Lanark Close 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch to gather information. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a

provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and thirteen relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, two senior support workers, three support workers and a nutrition support worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and two people's medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with professionals who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff received training in safeguarding adults. They told us they were confident any concerns they raised would be dealt with appropriately.
- People and relatives told us people were kept safe at the service. One relative told us, "I feel [Person] is so safe because she is very well looked after. We once had an emergency and they dealt with it so well."

Assessing risk, safety monitoring and management

- Risks to people were assessed. Staff followed the guidance they had been given to reduce risks to people. We identified some additional guidance was needed for staff about the medical conditions some people were living with. The registered manager told us this would be actioned.
- Health and safety was managed well within the building. Plans were in place to support people in emergency situations, such as in the event of fire.

Staffing and recruitment

- Staffing levels met people's needs. The management team monitored staffing levels to ensure people received the right level of support. Staff rotas were flexible to meet people's needs.
- Recruitment checks minimised the risk of unsuitable staff being employed.
- Rotas were flexible to meet people's individual needs. For example, some people required additional staffing to go on outings and rotas would be adjusted to reflect this.

Using medicines safely

- Medicines were managed safely. Medicine records were completed fully without errors or unexplained gaps. Staff received training in managing medicines where appropriate for their roles. Regular checks of their competency took place.

Preventing and controlling infection

- Staff took measures to control the potential spread of infection. They were trained in infection prevention and control. Gloves and aprons were in plentiful supply for staff.

Learning lessons when things go wrong

- Lessons were learnt from adverse events. Accidents and incidents were analysed by the registered manager and areas of potential improvement were discussed with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed before they accessed the service so the appropriate support could be provided. Support plans were based on people's wishes and choices as well as their needs.
- Support plans had been reviewed and updated recently. However, we did identify some gaps in reviews. We discussed this with the registered manager who told us this was due to staff absence and had been addressed.
- Records showed people had been involved with the development of their support plans. Relatives told us they had been consulted when plans were drafted for people.
- Positive behaviour support principles were used to support people in the least restrictive way. No restrictive intervention practices were used. The service was rolling out positive behaviour support (PBS) training to staff. PBS helps staff better meet people's needs by increasing their understanding of the reasons for a person's behaviour. One staff member told us, "People's behaviours are for a reason, it's fascinating [PBS] makes you aware you need to think before you react in certain situations."
- People were able to transition into using the service at their own pace. For example, visiting the service for a flexible number of tea visits prior to staying over.

Staff support: induction, training, skills and experience

- Staff had the right skills and experience to support people well. One relative said, "The staff are very well trained, they had bespoke training for my [relative]." Staff were positive about the training they received.
- Staff received support through informal chats, regular supervision meetings and an annual appraisal.
- New staff worked alongside more experienced staff until they felt confident enough to work unsupervised.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were met. The service recently employed a nutrition support worker to provide nutritious food to people and to encourage people to develop their kitchen skills.
- Staff supported people to make healthy lifestyle choices. Pictorial menus were available to help people chose their meals.
- People and relatives spoke positively about the food. One relative said, "They [staff] always go out of their way to make sure that there is something [Person] likes, always something healthy."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health needs whilst having their short breaks. They were assisted with

medical appointments where needed.

- The service worked closely with a range of health professionals. For example, speech and language therapists and community nurses. Advice given by external professionals was followed by staff.
- People's oral health plans required development. We discussed this with the registered manager who told us this would be addressed.

Adapting service, design, decoration to meet people's needs

- The building met the needs of people staying at the service. People had a range of different areas to access to socialise with others or for quiet time.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager and provider ensured the requirements of the MCA were met. DoLS applications had been made appropriately. People were actively encouraged to make their own decisions as far as possible. Staff sought permission from people before carrying out tasks with them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now good. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were highly complimentary about staff. People and staff had friendly, warm relationships. This was notable as people stayed at the service for short periods of time.
- One relative said, "The staff are what makes Lanark great, they are always friendly and welcoming. It's made a huge difference to us as a family, we are very grateful." Staff told us they were proud to work for the service. One said, "The culture is about us all caring for each other [people and staff] and it's a lovely thing to be in the middle of it."
- Staff patiently provided support and reassurance when people became distressed. They knew the importance of positive praise and interacted with people in a way to divert them from possible causes of distress. One relative told us, "They [staff] handle [Person] very well. They make her feel safe, they comfort her when needed."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people were treated with respect and supported people's dignity. They respected people's choices. For example, about how, when and by whom people's personal care was provided.
- People were supported to maintain and develop their independent living skills. A staff member said, "A lot of people have potential and we want to enhance their skills to enable them to go on to independent living."
- People had made achievements in meeting their goals. One staff member told us how they broke down tasks into small, steps to help people develop new skills. They said, "It's inspiring really, even the first time you support a person to make a sandwich for themselves, it's enabling them, supporting them to do something they haven't done before."
- Relatives told us how accessing the service increased people's self-esteem. One relative said, "[Person] has a little job behind the bar. They [staff] are very good at teaching life skills."

Supporting people to express their views and be involved in making decisions about their care

- Staff ensured people's voices were heard. Information was provided to people in clear language and pictorial versions. This helped people to make informed choices about their stay.
- People were able to choose to stay on certain days and dates with people they liked. One staff member said, "Some people come on purpose on a Wednesday to go to a social club together." This enabled people to develop and maintain friendships and relationships.
- Staff ensured that they stayed in touch with people and their relatives in between people's visits to the service. This captured any changes in people's needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support based on their needs and individual choices. Relatives told us they were involved in the planning of people's support where appropriate. One relative told us, "We are very much involved in the planning of [Person's] care."
- Handovers of information took place to ensure staff had up to date information about people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Pictorial and easy read information was made available to people, for example around fire safety. Where people required information in different formats the registered manager told us it would be provided on a bespoke basis.
- Where people had communication difficulties information was available for staff as to how they could best communicate with them and what signs, words and/or noises people may use to communicate.
- Staff told us when one person was unwell they reverted to their first language which was not English. To ensure staff could continue to communicate effectively with the person at these times they had documented some key words of the person's language such as 'yes', 'no' and 'relax'. The person's care file gave staff guidance about how to pronounce the words correctly to aid communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were free to determine how they spent their time whilst having their short break. They were able to take part in a range of their preferred hobbies and interests. One relative said, "My [relative] may have autism, but she is able to give consent. She goes out where she wants and she does what she wants. She tells the staff what she wants to do."
- The service had a licenced bar, gym, beauty salon and pool room available for people to use if they chose to do so. People were encouraged to socialise but also offered quiet time if they wanted it.
- Staff let people know they were important inside the home and out in the community. They joined in with people at local events. For example, supporting people to take part in a display of drumming at the town's festival parade.
- Staff consistently ensured people felt highly valued. They strongly promoted a person-centred culture. They knew what was important to people and ensured it was provided for them. One relative said, "They

[staff] make no false promises. For example, they promised [Person] he could help with the Christmas decorations. He talked about it all week, for somebody with autism this is a big thing. When we got there they had saved some of the Christmas decorations for him to put up.

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately. No complaints had been received by the service however the provider had a robust complaints policy. This was available in a pictorial format for people if needed.
- People and relatives told us they knew how to make a complaint. One relative said, "I have never made a complaint but I am certain the manager would sort one out quickly if I made one."

End of life care and support

- The service was not providing end of life care at the time of this inspection. Following inspection, the registered manager provided us with an end of life care policy for staff to follow should it ever be needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff spoke highly of the service's culture and values. They told us their aim was to support and enable people.
- We received positive feedback about the management of the service from staff, relatives and people. One relative said, "The manager is very approachable, she listens what you have to say."
- Relatives and professionals told us communication with the service was very good.
- The registered manager understood duty of candour requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team carried out a range of checks and audits to monitor and improve standards. We found auditing schedules and processes needed to be more robust, including at provider level. We discussed this with the registered manager who told us the auditing systems within the service were to be reviewed.
- Notifications about incidents that affected people's safety or welfare were sent to CQC appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people, their relatives and others. The current system for gathering and analysing feedback was under review. Regular meetings for relatives took place with an independent chairperson. People had suggested specific outings which had been acted upon.
- Staff meetings took place regularly. Staff said they could speak up if they had any issues and their views were listened to.

Working in partnership with others

- The service worked with a range of outside professionals and agencies to improve the quality of service available to people. External professionals we contacted told us they held the service in high regard.

Continuous learning and improving care

- The registered manager had plans to improve service delivery and shared their vision for the service with us.

