Huntingdon Mencap Society Limited

The Laurels

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?	Outstanding
Is the service well-led?	Good

Overall summary

The Laurels is registered to provide personal care to people living in supported living schemes and in their own home. At the time of our inspection there were 22 people using the service.

At our previous inspection on 20 June 2014 we found the provider was not meeting one of the standards that we assessed. This was in relation to supporting staff. The provider told us they would make the necessary improvements by 30 September 2014. At this inspection of 18 September 2015 we found that the necessary improvements had been made.

This announced inspection took place on 18 September 2015 and was completed by one inspector. 48 hours' notice of the inspection was given because we wanted to make sure the manager and staff were available. We needed to be sure that they would be in.

Summary of findings

The service 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.

Staff were recruited through a robust recruitment process. This process checked to make sure that staff were suitable to work with people using the service before they commenced their employment There was a sufficient number of suitably qualified and experienced staff working at the service. Staff who were new to the service were provided with a comprehensive induction with support from experienced staff.

Staff who had been trained in medicine's administration had their competency to do this assessed regularly. This was to help ensure they adhered to safe practice.

Staff had been trained and were knowledgeable about protecting people from harm. They had a good awareness and understanding of the correct reporting procedures.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service's registered manager and staff were knowledgeable about when an assessment of people's mental capacity was required. Staff were aware of the circumstances and conditions when an application to lawfully deprive any person of their liberty was required. This included liaising with the local authority.

People received dignified care that was provided with compassion and in the privacy of people's homes. People were supported to improve their independent living skills. Staff respected people's choices and preferences.

People were involved in the development and review of their care. Relatives, care staff, health care professionals and social workers contributed to people's care needs. This was to help ensure that people were provided with care and support based upon the person's latest and most up-to-date care information. People chose the format and design of their care plans.

People were supported to access a range of health care professionals including occupational therapist, a GP and speech and language therapists. Staff adhered to the advice and guidance provided by health care professionals. Risk assessments were in place to help manage each person's assessed health risks.

People were encouraged to eat a balanced diet which was appropriate for their needs. People were supported to eat a diet appropriate to their assessed needs.

People, relatives and others involved in people's care were encouraged to raise concerns and complaints if they wished. The provider was proactive in taking action to prevent the potential for any recurrences. Staff were aware of the correct reporting actions should they ever have a need.

The provider, registered manager and the senior care staff had audits and quality assurance processes and procedures in place. These audits were effective and identified areas for improvements.

Staff were supported with regular supervision to develop their skills, increase their knowledge and obtain additional care related and management qualifications.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There was a sufficient number of trained and suitably qualified staff to safely meet people's needs.

Effective recruitment procedures were in place. Only those staff who had been deemed suitable to work with people using the service were offered employment.

Staff had been trained in medicines administration and how to safeguard people from harm.

Good

Is the service effective?
The service was effective.

People were supported to make decisions. Staff understood people's communication skills and respected their choices. Processes and procedures were in place to support people with care that was in their best interests.

Staff responded to requests for and advice from, health care professionals.

People were supported to eat and drink sufficient quantities. This included those people who had to avoid certain foods. People were supported to eat what they wanted whilst balancing this with a healthy lifestyle.

Good

Is the service caring?
The service was caring.

Staff's kindness towards people helped ensure people felt they really were first and foremost in staff's thoughts and actions.

Staff's understanding of people's needs enabled them to provide care that was compassionate and really made a difference to people's lives.

People were provided with many opportunities to gain and improve their daily living skills.

Good

Is the service responsive?
The service was outstanding in providing responsive support to people.

People's aspirations were supported and met by staff who knew what people had the potential to achieve. No practicable limitations were placed on people's hobbies, interests and work.

People and those others involved in their care contributed to the assessment and planning as much as possible.

Concerns and complaints were acted upon appropriately. Compliments were used as a way of recognising what worked well.

Outstanding

Summary of findings

Is the service well-led?

Good

The service was well-led.

The provider and registered manager had effective audits and quality assurance processes in place. The continual drive for improvement was seen as being part of people's lives.

Staff's skills were kept current and up-to-date. The staff culture was that of putting people's needs first and supporting people with what they really wanted.

People, staff and relatives were supported to suggest, make or implement changes which really made a difference to people's lives.

The Laurels

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 announced inspection took place on 18 September and was completed by one inspector. 48 hours' notice of the inspection was given because we wanted to make sure the registered manager and staff were available.

Before the inspection we looked at information we hold about the service. This included the number and type of notifications. A notification is information about important events which the provider is required to tell us about by law.

We also spoke with commissioners who contract care from the service and received information from the local authority's Learning Disability Partnership.

Not everyone was able to speak with us. This was due to people's complex health needs. During the inspection we spoke with six people using the service, two relatives, the service's registered manager, one senior and three care staff.

We also observed people's care to assist us in understanding the quality of care people received.

We looked at three people's care records, records of meetings attended by people who used the service and staff. We looked at medicine administration records and records in relation to the management of the service such as checks on matters affecting people's health and safety. We also looked at staff recruitment, supervision and appraisal process records, training records, and compliments and quality assurance records.

Good

Is the service safe?

Our findings

People who used the service told us that they felt safe. One person said, "There is always someone [care staff] available when I need them." We saw that staff understood how people communicated verbally and also through the use of their body or sign language. This meant that any concerns about people's safety were recognised and acted upon swiftly.

Staff were told us and we saw that they had been trained in the safe administration of people's medicines. Staff's competency to do this safely was regularly assessed. We found that medicines administration records (MAR) included people's allergies, how and when they liked to take their prescribed medicines. Medicines were recorded accurately and were stored securely in people's homes. Unwanted or unused medicines were disposed of safely.

Staff were knowledgeable about recognising harm, reporting and acting upon concerns for people's safety. This included protecting people from harm. At one person's house we were invited by the person to book in and register. This was so that the person had a record of visitors to their home. One person said, "I like staff to stay when there are visitors." Care staff knew who and how they could report any identified concerns to. This included the registered manager, the provider and the local safeguarding authority if required.

Staff were also confident to report any poor standards of care by whistle blowing if required. One person told us that the reason they felt safe was because "staff were always very nice to them." A relative told us, "The reason we chose [name of provider] is that there are always staff present day and night and the door is kept locked.

Accidents and incidents were recorded. This included where people experienced an injury or where people had behaviours which could challenge others. We saw that actions had been taken to prevent the potential for any recurrences. This included the introduction of additional equipment to help people with their mobility in and out of their home.

Records we looked at and staff confirmed that recruitment checks were in place prior to being offered employment with the service. These checks included those for evidence of staff's good character, previous employment history and evidence of any unacceptable criminal records (Disclosure and Barring Service) checks.

We saw that staff gave people as long as they wanted to complete their chosen activity. One care staff said, "It is so nice to be able to give the person the time they need and not just the time we have."

People told us that they were able to take risks such as going out to work, going for a meal or going shopping. One person said, "I work at [name of place]. I feel safe there as [name of registered manager] often calls in to see me." Records we viewed confirmed this. Care staff told us and we saw that some people required the support of two care staff for the person's safety. For example, when getting into or out of bed.

During our inspection we saw that there were sufficient numbers of staff to meet people's care needs. Staff considered and acted upon each person's needs and gave the person time to complete the task they had chosen. The registered manager told us staffing levels were based on not just the number of people using the service but most importantly what their needs were. They said, "We only recruit staff who have the right skills and attitude. It is important to have staff who do want to make a difference and not just staff to meet the numbers we require." One member of staff said, "I like working here as I see the delight on their [people's] faces and we have the time to go out with people to their preferred activity or work."

The registered manager and staff confirmed that there were arrangements in place to ensure that there was always sufficient staff. This included plans in place for unplanned absences such as poor weather conditions. These also included the use of bank staff who had previously worked for the service and opportunities for over time or extra shifts. One care staff said, "You need to know people well as some people only like to have certain staff help them. It is very rare that agency staff would be needed." This was due to some people having complex care needs and anxieties. We found that the service had a low staff turnover rate. One care staff said, "I have worked at a few care services but this is my favourite and that's why I stay."

Good

Is the service effective?

Our findings

Our observations showed that staff had a good understanding of people's needs. Staff positively encouraged people to achieve their potential each day. Examples of how well staff knew people included responding to people in the most appropriate way. For example, communicating with the person and understanding their preferences or if they were in any discomfort. One person said, "They [care staff] do know me well. I am going out soon and [name of staff] are coming with me." A relative said, "My [family member] was unwell a while ago and the staff contacted the [health care professionals] quickly."

Staff had received training and had been mentored on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were very knowledgeable about applying people's care whilst respecting the requirements of the MCA. No one currently using the service had a DoLS in place. However, the registered manager told us and we found that they were liaising with the local authority to ensure that people's care in their best interests was lawful. The registered manager and staff were able to describe the specific decisions people could make and also where people required support with their decision making. For example, when taking their medicines. Staff told us that they always assumed a person had capacity. Any changes in people's ability to make informed decisions could have an impact on the support people wanted and also where this was in their best interests. One care staff said, "Some people have a diet and format of food they prefer. We respect this choice."

Staff told us that the provider determined the mandatory training they had to complete. This included training on medicines administration, infection prevention and control caring: health and safety and moving and handling. Other more specific training included subjects such as dementia care, autism and epilepsy. Training records and plans we viewed showed us that staff were reminded when they had to complete refresher training on any particular subject. Training was planned and delivered to ensure that all staff had the skills to safely meet people's care needs including the 'Care Certificate'. This is a nationally recognised qualification in the standards of care to be provided. As well as formal training, staff were mentored and coached by more experienced staff in providing care based upon what worked well for the person.

Senior care and care staff confirmed that they were well supported. One staff member said, "I can ring [name of registered manager] as I have their contact number. It is good to know that if I ever need some assistance or advice that they are willing and able to help me." All staff we spoke with confirmed their supervision was regular, a two way conversation and an opportunity to discuss future development opportunities. In addition, senior care staff meetings helped draw staff's attention to those areas requiring attention such as maintaining the right standards of care. One staff said, "I don't need to wait for my regular supervision. As soon as something comes up to discuss I speak with the [registered] manager and it [the situation] gets sorted."

We saw that people were supported to eat and drink sufficient quantities. This included before going out or to work for the day. We also saw that user friendly menu boards were available to aid people and prompt them with their eating and drinking choices. One person suggested to the care staff, "We could go out for lunch." To which the care staff responded positively by enabling the person to do this. We spent some time at one of the service's day centres and saw people having their lunch. One person said, "I am having my favourite." People were involved in decisions about what they wanted to eat. This included supporting people to make healthy living choices and respecting people's independent life skills to do their own shopping. One person said, "I do my own shopping and choose the items I need each week. If I forget something it's entirely down to me."

We saw that staff supported to people to access a range of health care professionals. This included psychiatrists, chiropodists and community nurses. We saw that staff had been provided with, and followed the guidance health care professionals had offered. We saw that appropriate referrals were made to health care professionals and that these were followed up in outpatient appointments or other health care appointments. We saw and found from records viewed the difference various health care professionals had made to people's lives and confidence levels.

Good

Is the service caring?

Our findings

We saw that at each of the people's homes we visited that the staff offered and provided care in privacy and with dignity. This was with compassion and devotion to the people who lived there. One person said, "[Name of registered manager] and the staff have made such a difference to my life. I say this from the bottom of my heart." We saw that people were looking after the pet they had requested. We saw that this pet was the subject of much discussion and enjoyment for people. One person said, "I look after [name of pet]. It is so much fun having a [pet]."

We saw that each time staff provided any care that they gained permission from the person or acknowledgement and agreement to providing personal care. We saw much laughter and people were engaged in general conversations with care staff and their visiting relatives. One person said, "I am happy with all the staff and managers. They are all very friendly to me and other people I live with." Another person said, "The staff talk with me nicely. They help me to do the things I like and they do it well."

People told us that they were always treated with respect. Staff were able to describe the circumstances they needed to be mindful of when providing any personal care. For example, closing the bedroom or bathroom door, talking with the person and offering reassurance. Where people were not able to express their feelings verbally we saw that staff responded and understood what the person was communicating to them. A relative told us, "The reason we chose [name of care provider] was as a result of a recommendation from a friend. I can't fault the care. It is like they [staff] are part of the family."

We saw that staff regularly checked if people were well and if there was anything else they wanted. We saw that staff supported people to be dressed appropriately for the weather and that they had the belongings with them they needed for the day whilst out in the community.. Throughout our inspection and at each home we visited we found that the atmosphere was that of happiness, joviality and the subjects such as talking about a pet, which really did make a difference to people's lives. One relative said, "Staff's knowledge of [family member] is what has made a difference. They [staff] are all very dedicated and caring." Staff understood each person's wishes and preferences. Staff said, "I always knock, await permission to enter before I offer people help with their care needs." Throughout the day we saw that staff attended to people's needs. This was undertaken in a sensitive, prompt and understanding manner.

The registered manager told us and we saw in people's care records about the advocacy arrangements available and in place. Advocacy is for people who can't always speak up for themselves and provides a voice for them. The registered manager also told us that other options such as the input from people's families was always considered. This meant that people who were not able to speak for themselves were supported to have their rights respected.

People had chosen the design, format and the subjects that were important to the person to be included in their care plan. The registered manager told us that for some people, where this was appropriate, they had been asked what they wanted in their care plan and what they wanted their care plan to look like. This had helped people to be more involved and in control of the care they wanted and not what staff, relatives or health care professionals thought they needed. Care plans we looked at included those in a format which the person could understand more easily (easy read). People's input also included the person's preferred means of communication such as an item of reference and staff's knowledge of the person and what worked best for them.

As well as people's input, family members' views and advice from health and social care professionals were included to inform the person's care plan. This was to help ensure that staff supported people with their independent living skills as well as doing this sensitively. Other methods were used to support people to be as independent as they wanted to be. This included the use of bus passes and access to taxis.

People told us, staff confirmed and we saw that relatives and friends could call in to see people at any time with the person's agreement. One person, "I am going to see my relatives this weekend. I can see them when I want."

Outstanding ☆

Is the service responsive?

Our findings

People's needs were assessed prior to them using the service. Other information from people's life histories, relatives and staff's knowledge of the person was also included to assist in care staff understanding people's care needs. This also included and the way, how and when staff provided people's care. This helped to ensure that the staff were able to respond to, and safely meet what people actually wanted. People were involved in having person centred care plans as much as possible. One care staff said, "I like the care plans. They are detailed and easy to follow. Even for those people with complex care needs." One person said, "I chose how my care plan should look." This showed us that the service considered what really was important to people.

We observed and found in people's care plans how people were supported to determine what they wanted to do each day. As well as planned subjects such as going to work, other options were available if the person changed their minds or the weather prevented them from taking part in their preferred past time. One care staff said, "It doesn't matter what we think. It's what the person thinks and wants that is important." We observed and found that on each occasion staff assistance was requested or identified that staff responded with enthusiasm. We were told that one person didn't like their window blinds. We found that they had been supported to buy a window covering that they preferred. Another person was supported to attend a local gym to take part in their favourite sport.

People were supported with a wide range of their preferred hobbies and interests, social and independent living skills. We were told by people, saw in their care records and confirmed by staff of the meaningful interests they took part in. This included going dancing, visits to their favourite café, sports activity or doing some shopping. One person told us that they liked playing [name of sport] and watching sport on TV. Another person explained to us with enthusiasm about the theatre group they attended. One person said, "My family came to watch us singing and dancing. The day went so quickly as we enjoyed it so much. We even made a DVD of the event." Staff confirmed that the weekly and annual performances were also enjoyed by relatives and staff. One care staff said, "[Name of person] had limited social and verbal skills but since going to the arts club they are much less anxious, so much more outgoing." All staff saw the positive aspect of each person's care and what the person could, or had the potential to, achieve. When at a day centre people prepared and cooked their own lunch, this was done on a kitchen rota basis and provided people with skills they could use at home.

We saw and found that any concerns or complaints raised by people and their relatives were acted upon appropriately by staff. One person said, "If I was unhappy I would just need to speak to the staff. One person had requested assistance with the way they completed their shopping. This was to avoid the need to carry bulky items. We found that this change had been implemented.

We saw that compliments were used as a way if identifying good practice and what care worked well for the person. Some recent compliments from relatives included, "Thank you for all the support [name of provider] has given [name of person]. Without you [name of person] would not now be [doing what they do]. Another example was, "The support and care from [name of provider] has been brilliant. [Name of person] is now much more independent and can do many things for themselves." Some achievements we saw including people going swimming and horse riding.

We saw that where required, people's care plans were in a format the person preferred including easy read format. These care plans included the various methods people used with their communication skills. For example, with the use of sign language, assistive technology and pointing to objects that the person wanted support with. The registered manager explained to us how they put people at the heart of their care. Assistive technology was used proactively to help the person with their communication needs. This helped ensure that each person's care was as individual as possible and based upon making the greatest difference to the person's life.

Good

Is the service well-led?

Our findings

Care staff explained to us how they determined the required care needs for each person. They said that they asked people what they thought about the quality of the care they received. This included regular conversations with the person, observations and; seeking relatives' and health care professionals' views. One relative said, "The service is well-led as [name of registered manager] is always asking either directly or through their staff if we are happy with everything involving our [family member]. One person told us, "[Name of registered manager] is alright. They are the boss but I like them." One care staff said, "My manager is very good. They are approachable and good at what they do."

Quality assurance checks completed by directors from the provider, registered manager and senior staff had identified areas requiring improvement. For example, so that staff adhered to people's waste recycling plans and that staff's personal development records were up to date. Information from other organisations such as the local authority commissioners at contracts monitoring visits was used to help drive improvement. We saw that any issues identified at any of the audits were in progress or had been addressed. For example, additional training for management staff on the Deprivation of Liberty Safeguards and more in depth training for staff involved in medicines administration.

Strong links were maintained with the local community and included various trips out to theatre and arts clubs, swimming, going to the bank and shopping. One person told us how much they had enjoyed going to their day centre. Staff said, "It is very rewarding working here. It is the satisfaction of helping people achieve something. It is sometimes the smallest changes that make the biggest difference."

Staff told us that they were aware of whistle-blowing procedures and would have no hesitation in reporting their concerns, if ever they identified or suspected poor care standards. They said that they would be protected by the provider regarding any potential, or fear of any, recriminations.

Audits were also used to help identify what worked well, such as when the intervention of a healthcare professional had made a difference to a person. This also included the reasons for this such as improved verbal communication skills. We saw that alerts and guidance from the Medicines Health Regulatory Authority were immediately brought to staff's attention. For example, if a particular medicine had been withdrawn or changed.

Staff meetings gave staff the opportunity to comment on any areas they felt would benefit people. For example, requests for training on people living with dementia. Information from other organisations was then used as good practice by the registered manager. This included those organisations which provided advice and guidance to care services. Such as, therapies to prevent escalations in people with behaviours which could challenge others. They were also supported with guidance and information from the British Institute of Learning Disabilities and the Social Care Institute for Excellence. This was to help those people with a learning disability and also people who may develop dementia. This also helped staff identify the mix of people living in their homes to ensure any anxieties were minimised. We saw that in some cases these anxieties had been reduced significantly.

Staff were regularly reminded by the registered manager of their roles and responsibilities and how to escalate any issues or concerns. This was through formal supervision, staff meeting or at shift hand overs. We saw that communication handbooks were also used to inform staff about changes to people's care such as new medicines.

The senior care staff worked shifts, completed spot checks such as the accuracy and completion of people's medicines administration records. Senior staff also worked at night and weekends. This was to mentor staff with key skills whilst also identifying the day to day staff culture. Staff spoke confidently about how well they worked together as a team. One person said, "I see the [name of registered manager] at [their place of work]. It is easier for me when they come to see me."

From records viewed we found the registered manager had notified the Care Quality Commission (CQC) of incidents and events they are required to tell us about.

The registered manager visited the various places where people lived at least weekly. Meetings with the provider and its directors were held every three months. At the provider's monthly managers' meetings information was shared regarding good and best practice. As part of these meetings group outings for people were often arranged.

Good

Is the service well-led?

This gave staff and people the opportunity to meet together and access different activities. People confirmed that they liked this flexibility. The registered manager was also aware that as people using the service got older their health and care support needs would change. As a result of this staff were being provided with additional support to enable them to provide people with the support they needed such as those living with dementia.