

Freeways

# Leigh Court Centre

## Inspection report

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Somerset  
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Website: [www.freeways.org.uk](http://www.freeways.org.uk)

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24 April 2018

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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

The inspection took place on the 23 and 24 April 2018 and was announced.

Leigh Court Centre provides personal care and care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

There were two houses, one in Bristol and the other in Clevedon. One other person received personal care within the North Somerset area. Both houses had a kitchen, dining area, an office and a staff sleeping room. People lived in their own flats that had a kitchenette area, bed, bathroom and chair and or dining area. The service was registered to provide personal care. At the time of the inspection the service was delivering personal care to 11 people.

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 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.

People's support from Leigh Court Centre was individualised person centred care that enabled people to live meaningful lives. People enjoyed participating and achieving individual goals that were inclusive and personal to them. People received care that improved their health, wellbeing, independence and that enabled them to gain new skills and access their local community.

People and relatives felt the care provided was supportive and kind and caring. The service had a positive culture that enabled staff to feel valued and recognised for the work they did. Staff received training, supervisions and an annual appraisal as well as bespoke training as required. People, relatives and staff all spoke highly of the value of the organisation and this was reflected in their experiences.

The organisation respected people. People experienced care that was dignified and inclusive respecting people's individual characteristics. People were enabled to live healthier lives which was reflected in people's achievements including improvement to their health and diet.

There were effective quality assurance systems in place that identified shortfalls including any actions

required. People and relatives feedback was actively sought by the service through questionnaires, meetings, and an electronic satisfaction system. All feedback received as part of the inspection described the service as meaningful, supportive and empowering.

People and staff felt the service was safe, infection control procedures were adhered to prevent cross infection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remained safe.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remained Effective.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remained Caring.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service was responsive.</p> <p>People were part of care that was personal to them and that respected their individual wishes and aspirations.</p> <p>People were supported with activities, hobbies, holidays that were important to them.</p> <p>People had access to information so that they could make informed choices about healthy eating and lifestyle choices.</p> <p>People spoke positively about how staff supported them to access the local community including voluntary jobs locally.</p> <p>People achieved goals in gaining skills in independence including undertaking their own shopping and managing their own finances.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service remained Well-led.</p>	<p><b>Good</b> ●</p>

# Leigh Court Centre

## 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 23 and 24 April 2018 and was announced. We gave the service 48 hours' notice. This was so that we could be sure the registered manager was available when we visited and that consent could be sought from people to home visits from the inspector. The inspection was carried out by two inspectors on both days and an expert by experience on the first day. The expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to supporting people with a learning disability and autism.

Inspection site visit activity started on 23 April 2018 and ended on 27 April 2018. It included visiting people who lived at one of the service's homes and the office. We visited the central office on the 23 April to see the registered manager, training manager and office staff; and to review care records and policies and procedures. During the inspection we spoke with six people, the registered manager, service manager, training manager, six care staff. The expert by experience made phone calls to relatives and gained views from two relatives.

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us about important information that affects the running of the service.

# Is the service safe?

## Our findings

The service remained safe.

People, relatives and staff felt the service was safe. People told us, "Yes I feel safe". Another person said, "Safe ,Oh yes". One relative told us, "Yes [Name] is very safe where they live." Staff were able to demonstrate a clear understanding of abuse and what they would do if they suspected this.

People had information in how to keep themselves safe. This included easy read leaflets about what to do when it was sunny or if they had concerns relating to abuse. Leaflets included pictures and information such as, wear a sun hat and sunglasses. Apply sun cream and stay in the shade and drink plenty of water. Staff and people checked visitors' ID badges and visitors were asked to sign in and out so that they were aware of who was in the building in the event of an emergency.

People received their medicines safely. Medicines Administration Records (MARs) confirmed people had received their medicines as required. Staff had received training in how to administer medicines and medicines were stored within the recommended guidelines in people's rooms and within the optimum temperatures.

People were supported by staff who had checks undertaken prior to supporting people. For example, checks including verification of identification, references and disclosure and barring service (DBS) checks. A DBS check confirms if the individual has any information that might make them unsuitable to work with vulnerable people.

People's care plans had information that identified risks and what measures were in place to address those concerns. Care staff and the management knew people's risks well. For example, they identified if people were at risk of falls and what equipment they needed to support with their mobility. Environmental risk assessments were also completed to ensure that the care and support could be delivered safely. One person's risk assessment required additional information relating to the equipment they needed to mobilise and use in the shower.

Incidents and accidents were recorded and the registered manager reviewed these for any trends. Where incidents had occurred the service recorded any actions needed to prevent similar occurrences happening again.

People were supported by staff who demonstrated a good understanding of infection control. Staff used personal protective equipment such as gloves and aprons and liquid hand soap was available to wash their hands in people's flats.

People had hospital passports and personal evacuation plans. Records confirmed what support the person required in the event of an emergency. This included any equipment they required and what staff support they required. Hospital passports included a list of the person's medicines, any allergies and what support

the person might require. One hospital passport stated the person might require support to make complex decisions. The person's care plan recorded the person was able to make day to day decisions and there was no concerns the person lacked capacity. This meant the hospital passport did not reflect the correct information relating to the person's capacity. The registered manager confirmed they would review this document.

During the inspection people were supported by enough staff to meet their needs. People told us, "Whatever we need staff help us with". Another person told us, "I like it here, people look after me. I go out with staff".

People were supported by a regular staff team although at the time of the inspection the service was recruiting more staff. People had contact sheets which confirmed what support they should receive daily. During the inspection we found one person had received under their allocated hours. Three out of four weeks this had occurred. The contact sheet gave the reason as, 'Staff shortages'. We fed this back to the registered manager as it was not clear why this person in particular had not received their care as required.

## Is the service effective?

### Our findings

The service remained Good.

The service was effective. People were supported by staff who gained consent prior to providing them with care and support. One member of staff told us, "I always make sure I support [Name] how they want to be supported. They also have an individual support plan in place". People felt happy with the support they received. One person told us, "I get support when I need it."

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.

The service was following the principles of the act. For example where people lacked capacity for example with their finances the service had undertaken a mental capacity assessment and best interest decision. One person had a best interest decision in place relating to a medical procedure. The best interest decision confirmed the person had capacity to make this decision. The registered manager confirmed the person had capacity to make decisions relating to their care. Their mental capacity assessment confirmed the person had capacity. The principles of the MCA should presume the person has capacity which was confirmed in the person's assessment. This meant it was not clear why a best interest decision had been made when they had capacity. We fed this back to the registered manager.

People were supported by staff who had regular supervision and appraisals. Staff felt well supported and were happy with the supervision they received. One member of staff told us, "I have regular supervisions about every 4-6 weeks". Supervisions were an opportunity for staff to discuss any training and development needs, performance or any changes to the people they supported. Staff received an annual appraisal.

People were supported by staff who received training to enable them to undertake their role competently. One member of staff told us, "I have had lots of training. They have been so supportive. I wanted more training in IT which I got. They have been very patient". Staff had received training in equality and diversity, moving and handling, infection control, first aid at work, safe administration of medicines, safeguarding training, mental capacity and deprivation of liberty. This was confirmed by the training matrix.

Staff received additional training so that they were able to support people with their individual needs. For example, one member of staff told us they had received additional training in diabetes. Other training staff had received was end of life, mental health awareness and nutrition and hydration.

People were supported by staff with their nutrition and hydration needs. People were able to join communal meals twice a week should they wish or have their meals in their flats. Care plans confirmed people's

individual likes and dislikes and any dietary requirement. Staff knew people's individual needs well and people felt happy with how staff supported them with their meals. One person told us that staff knew exactly how they liked their roast dinner which was always to their satisfaction.

People were supported with their health needs and referrals were made when required. Records confirmed when people had visited their GP, district nurse, chiropodist or social worker.

# Is the service caring?

## Our findings

The service remained Caring.

People and relatives felt staff were good and that they were very kind and caring and knew people well. One person told us, "Staff are good, especially [Name]. They help me with anything I need". Another person told us, "Staff are fantastic. They are all absolutely lovely". One relative told us, staff "Are very kind and caring. Staff have got to know them really well". Another relative said, "The staff are very caring and kind and have got to know [Name] dislikes and likes very well".

Staff demonstrated a cheerful and supportive approach. During the inspection we observed various conversations with people. Staff asked people how they were, if they wanted support to answer the phone, and commented how nicely they had presented themselves with the clothes choice that morning. One member of staff spoke with a person about an up and coming important date. The person started to become emotional due to the sensitivity of the subject. The member of staff showed empathy and understanding talking the person through how they could plan the visit and go prepared. The person felt comforted and safe by the support the member of staff had provided.

People's privacy and dignity was respected. One person told us, "Dignity yes, staff cover me with towels and knock before they come in". Relatives told us, "When the staff is dealing with [Name] personal care they are very respectful". Another person told us, "The staff members are respectful when looking after [Name] personal care". One member of staff told us, "We keep the bathroom door shut. Curtains shut and as private as possible". Staff also confirmed they would knock on people's doors before entering. Care staff addressed people either by their first name, or how the person chose to be addressed.

People were supported by care staff who were able to demonstrate a good understanding of equality and diversity. One member of staff told us, "[Name] says their prayers at night. We also go to the grave and do a prayer there. It is about everyone being equal, regardless of a person's colour, sexuality or diversity. We are going to be organising a trip to Pride. This was a result of conversations people had raised within the service. A decision had been made for people to be part of the Pride celebrations so that people could experience the diversity of the community. Staff also told us, "One person we have supported to have a blue badge". The member of staff was able to give various examples of how the service recognised and supported people with their individual characteristics.

People were encouraged and supported to live a meaningful life. During the inspection we observed staff enable people to live a life that was free from discrimination and explored people's own individual needs. At resident meetings topics such as sexuality and disability were discussed. People were provided with information relating to various different topics on equality and diversity. For example, staff had provided people with information relating to 'getting fit and staying fit'. People were enabled to be part of experiencing positive outcomes and goals. Without encouragement and a positive attitude from staff people might not experience such good news stories. For example, two people were being supported to swim the English channel. This was being achieved within a swimming pool environment. They were aware of the

distance they had to swim and had set themselves a goal to show they were able to participate in something that was important to them.

People were encouraged to maintain their independence. Staff encouraged and enabled people to maintain and improve their independence. One member of staff told us, "We support people to gain skills to shop themselves. Or to get on a bus. We provide support and training for this".

People were encouraged and supported if required to maintain relationships that were important to them. People spoke positively of the relationships they had made within the community. One person told us, "I go and see [Name] every day. They are really nice".

People could spend time in the communal area or in the privacy of their own room. We observed people doing this throughout the inspection. People could sit outside in the gardens or spend time in the community.

## Is the service responsive?

### Our findings

The registered manager and the support staff provided a service to people that was person centred and enabled people to live a healthy and improved quality of life. All staff spoke positively about how they enabled people to undertake personalised activities that respected their wishes and aspirations. People and staff told us about their support experiences and how Leigh Court promoted person centred goals for people which achieved positive outcomes for people.

During the inspection people told us they had access to a range of activities important to them. One person told us about a new job they had recently started. They confirmed how staff had supported them with finding the job. They told us all their achievements that they had made in the last 12 months. Two of these achievements had been losing weight and saving money. They spoke about how they had achieved these goals and how staff had supported them. A list of these achievements had been recorded within the office. The person told us the service was, "Fantastic. More opportunities now. I have a new job, staff are here to support not do for me".

People were supported to manage their health conditions. Staff spoke about how they supported one person with managing their individual condition along with visiting health professionals. Improvements had been made to the person's skin and they no longer required their wounds to be dressed by the district nursing team. The person's relative also confirmed the improvements to this person's health.

People had person centred care plans that were reviewed regularly by the service to ensure people were having their goals met. The provider had a quality assurance document that reviewed if people were achieving their goals. People's views were also sought weekly when a review of their care needs were undertaken.

People were supported and educated to make healthy eating lifestyle choices. The service provided various examples of how people were actively part of managing their exercise routines, health and diet to promote an overall healthier outcome. One person had been actively supported by a health care professional in relation to their diet. A pictorial food pyramid had good food choices at the top and less so at the bottom. Staff had benefited from attending a training course that provided them with specific knowledge and information on supporting the person with their medical condition. Staff spoke positively about how this had improved their own knowledge about supporting the person and their own health.

Staff understood the importance of supporting people around sensitive subjects such as death and end of life planning. People were supported by staff who showed empathy whilst talking to people about those who they had lost. Staff provided reassurance and a supportive response to people when they talked about those who they had lost. Staff reassured people by saying things like, "We can take some tissues and pick some flowers and say a little prayer if you like". This was in response to one person who wanted to visit an important grave. The person acknowledged the member of staff's empathy saying, "I would like that. You make me feel safe". People had their end of life wishes explored in a 'living well' document. This explored the person's wishes around their end of life wishes.

People were encouraged and supported to go on holidays and short breaks. Staff gave examples of different holidays people had experienced. One person had been as far away as Africa. Staff spoke about good news stories. Examples included people managing their finances after some initial staff support. People being able to travel on a bus independently, visiting friends and family and the local community. People could access the day service provided by Freeways. Here people were able to attend the media group, craft group, sewing, coffee mornings and gardening club. One person told us how much they enjoyed the gardening group. They told us how they were part of taking cuttings from the plants and potting them on for people to buy.

People were supported with a complaints and compliments procedure that was accessible ensuring people with a disability or sensory loss were able to share their experiences both positive and negative. This was via an app called, 'The happy app'. The App was accessible for people to use on the handheld devices provided within the service. Staff supported people to log their concerns or compliments with the service via this happy app. The registered manager was able to monitor this feedback so that any trends could be identified and actions taken as required. This was recorded on the registered manager's quality assurance monitoring tool. People and their relatives all felt able to raise any concerns with the registered manager or staff but all were happy with no complaints. One relative told us, "I am well aware to whom to complain to but have never had any complaints".

The service had received various written positive feedback from relatives and health professionals. Comments included, 'communication 'is excellent telephone calls and emails are always responded to properly'. Another relative felt the service responded with respect. They said, "Always with great respect for the person". Another relative felt the staff team was knowledgeable, 'staff team are very knowledgeable about my relative's needs, interests, diet, medical history, daily routine. Communication is excellent in whatever form it takes, email, telephone or face to face."

People and relatives were part of having their views sought by the service. People could be part of the choice and voice group that enabled people to speak up about their care and support experience. Relatives were also encouraged to be part of 'Friends of Freeways'. The service manager confirmed this was a group of family members who were an active part of the service and who could attend training, and who could liaise with each other and feedback to the service their experiences.

# Is the service well-led?

## Our findings

The service remained Well-led.

The service was managed by a registered manager. They were managed by a service manager and had a team of support staff including a training manager.

People, relatives and staff spoke positively about the management of the service. Staff were happy and felt well supported confirming the culture of the service was inclusive and supportive. One member of staff told us, "Staff all work together. We work as one happy team, we all want to do well and to succeed and do it well". Another member of staff told us, "It's a happy home". Another member of staff told us, "I really enjoy working here. We are innovators and it is a great thrill to come to work. The people are great and I look forward to it". One person told us, "Absolutely all lovely as far as I am concerned". One relative told us, "Yes I know the [Manager] very well they are efficient and professional at all times". During the inspection we observed all staff including the registered manager support people in an inclusive, supportive and sensitive manner when people asked for support and or had a conversation with them. The service manager confirmed the values of the service was to, "Always treat tenants with great dignity and respect as individuals. Respecting their choices, supporting tenants to live a fulfilling life".

Staff were encouraged and recognised for their contribution to the work they did. The registered manager confirmed that staff could be nominated for best staff support to service user, highest achieving member of staff in their work, and greatest learning and development by a member of staff and team. Staff also had the opportunity to be nominated for going beyond and above their roles; this was a national opportunity for staff recognition.

People's views were regularly sought through resident meetings. People were encouraged to actively discuss staying safe on the sun, talking about equality and relationships, menus, planned shopping trips, healthy eating and active lifestyles choices. Other topics included staff vacancies and building maintenance. Records confirmed comments made and any views.

Staff attended team meetings. These were an opportunity to discuss champion roles staff had been identified as taking a lead role in. For example, lead roles included digital technology, health and safety, healthy eating, age and the environment. Records confirmed one member of staff had been tasked with gaining people's views on what furniture, table and chairs would people want in the home.

The provider had robust quality assurance systems in place. Audits monitored the quality of the service including infection control audit, medicines management, care plans and health and safety. The service manager undertook a monthly audit of the services' performance. This included monitoring staff training, supervisions, appraisals, as well as people's care experience including their care plan reviews. Where shortfalls had been identified, records confirmed specific actions required to resolve the problem.

The registered manager understood the legal obligations relating to submitting notifications to the Care

Quality Commission. A notification is information about important events which affect people or the service. The Provider Information Return (PIR) had been completed and returned within the timeframe allocated. This explained what the service was doing well and the areas it planned to improve upon.