

Mr Adrian Lyttle

Mr Adrian Lyttle - Erdington

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Adrian Lyttle is a care home providing personal care to seven people at the time of the inspection. The service can support up to 10 people in one adapted building.

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.

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

The provider had a recruitment process to ensure they had enough staff to support people safely, however, this was not always robust and further improvement was required to ensure applications accurately detailed employee's previous work history. Risk assessments had improved since the last inspection although some risk assessments still required more detail to give clear guidance to staff to support people safely with their health conditions. Staff had received training in how to keep people safe and could describe the actions they would take when people were at risk of harm. People received their medicines as prescribed.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

The provider's governance and auditing systems were not always effective and required further improvement to ensure that they were consistently effective in ensuring people consistently received safe care and treatment.

The service did not always consistently apply 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 did not fully reflect the principles and values of Registering the Right Support because the service was not always working in accordance with the requirements of the Mental Capacity Act 2005 and associated practice. Mental capacity assessments were not always in place to show whether people lacked capacity and best interest decisions were not recorded where people needed support in making specific decisions, however, we observed people were asked for consent and given choices in

practice.

People were supported by kind and caring staff who respected their privacy and dignity and supported their independence.

People's support needs were assessed regularly and planned to ensure they received the support they needed. People took part in activities in line with their hobbies and interests. The provider had a complaints process to share any concerns.

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

Rating at last inspection (and update)

The last rating of this service was requires improvement (published 13 December 2018) and we found breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had been made and the provider was still in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Need for Consent and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good Governance.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

After our last inspection, we issued the provider with a requirement notice to make improvements to become compliant with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Need for Consent and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good Governance. At this inspection we found that not enough improvement had been made and the provider was still in breach of both regulations.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the local authority to monitor progress. We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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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

The inspection was carried out by one inspector.

Service and service type

Adrian Lyttle 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, senior care workers and

care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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 a health professional and one relative.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were recruitment processes in place and we saw evidence of recruitment checks taking place before staff were appointed.
- We saw there were enough staff to support people and people did not have to wait long for assistance when needed. We observed staff taking the time to talk and interact with people in a way and at a pace that met people's needs.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe
- Accidents and incidents were recorded and investigated to reduce the risk of them from happening again in the future.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to keep people safe and could describe the actions they would take when people were at risk of harm. One relative commented, "[Name of person] is well looked after in a safe environment."
- Safeguarding referrals had been made to the relevant authorities where incidents of concern had taken place so they could be investigated.

Using medicines safely

- Peoples' medicines were managed safely. Processes were in place for the timely ordering and supply of medicines. Medicines administration records showed people received their medicines as prescribed.
- All medicines were stored securely and daily temperature checks were carried out to ensure medicines were stored at the correct temperature.
- Supporting information to aid staff in administering medicines that had been prescribed on a when required basis (PRN) was in place.

Preventing and controlling infection

- The home was clean. Staff used personal protective equipment and we saw this was readily available to them.
- Staff supported people and were using good practices to ensure they could protect against the spread of infection.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and accidents. Records we looked at showed us they understood how to use accidents and incidents as learning opportunities to try and reduce future occurrences.

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 our last inspection this key question was rated requires improvement. The provider had failed to take steps to make the required improvements to ensure they had acted in accordance with the requirements of the MCA and associated code of practice. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

At this inspection this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- We found the service was not consistently working within the principles of the MCA. There were no mental capacity assessments on file for specific decisions, at the time the decision needed to be made and no best interest's decisions had been recorded for those people who lacked capacity and decisions had been made on their behalf
- The management team and staff had a limited knowledge of DoLS and were unable to tell us who had a DoLS authorised and what, if any conditions were in place.
- Whilst staff had received training in the MCA, some staff knowledge was limited. However, observations we made showed that staff gained consent before providing care to people and we saw staff offer choices.

The provider had not acted in accordance with the requirements of the MCA and was in continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 need for consent.

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

- The provider carried out an initial assessment of people's support needs so they could be sure they could support people in the right way.

Staff support: induction, training, skills and experience

- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff were given opportunities to review their individual work and meet their development needs.

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

- People were supported to eat a healthy diet and there was plenty of food available for people throughout the day.
- Where people had specific dietary requirements, staff knew these and could support people accordingly.
- People were offered plenty of choice and could eat whenever they chose to.

Staff working with other agencies to provide consistent, effective, timely care

- Records we looked at confirmed that staff worked well with other agencies and followed their advice as required.

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

- The home was clean and tidy and adapted to meet the needs of people using the service.
- People's rooms were decorated to their individual taste.
- There was an accessible garden area.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare in the community and live healthy lives. This was evidenced in people's healthcare plans.
- The service's location was within easy access to the local community and health and social care services.
- There were oral health care assessments in place for people to give guidance to staff on how to support people with good oral health.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were cared for by kind and caring staff. One person told us, "I am happy here, the staff are nice." A relative commented, "Staff are friendly with residents and caring."
- Our observations showed that staff knew people well. People interacted easily with staff and were comfortable around them. One staff member said, "They [people] are all lovely"
- We found people's equality and diversity needs were respected and staff received training in equality and diversity.

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

- The provider had not recorded where people or their relatives were involved in reviews of their care. However, relatives told us they were able to talk to managers about people's care and discuss any areas of concern openly. Staff confirmed people and relatives were involved in reviews of care. A relative said, "Staff have taken the trouble to get to know residents and what they like."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. A staff member said, "Keep things private. Close the curtains, close the bathroom door."
- People were supported to maintain their independence and we observed this in practice. People were encouraged to do what they could for themselves, for example, one person made cups of tea for themselves and others. A member of staff said, "If they [people] can, I let them wash themselves and I do their back. I let them choose to do what they want."

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 good. At this inspection this key question remained the same. 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

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly.
- The care manager had been working on the care plans and assessments to ensure they were person centred and they recorded goals and outcomes people would like to achieve and what was important to them. For example, one person enjoyed attending the Special Olympics and had won lots of trophies and awards.

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.

- The provider was aware of the accessible information standard and we saw some good examples of how people were supported to communicate using their preferred method. One staff member said, "I know person down to a "T". If in pain they will point to where the pain is. They will do hand gestures if they are hot or tired."
- Each person's preferred method of communication was recorded in their care plans to provide guidance to staff.
- People were encouraged and supported to participate in their local community. For example, accessing the local college.

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 supported to take part in a range of activities they enjoyed and some people attended a local day centre regularly. One person told us, "I go to college." A relative told us, "[Person] is offered activities and if they don't want to take part they are offered alternatives." Some of the people attended Special Olympics regularly and attended day trips such as Disney on Ice and Villa Park. Staff told us about some of the in-door activities people enjoyed such as cake making and crafts.
- People were supported to celebrate special occasions such as their birthday and Christmas.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people knew who to speak to if they had any concerns. There had been no complaints since the last inspection. Relatives and staff felt the manager was

approachable and would listen to any concerns.

End of life care and support

- There was no one receiving end of life care at the time of inspection. However, we did see evidence of where people had recorded their wishes if they were to become ill.

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 requires improvement. The provider had failed to ensure there were robust processes in place to monitor the quality and delivery of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The Registered Manager had introduced audits of the service to improve the quality of support provided, however, these were not consistently effective in driving forward improvements. For example, audits of recruitment files had not identified where two out of three staff's previous employment history had not been recorded. This also meant that if there were any gaps in employment history these had not been identified or explored. Improvement was needed in order to make the provider's recruitment system more robust.
- Systems to audit the records had not identified where audits of risk assessments had not identified that more detail was required to give staff sufficient guidance on how to support people's health needs safely.
- The provider had failed to ensure they had developed an effective auditing system of DoLS to alert the Registered Manager when applications needed to be made or current DoLS had expired and a new application needed to be made.
- A monthly audit was in place to oversee the overall quality of the service, however, the systems to oversee the service had failed to identify that there this had only been completed once since the last inspection.
- Systems to monitor the service had not identified that the training staff had received around the MCA and DoLS was not effective and had not given staff the skills and knowledge to be able to support people in the least restrictive way and in their best interests.
- The systems to drive improvement were ineffective because the provider has been rated requires improvement for the last three inspections and there has not been sufficient improvement made to improve the quality of the service and the provider's rating.
- An action plan had been completed by the provider but had not been effective in making the changes needed to improve the quality of the service.

The provider's failure to ensure that effective systems to oversee the quality of the service were in place was a continuing breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- It had been identified at the last inspection that people's care plans and risk assessments needed to be more person centred and the registered manager had implemented changes to reflect people's individual needs and preferences.
- Both relatives and staff told us that the management team were approachable and easy to talk to. A relative said, "I get on well with the management and the owner is approachable."
- There was a good team spirit at the service and staff we spoke with told us how much they enjoyed working there. A member of staff said, "I love the team spirit, everyone gets on well."

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

- The registered manager was very open and honest about the challenges they faced in implementing the changes that were needed to improve the quality of the service.

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

- It had been identified at the last inspection that improvements were needed in how the provider sought feedback from relatives about the quality of the service. The Registered Manager had introduced questionnaires in order for relatives to give their feedback. There had only been positive responses received for the service so far, for example, one feedback form commented, "[Person] is well looked after in a safe environment with a good atmosphere between staff and residents. I am very happy with the care provided for [person]."
- The Registered Manager had started to complete regular supervisions for staff to support them in their role and to gain their views and opinions.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service supported people's needs.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The systems and processes in place were not effective and the service had not acted in accordance with the requirements of the MCA and associated code of practice.

The enforcement action we took:

Impose positive conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The quality monitoring system in place was not always effective at identifying where improvements were needed.

The enforcement action we took:

Impose positive conditions.