

Salutem LD BidCo IV Limited

Laverneo

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: Laverneo provides personal care and support for up to four people who have a learning disability, in one purpose built bungalow. The service was full at the time of our inspection.

People's experience of using this service: The standard of care was outstanding. The culture was completely inclusive and focussed on people's needs, preferences and aspirations. Staff and the registered manager, who had all been at the service for several years, cared passionately about their roles and people receiving the best health and wellbeing outcomes. They ensured people experienced exceptional outcomes and felt completely at home, at ease and integral to the home.

The registered manager utilised a range of current best practice to have an extremely positive impact on people's wellbeing and to ensure their care was exceptionally well planned and delivered.

Feedback from people, their relatives and a range of external professionals was outstanding regarding the continuity of care and the compassionate and sensitive approach of staff. Staff consistently went above and beyond their role to ensure people were well supported. People had formed extremely strong bonds with staff members they knew well and this led to a great sense of belonging and homeliness. All people we spoke with and their relatives agreed the relationships, whilst professional, were also friendships. Staff displayed affection towards people.

There was a creative and proactive approach to healthy eating.

The registered manager had ensured the change of provider had not impacted on people's day to day experience of care and support, which was outstanding. They managed the service well. They were supported by a team of extremely dedicated staff, all of whom had been at the service for several years. People spoke highly of the registered manager, as did staff.

Regular meetings were held with staff and people who used the service. These meetings were an opportunity to openly discuss a wide range of topics. People who used the service and staff confirmed they could raise queries or suggestions in a welcoming, inclusive atmosphere.

Good community links were in place and people felt a part of their community. People were encouraged to try new activities and make new friendships.

Records were accurate, up to date and person-centred. Clear systems were in place for the review and audit of all aspects of the service.

People's capacity was assumed and staff acted in line with the Mental Capacity Act 2005. 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. Appropriate training

was in place.

The registered manager had been in post for several years and demonstrated an excellent knowledge of the needs people. Relatives and external professionals spoke of their confidence in the registered manager and staff team.

Turnover of staff remained low and staff morale was high.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways: promotion of choice and control, independence, inclusion and involvement were all championed by staff and the registered manager. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The new provider had introduced a range of new procedures and meetings the registered manager found beneficial. They hoped this would continue and lead to closer links with the provider's other services and registered managers.

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

Rating at last inspection: This is the first time we have rated the service.

Why we inspected: We inspected the service in line with our scheduled programme of inspections.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Outstanding ☆

The service was exceptionally effective

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally 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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Laverneo

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector completed the inspection.

Service and service type: Laverneo 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. Laverneo accommodates four people in one purpose built bungalow.

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: The inspection was announced.

What we did: Before our inspection we reviewed all the information we held about the service, including notification of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services. We telephoned four relatives and asked them for their opinions.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spent time speaking with the four people who used the service, one visiting relative, and observing interactions between staff and people who used the service. We spoke with three members of staff: the registered manager and two support staff.

We looked at two people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records. Following the inspection we spoke with three health and social care professionals.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were well understood by staff. Regular refresher training took place to ensure staff were confident in identifying and acting upon concerns. People were encouraged to take part in this training so they had a greater understanding of how staff kept them safe, and how they could help. For instance, people were keen to tell us what to do in the event of a fire.
- The registered manager attended external safeguarding forums and shared new pertinent information with staff.
- People told us they felt safe and at home and staff acted in ways that clearly supported this. The service was relaxed and homely. All relatives and other visitors we spoke with confirmed they had no concerns about people's wellbeing and that staff ensured people were safe.

Assessing risk, safety monitoring and management

- Risk assessments were detailed and specific to the needs of each person. They were reviewed regularly and supported people's aspirations towards greater independence. Risk assessments were informed by advice from external healthcare professionals where required.

Staffing and recruitment

- Processes were in place to ensure pre-employment checks took place prior to new staff starting. No new staff had been employed since the last inspection. Staff demonstrated confidence and trust in each other and confirmed the culture was one in which any concerns could be raised openly.
- Staffing levels were appropriate to the needs of people's personal care and social needs; people were not placed at risk due to understaffing.

Using medicines safely

- Medicines were managed safely and in line with good practice. For instance, where people were prescribed medicines 'when required' this was supported by a detailed protocol for staff to follow. There had been no errors and medicines had regularly been reviewed by clinicians to ensure people received the most appropriate and effective treatment.
- Regular audits of medicines records and stock levels took place, along with regular competence checks of staff. Staff received appropriate training.

Preventing and controlling infection

- The service was clean throughout. People helped maintain standards of cleanliness, whilst the registered manager undertook regular 'walkaround' audits of the service to ensure it was clean and free from clutter. People also took part in these checks and were proud of playing a part in the upkeep of the home.

Learning lessons when things go wrong

- Processes were in place to ensure any accidents, incidents, complaints or safeguarding incidents were documented and analysed. There had been no major incidents but we were assured of the registered manager's readiness to investigate any arising concerns.

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.

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- External healthcare professionals told us they felt people living at Laverneo consistently experienced better health and wellbeing outcomes compared to other similar services. One said, "It's amazing the turnaround in [person]." Another said, "I would have no concerns recommending the service and the staff team – they put the resident's needs first at all times." Another said, "To see where they have all come from to where they are now, it's amazing. We work with a lot of homes and I had 100 people and there is nothing that can match what they achieve. I think every home should follow their example and they should be recognised for their hard work."
- Staff understood and acted on advice from external health and social care professionals to ensure they could meet people's needs safely and effectively. Good practice was adhered to. For instance, each person had a health action plan in place, a hospital passport, and had been supported to attend an annual health check. These were regularly reviewed and incorporated into care planning to ensure people received holistic person centred care.
- Staff championed people's good health and worked proactively with healthcare professionals to ensure people's needs were anticipated and met through close inter-agency working.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; adapting service, design, decoration to meet people's needs:

- The registered manager had an excellent knowledge of current best practice and had used this to plan people's care and ensure the best outcomes for them. The National Institute for Health and Care Excellence (NICE) guidance document, 'Care and support of people growing older with learning disabilities' considers people's needs and anticipated changing needs. With this guidance in mind, the registered manager had made adaptations to the building to enable people to maintain their independence for as long as possible. This included better access across the whole home and specific adaptations to help meet the specific needs of individuals.
- Corridors were wide and the home was well lit throughout. Ceiling tracking hoists were in place. There was ample communal and private space.
- People's needs were assessed prior to using the service and reviewed regularly after that. External professionals were impressed with the level of detail staff understood and documented. One told us, "They used the hospital information and totally redid it so it was a fresh start for the person. Their care records are really detailed and it's a holistic approach."

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

- People had formed extremely positive relationships with staff at the local community centre as well as

external professionals, such as the dentist. These developing relationships had been supported over several years by staff and people had developed the confidence to attend such appointments and social activities without anxiety.

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

- External professionals and relatives agreed there had been "exceptional" improvements to one person's physical wellbeing, and that this was down to the dedication and skill of staff and management. The person had previously been underweight and uncommunicative. The service used a range of positive support and strategies to help the person. They considered the whole person, their likes, dislikes, anxieties and history, in order to help them build confidence and take control of their own lifestyle and health. This also included the Malnutrition Universal Scoring Tool (MUST). MUST is a five-step screening tool to identify people who are malnourished, at risk of malnutrition, or obese. This was adhered to alongside positive, creative work by staff to encourage the person to try new meals and attend external cookery classes. They had since put on weight and now relished taking part in the cookery classes, preparing meals for the people they lived with.
- Preparing healthy meals was a focal point for people. They produced their own recipes and had submitted these for inclusion in the provider's planned cookbook.

Staff support: induction, training, skills and experience:

- Staff received ongoing training that was regularly reviewed with new training sought. Training packages were led by the needs of people and tailored to ensure they were the best learning style for staff. For instance, one person had support from the speech and language therapy team. The registered manager ensured the specialist visited the service and trained staff on a face-to-face basis regarding the practical support they had put in place. This meant staff were better able to understand the subtleties of communication the specialist wanted them to learn, such as how specific words were pronounced. Staff were therefore better able to communicate with the person.
- Where one person's behaviours changed the registered manager researched a range of additional training and support available. They implemented a Positive Behaviour Support (PBS) approach, which enabled staff to understand what was making a person anxious and what they could do in a structured way to support them better. PBS is a person-centred approach to supporting people who display or at risk of displaying behaviours which challenge.

Staff demonstrated a good knowledge of the training they had received.

- Staff had 'champion' roles in addition to their care and support tasks. They excelled at using these roles meaningfully to contribute to the extremely high standards of care people received. For instance, the dignity champion conducted dignity audits alongside people who used the service and fed these findings back to the staff team.
- Staff spoke in detail about the training they had received and were knowledgeable on key topics. They told us they received regular supervisions along with informal support and observations from the registered manager.
- There was a culture of continuous learning. People were encouraged to take part in all training courses held on site and relished, for example, learning about fire safety and first aid. The registered manager and another member of staff were signed up to complete 'train the trainer' training, meaning they would be able to deliver more in-house face to face training to staff. Staff confirmed they found this training more effective than e-learning.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager kept a record of who had a DoLS in place and when these needed to be reviewed. They had made appropriate applications to the local authority and acted in line with good practice issued by the Social Care Institute for Excellence. People's consent was documented in care planning records and people we spoke with confirmed staff always asked them for their consent.

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.

People were truly respected and valued as individuals and were empowered as partners in their care by an exceptional and distinctive service.

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

- Dignity and respect underpinned staff interactions with people. Staff demonstrated exceptional sensitivity towards people's needs and had got to know people for several years. When one person was ill in hospital staff devised a rota so the person was supported by those they knew well. This included staff members who were on days off or annual leave and ensured the person's anxieties about being in hospital were minimised.
- Staff ensured the atmosphere was extremely welcoming, friendly and homely. Relatives described how people were treated in exceptional terms. They said, "They couldn't have a better set of staff, who absolutely think the world of people. It's peace of mind for us. I know [person] is loved," and, "It's second to none, a home from home."
- Relatives told us, "It's the big things and the little things. They are all treated equally, like they should be – when they want their hair done or their make-up, they do that." The registered manager told us they regarded the service as, "A bungalow where four ladies live," and we found they had achieved and maintained that non-clinical, homely atmosphere.
- All relatives commented on the positive impact on people of the continuity of staffing levels. There were no new staff since the last inspection and agency staff were not used.
- Staff interacted with people warmly and with evident knowledge of their preferences. People said, "They are lovely here, they make it feel like home and I'm very happy."
- Staff supported people to access advocacy services to ensure their voices were represented. One person's advocate told us, "It's like no other service I've been to – they are brilliant with [person]. It feels like home, it's amazing."

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

- People were fully involved in the planning and review of their care. They were proud to show us their care plans and happy to explain the support they had in place and their preferences.
- The culture was completely inclusive, with staff regarded as friends and family by people who used the service. We noted no staff took their tea or lunch breaks separately but used the time to relax with people who used the service. This contributed further to the homely feel.
- The registered manager regularly ensured there was an open agenda covering both staff and house meetings, so that people who used the service (and staff) felt part of one group.

Respecting and promoting people's privacy, dignity and independence:

- People's rooms were decorated to their tastes and personalised how they wanted. One relative told us, "They decided everything. They fancied updating it so they had new wallpaper, furniture and flooring."

Brilliant, you couldn't ask for more." People who used the service and their relatives consistently told us they felt staff went above and beyond. For instance, one staff member painted a person's room to their tastes as the service was unable to find a local contractor to do the work at short notice.

- People were encouraged to build new friendships at local community groups and had done so. For instance, one person invited their friends around for a royal wedding party in the summer. They told us they loved being able to host their friends.

- The culture had for several years been strongly supportive of encouraging people's independence. We found numerous examples of people now proactively pursuing their own interests and goals. They had been empowered to do so and were now living fuller lives as a result. For instance, one person had won a fancy-dress competition on holiday and wanted to share this news. They asked to write an article the provider's newsletter to celebrate this achievement, and were supported to do so by staff.

- People were encouraged to live full lives and to be independent. People who used the service had increased their independence in terms of accessing local facilities and pursuing interests. They were confident in their home environment and supported by staff who celebrated their achievements and helped them plan how to meet their aspirations.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were detailed and contained comprehensive levels of information regarding people's preferences and wishes. These plans were informed by people's medical history, conversations with relatives, input from external professionals and, most pertinently, people's goals and aspirations. Staff demonstrated a sound knowledge of people's individual needs and preferences. An external professional told us, "Everything really is centred on the person."
- People were encouraged to provide feedback on an ongoing basis. This was through individual meetings with their keyworker, house meetings, and informal chats with the registered manager and other staff. The culture was one of continuous conversation and engagement with people to ensure they were wholly included.
- People were supported and encouraged to pursue a range of hobbies and interests meaningful to them. People attended a nearby cookery class and a card craft class, karaoke events and local restaurants. One relative told us, "They are always doing something. They go to the Empire [theatre], the cinema, they're always at the shops." During the inspection people relished making Easter bonnets and Easter cakes, having visited the shops to get the necessary items.

Improving care quality in response to complaints or concerns:

- There had been no complaints since the last inspection. The provider had an appropriate complaints policy in place and this was accessible to people who used the service in easy-read format (along with other documents such as safeguarding information). This meant the provider acted in line with the Accessible Information Standard (AIS). The AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- Relatives confirmed they were always updated regarding any changes to people's needs or other updates. For instance, when the service was taken over by the new provider, relatives were anxious about the potential implications. They confirmed the registered manager had ensured they were always kept up to date and reassured as much as possible. They confirmed there had been no impact on the standard of care and support people received.

End of life care and support:

- No one using the service at the time of inspection required end of life support. The registered manager had ensured each person had the opportunity to have sensitive conversations about their longer term and end of life care wishes, if they were comfortable speaking about this.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager ensured the culture was accountable and focussed on people's interests and preferences. Relatives we spoke with felt wholly assured that they could raise any queries with the staff team or registered manager. People who used the service were communicated with openly and empowered to play a meaningful part in the service.

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

- The registered manager maintained strong oversight of all core processes of the service and ensured records were up to date and accurate. They had some support from another member of staff who had supernumerary hours to organise the rota and this continued to work well. The registered manager articulated a clear vision for how the service would continue to support people and was able to demonstrate a number of examples regarding how they already worked in line with the provider's vision for a high quality service.
- They were receptive to feedback about new areas of best practice and ensuring more duties could be delegated where appropriate.
- Staff clearly understood and were passionate about their caring roles.

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

- People's individual needs and abilities were respected. Their independence and ability to live full lives was enabled by the registered manager and staff team. The registered manager and staff team had successfully maintained a welcoming, inclusive atmosphere. The registered manager was passionate about people receiving person-centred care and led by example to ensure this happened. They ensured external stakeholders and service providers valued and respected people's individuality.

Continuous learning and improving care:

- Since the last inspection the provider had changed. The new provider had brought in a new management reporting system. Whilst aspects of it were still being embedded we found it provided a comprehensive and supportive array of tools and reports to the registered manager. The provider's expectations regarding auditing were clear and set out for each month, with the registered manager completing returns online in a series of reports. Effective systems were in place to ensure this work was completed in a timely and meaningful way.

- The registered manager was aware of a range of recent good practice guidance from external bodies and had incorporated these into how they delivered care and managed the service.

Working in partnership with others:

- The registered manager had worked closely with a range of external professionals. They had also attended provider-led meetings where they met other registered managers to share good practice and make connections. They hoped this would continue to be a source of mutually beneficial information sharing. It also meant staff now felt part of a wider team, where under the last provider the nearest location was in Leeds and there was therefore little opportunity to have cross-site meetings or work.
- External professionals provided complimentary feedback about how well the registered manager and staff had worked with them. One said, "I believe residents are very lucky to be supported by the team and [registered manager] at Laverneo."