

European Lifestyles (C) Limited

European Lifestyles (C) - 100 Pembroke Road

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?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an unannounced inspection on 22 and 23 October 2014 of European Lifestyles (C), 100 Pembroke Road. The inspection was carried out by one inspector. This care home provides support to three people with learning disabilities. At the time of our inspection two people were using the service.

At our last inspection on 17 October 2013 the service met the regulations inspected.

The service had a registered manager in post at the time of our inspection. 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.

On the days of the inspection there was a calm and relaxed atmosphere in the home. One person who used the service was out all day at the day centre and another person was at the home during our inspection. We saw staff interact with this person in a respectful manner and they appeared comfortable around staff.

Summary of findings

People at the home were unable to verbally express their views. Staff therefore communicated with them in other ways such as using specific body language, gestures, facial expressions and key words.

Staff had received training in how to recognise and report abuse. Staff we spoke with were knowledgeable in recognising signs of abuse and the associated reporting procedures. Medicines were securely stored and administered.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Care plans were in place to reduce the risks identified.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, their relatives were consulted and this was confirmed by relatives we spoke with.

Staff had the skills and knowledge to support people who used the service. There were enough staff available at the service and staffing levels were determined according to people's individual needs.

The registered manager at the home was familiar with all of the people living there.

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?

This service was safe. Relatives of people who used the service told us that they were confident that people living in the home were safe and they had no concerns. Staff were aware of different types of abuse and what steps they would take to protect people.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

People were not restricted in any way, where risks had been identified, staff supported people to make informed choices.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Good



Is the service effective?

This service was effective. Staff completed relevant training to enable them to care for people effectively. Staff were supervised regularly and generally felt supported by their colleagues and the registered manager.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Good



Is the service caring?

This service was caring. We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

Staff had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Good



Is the service responsive?

This service was responsive. People had their individual needs assessed and consistently met. One person who used the service was out throughout the day at day centres at the time of the inspection. People were encouraged to integrate with the community.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, their relatives were consulted and relatives we spoke with confirmed this.

Good



Summary of findings

In addition to formal activities, people using the service were supported to visit family and friends or receive visitors. People were encouraged to express their views and concerns which included key worker meetings, reviews and communicating with manager directly.

Is the service well-led?

This service was well led. Staff we spoke with told us that they were generally supported by the registered manager.

The service had processes in place to review incidents that occurred and we saw that action was taken to reduce the risk of them reoccurring.

There was a clear management structure in place with a team of care support workers, team leaders, the registered manager and the provider.

Systems were in place to monitor and improve the quality of the service.

Good



European Lifestyles (C) - 100 Pembroke Road

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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 22 and 23 October 2014 of European Lifestyles (C), 100 Pembroke Road. One inspector carried out this inspection.

During this inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during the day. We also reviewed two care plans, two staff files, training records and records relating to the management of the service such as audits, policies and procedures.

People who used the service had learning disabilities and communicated by using key words, gestures and nods. We spoke with the relatives of two people who used the service and spoke with the registered manager and three members of staff.

Is the service safe?

Our findings

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. A relative of a person who used the service told us, “The home is safe. My [relative] is treated well by staff.”

The risks of abuse to people were minimised because there were clear safeguarding policies and procedures in place to protect people. The provider informed us that all staff undertook training in how to safeguard adults and we saw training records which confirmed this. Staff we spoke with were able to identify different types of abuse that could occur. We asked staff members what they would do if they suspected abuse. They said that they would directly report their concerns to the registered manager.

Individual risk assessments were completed for people who used the service. Staff were provided with information on how to manage these risks and ensure people were protected. Each risk assessment had an identified hazard, people who were deemed to be at risk and control measures to manage the risk. Staff were familiar with the risks associated with people's support that people presented and knew what steps needed to be taken to manage them. We saw that risk assessments had been carried out to cover activities and health and safety issues which included a personal emergency evacuation plan, community trips and epilepsy. The assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Through our observations and discussions with relatives of people who used the service and staff, we found there were enough staff with the right experience or training to meet the needs of the people living in the home. The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. The registered manager told us staffing levels were assessed depending on people's need and occupancy levels. The rotas confirmed that there were sufficient staff on shift at all times. One relative we

spoke with said, “There are enough staff here”. However, one member of staff we spoke with said, “There are enough staff to look after people safely but on the odd occasion there can be staff shortages.” Staff we spoke with generally told us that they felt that there were enough staff.

There were effective recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for two care support workers and found appropriate background checks for safer recruitment including enhanced criminal record checks. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

There were appropriate arrangements in relation to the recording and administration of medicines. We viewed a sample of medicines administration records (MARs) and saw that these had been completed and were up to date. We checked some of the medicines in stock and these were accounted for. We noted that each person had a lockable cupboard in their bedroom and medicines were securely stored in the home. We also noted that daily temperature checks were carried out in each person's bedroom to ensure that medicines which did not require refrigeration were being stored at the correct temperature to maintain their effectiveness.

The home had a policy and procedure for the management of medicines which provided guidance for staff. We saw evidence that this policy was last reviewed in January 2014, to ensure that it provided up to date information on safe handling of medicines. Staff had completed their medicines administration training. They had received medication classroom training with an external organisation on 29 September 2014 and had also completed medication e-learning training.

The provider had implemented a daily medicines administration check system called “Daily 10 point MARS check”. This enabled staff to double check that the correct medicines had been administered to people. Weekly medicines audits were carried out to ensure they were being correctly administered and signed for and to ensure medicines management and procedures were being followed.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Relatives of people told us that, “staff are very good, nice and friendly” and “the care is excellent”.

We spoke with the registered manager about the training arrangements for staff. Training records showed that staff had completed training in areas that helped them when supporting people living at the home. These included moving and handling, safe use of bedrails, first aid and food safety. The registered manager told us that they had an electronic system for monitoring what training had been completed and what still needed to be completed by members of staff and we saw evidence of this. Staff we spoke with told us they were happy with the training that they had received. One member of staff said, “Training was very good and useful.”

During our inspection we spoke with members of staff and looked at two staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff said they received supervision every six to eight weeks. The registered manager confirmed staff received supervision six times per year. We looked at a sample of staff records and we saw that staff received supervision on a regular basis and had received an annual appraisal to discuss their personal development and progress.

Information in the support plans showed the service had assessed people in relation to their mental capacity. Where people were able to make their own choices and decisions about care, they were encouraged to do this. People and their families were involved in discussions about their care and support and any associated risk factors. Individual choices and decisions were documented in the support plans. This showed the person at the centre of the decision had been supported in the decision making process.

People who did not have the capacity to make decisions had their legal rights promoted because staff had received appropriate training. Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had an understanding of how to offer people choices. The

registered manager told us that they involved personal and professional representatives if a person was unable to make a decision for themselves and we saw evidence of this.

CQC is required by law to monitor the operation of the DoLS. We found the provider to be meeting the requirements of DoLS. People were not restricted from leaving the home. We saw evidence that people went out to various activities and we observed this to be the case during our inspection. People identified at being of risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out.

People were supported to get involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home, providing input when planning the menu for the week and helping with preparing dishes. The registered manager told us that they did not have a set weekly menu. Instead, staff gave people an opportunity to decide what they would like to eat using recipe books for inspiration and each person would get their choice at least one day of the week. The daily menu was on display in the kitchen, this was in a pictorial format to help people understand their choices better.

We saw evidence that people’s weight was monitored and the registered manager explained that food and fluid charts were completed for people if there was an identified risk in relation to their food and fluid intake, but said that at present there were no such risks.

We looked at two care plans and saw that people were involved in completing their care support plan and these were person centred. Care support plans included details of people’s preferences and routines and were documented in an easy read format. Staff were knowledgeable about the individual needs of people and followed the guidance given.

We saw evidence that specialists had been consulted over people’s health needs. These included health professionals and the GP. A record was included of all health care appointments. This meant staff could readily identify any areas of concern and take swift action.

We also saw that each file included a hospital passport which included essential information about the person

Is the service effective?

should they go to hospital or to a medical appointment. One member of staff explained that a copy of the hospital passport was also in each person's bag so that they were easily available in case of an emergency.

Is the service caring?

Our findings

Relatives of people who used the service told us that they were happy with the care and support provided at the home. Some of the comments included: "This is like a family home, not a care home" and, "My relative is absolutely happy here."

During our inspection we saw that positive caring relationships had developed between people who used the service and staff. Staff were knowledgeable about people's likes, dislikes and the type of activities they enjoyed. Staff told us, and records confirmed that keyworker meetings were held monthly, which helped to develop positive relationships.

On the first day of our inspection, both people who used the service were out during the day. On the second day of our inspection, one person was in the home and we observed interaction between them and staff. We saw that this person appeared relaxed with staff.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support where they were able to do so. Care plans were individualised and reflected people's wishes. People had the opportunity to make their views known about their care, treatment and support through key worker meetings. Relatives of people who used the service were involved in their care through regular contact with the registered manager and staff. Relatives told us they visited the service regularly and found that staff welcomed them. Where appropriate, people had access to advocacy services if needed.

Staff were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One member of staff said, "I always listen to people, talk with people and explain what I am doing beforehand." Another member of staff told us, "I always give people a choice and encourage them to be independent."

People in the home were not able to communicate verbally. Staff we spoke with explained to us that they still ensure that people were offered choice in everyday matters such as deciding what to wear, eat or what to do for the day and gave us examples of how they did this. They told us that they communicated with people in other ways such as using specific body language, gestures, facial expressions and key words and we saw evidence of this during the inspection.

We looked at two care support plans for people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual support plan. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to care for people's needs.

Is the service responsive?

Our findings

People who used the service were encouraged to lead active social lives that were individualised to their needs. We found that people had their individual needs assessed and consistently met. People were encouraged to go shopping and keep fit by going for walks in the park and we saw people do this at the time of our inspection. There was a weekly activity programme for all people which was personal to each of them. We saw evidence that staff spent time with people on a one to one basis to ensure they were able to take part in activities which matched their interests.

People who used the service were encouraged to go to visit family and friends or receive visitors. Staff supported people in maintaining relationships with family members.

The service made use of communication tools such as pictures and Widgit symbols (these are symbols that help to communicate ideas and information) on walls and in personal folders to help people who were not able to verbally communicate their choices. Care records we looked at were in an easy read format and contained pictures to help people understand more easily. Care records also listed specific body language, gestures, facial expressions, key words and objects of reference the person also used to communicate. Care plans encouraged people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. This demonstrated that the manager was aware of people's specific needs and provided appropriate information for all care workers supporting them. When speaking with care workers, they were able to tell us about each person's personal and individual needs.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records every six months or sooner, if their needs changed. Staff told us that they kept people's relatives and other people important in their lives updated through regular telephone calls or when they visited the service. One relative we spoke

with said, "They keep me up to date with any changes. They ring me all the time." Another relative told us, "We are kept informed of developments and am involved in their [relative's] care."

The registered manager explained that she always ensured that people had one to one time with staff as people had different interests. The registered manager explained that there was flexibility in terms of the activities timetable as it depended on what people wanted to do on a particular day depending on their mood.

Relatives of people who used the service told us that if they were not happy they would speak with the registered manager. One relative told us, "I have not had to make a complaint. However I would feel able to make a complaint if I had to." Another relative said "If there is anything worrying me, I would contact the manager." The complaints procedure was on display in the home.. We saw the policy made reference to contacting the local government ombudsman and CQC if people felt their complaints had not been handled appropriately by the home. When speaking with care support workers, they showed awareness of the policies and said they were confident to approach the manager. Care workers felt matters would be taken seriously and the manager would seek to resolve the matter quickly.

Relatives we spoke with said that they were confident that any complaint would be taken seriously and fully investigated. We looked at the complaints records and saw that there complaints had been investigated and responded to.

The service encouraged feedback from people and relatives through a number of different ways including key worker meetings and questionnaires. All relatives we spoke with said that they were asked for feedback from the registered manager and felt able to speak with them informally and formally as well as make suggestions and express views and opinions.

Is the service well-led?

Our findings

People's care plans included a service user guide which detailed how the home was run, how care was provided and how they assured quality care. There was a Statement of Purpose, a service user charter and handbook which explained some of the values the home were included principles of good care, promotion of choice, privacy, dignity and independence.

Staff told us they were informed of any changes occurring within the home through staff meetings, through which they received up to date information and were kept well informed. One member of staff told us, "We have monthly staff meetings. They are very helpful and I feel able to raise issues." Staff understood their right to share any concerns about the care at the home. The registered manager and staff confirmed that they had daily informal meetings so that they could share information and update staff on developments.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were confident about raising concerns about any poor practices witnessed. They told us they were very happy working at the service and generally felt supported.

There was a registered manager in post at the time of our inspection and from our discussions with them it was clear that they were familiar with the people who used the service and staff.

Staff told us that they felt supported by their colleagues and were generally supported by the registered manager. However, some staff we spoke with said that they felt that they could be supported more by the registered manager. We spoke with the registered manager about this and she explained that she encourages staff to come and speak with her if they have any queries and also to raise concerns in the monthly staff meetings.

The provider had effective systems to monitor incidents at the home and implement learning from them. We saw that the incidents were recorded accurately and people's care records had been updated following these incidents to ensure that the most up to date information was available to staff. The registered manager explained that they would discuss incidents and accidents during team meetings to ensure that staff were kept informed of these and so that staff could all learn from these.

The service did not hold a formal residents' and relatives' meeting but relatives told us that they got together at the home weekly so they could discuss any issues. The registered manager told us that they encouraged people and relatives to communicate with her at any time about any concerns they may have. Relative's we spoke with confirmed that if they had any issues they felt comfortable raising them with the registered manager.

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed monthly checks were being carried out by the service which detailed outcomes and any further action that needed to be taken to make improvements to the service. We found checks were extensive and covered all aspects of the home and care being provided such as premises, health and safety, medication, staff records and supervisions.

The provider sought feedback from people who used the service through questionnaires which we saw were in people's care files. We saw evidence that the provider had analysed the information gathered from the questionnaires. The feedback from the questionnaires was positive. People we spoke with and their relatives confirmed they had been consulted about the quality of service provision. All relatives we spoke with said that they were asked for feedback from the registered manager and felt able to speak with them informally and formally as well as make suggestions and express views and opinions.