

Leonard Cheshire Disability

King Street - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 26 November 2018 and was unannounced.

King Street Care Home, is a care home for a maximum of 17 people with physical disabilities. The home is a two-storey building with en-suite bedrooms, and communal lounges and dining rooms on each floor. At the time of our visit, 16 people lived in the home.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home has 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. The registered manager was managing the service at our previous inspection.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service continued to be safe. Staff understood how to safeguard people from harm. They understood the risks to people's health and wellbeing and took action to lessen each risk. They also worked with positive risk taking to enable people to have fulfilling lives. There were enough staff on duty to meet people's needs; and checks had been made on staff before working for the service to make sure they were safe to work with people. People received their medicines as prescribed. The home was clean and tidy and staff understood infection control practice. The premises were well-maintained.

The service continued to be effective. Staff received training to support them work effectively with people who lived at the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The principles of the Mental Capacity Act (MCA) were followed. People had access to different health and social care professionals when required, and good relationships had been formed between the service and those professionals. People received food they enjoyed, and were involved in cooking some of the meals.

The service continued to be caring. People received care from staff who were kind, and treated them with dignity and respected their privacy. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. The service supported people to maintain and develop relationships with their family.

The service had improved its responsiveness, and was now 'outstanding'. People's needs were assessed and planned for with the full involvement of the person. Care plans were very informative and helped staff understand the complexities of people's care and support needs. People were empowered to have as much control in their life as possible and live life to the full. People had many opportunities to pursue their interests and hobbies, and a very good range of daily social activities were offered. There was a complaint procedure and complaints had been dealt with appropriately. Procedures were in place for end of life care; and staff had recently supported a person's end of life with heartfelt care and kindness.

The service continued to be well-led. The registered manager and deputy worked hard to ensure a good quality of service was maintained. They provided good support to the staff group, and to people who lived at the home. Checks were made to ensure the service met its obligations to provide safe accommodation to people and to deliver care and support which met people's individual needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service has improved to outstanding. The service was very responsive to people's individual needs and wants. They supported people to be involved in an excellent range of individual and group activities both within and outside of the home. Complaints were managed sensitively and appropriately. End of life care was given by a staff group who did their absolute best to make sure the person felt loved and cared for to the end.	Outstanding ☆
Is the service well-led? The service remains good.	Good ●

King Street - Care Home Physical Disabilities

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 was a comprehensive inspection. The inspection visit took place on 26 November 2018 and was unannounced. One inspector undertook this inspection.

Before our inspection visit we contacted the Local Authority. They had no information of concern about the service. We also looked at information we had received from people who shared their experience; and from statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send to us by law. We also looked at the Provider Information Return (PIR) sent to us by the provider. This is a form that asks the provider to give some key information about the service, including what they do well and improvements they plan to make.

During our inspection visit we spoke with the registered manager, deputy manager, a team leader, the maintenance worker, the volunteer co-ordinator, the activity coordinator, and one member of support staff. We spoke with six people who lived in the home and two visiting relatives. We also spoke with a visiting health care professional. We checked one person's care record, one recruitment record, medicine administration, health and safety records, as well as team and resident meeting records.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at King Street. One person told us, "Yes I do [feel safe]. We have good members of staff that make me feel safe." Another said, "Oh yes, I feel quite safe."

The registered manager and deputy manager understood the importance of safeguarding people. They understood the different types of abuse which could occur and made sure the relevant authorities were alerted if they had any concerns a person in the home was at risk of harm. They had also notified us at the CQC of events where they had been concerned about a person's safety and well-being. Staff at the home understood their responsibilities to report any safeguarding concerns or allegations to their line manager.

The provider's recruitment practice ensured that no new staff started work until their work and/or character references had been received, and criminal checks had been completed. This reduced the risks of employing staff unsuitable to work in care.

Staff understood the risks related to people's physical, social and emotional health. The care plan we looked at gave detailed information about the person, and what risks staff needed to be aware of to ensure these risks were minimised. For example, this person was not able to move themselves and required equipment to move them to keep them safe. There was detailed information to inform staff what equipment to use, and how to use it to ensure the person's safety was maximised.

The provider ensured the premises were safe. Checks were made on water, electric and fire systems to ensure they met the relevant guidelines, were in good working order, and safe to use. The premises were clean and well-maintained. Written guidance was available to emergency services to inform them of people's needs if people ever needed to be evacuated from the premises.

Staff understood the importance of using equipment such as disposable aprons and gloves when providing personal care to reduce the risks of infection being transferred from one person to another.

There were enough staff on duty to keep people safe. We were made aware by the management that there had been a short time when agency staff were needed to support the service, but there was now sufficient staff working at the home to meet people's needs. The shift patterns reflected the needs of the younger age group of people who lived at the home. For example, the afternoon shift consisted of five staff, who did not go off duty until 10pm. People told us there were enough staff on duty to keep them safe, although one person mentioned that when staff were ill or on annual leave, they had to wait a bit longer for their needs to be met and this could be 'frustrating'.

People received their medicines as prescribed. Two people who lived at King Street managed their own medicines with support from staff. The other people required staff to administer their medicines. Prior to our inspection visit, we had been informed by the service of two occasions where medicines had not been administered as they should have been. The registered manager told us they had learned lessons from this experience. Appropriate management action had been taken at the time in response to the errors, to ensure

staff responsible for administering medicines were safe to do so. Since then, a new electronic medicine administration had been introduced to further secure safe administration of medicines. We spent time with a team leader administering lunch time medicines and saw the system in action. Later in the day we checked and saw that controlled (stronger) medication was stored and accounted for as required.

Is the service effective?

Our findings

The design of the premises and adaptations supported people's needs. Each person had their own large bedroom and en-suite shower and toilet facility. Corridors were wide and communal lounges and dining areas were large enough to ensure people had enough room to manoeuvre their wheelchairs around. Bedrooms were decorated to reflect people's interests and hobbies.

Staff had the skills and knowledge to deliver effective care and support. Staff told us they had undertaken regular training to support them in their roles. This included training considered essential to support people's safety such as training to move people safely, safeguarding and infection control.

Team leaders also undertook medicine administration training, and told us their practice had been observed by management to ensure they administered medicines as required. One staff member told us in the last year the team had received training to help them understand dementia and brain injuries, and this had helped them support people who had experienced memory loss. Staff also informed us they were encouraged to undertake diplomas in health and social care.

People's needs were assessed, and care and support delivered in line with evidence based guidance. Recognised risk assessment tools were used to support effective care and treatment. For example, many people at the service were at risk of skin damage because their disabilities meant they could not move freely and without assistance. The service used the recognised 'Waterlow' scoring tool to check how much risk there was, and then action was planned to provide good outcomes and avoid such risks. On the day of our visit, the service was informed that a person who had come to the home with a pre-existing pressure sore, had been 'signed off' by the district nursing team as their injury had improved.

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's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people.

Where people had capacity to make decisions, the service supported them to live their lives in the way they wished. For example, one person had not been to the pub before, and wanted to go to the pub and have a couple of alcoholic drinks. Staff supported them to do this, and they had an enjoyable time engaging in an activity they had not previously had the opportunity to do.

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. We found people who were not able to leave the premises of their own

accord because they were at risk when doing so, and who were unable to consent to this; were legally deprived of their liberty with a DoLS.

People received health care from different healthcare professionals when required. One person told us they went to the optician in the village to get their eyes checked, and had been to the hospital dentist to have their teeth checked. The service had a good working relationship with other healthcare professionals. On the day of our inspection a district nurse was visiting people in the home. They told us they had a very positive impression of the service and enjoyed visiting the home. They went on to say they had seen their patients have a 'positive journey' in the service and become more confident.

People told us they enjoyed the meals provided and the choice of meals offered to them. Some people were provided their nutrition via a tube directly into the stomach, and others were supported to eat with specialist cutlery and crockery; or through food being pureed or mashed.

Is the service caring?

Our findings

People told us they were treated with kindness. One person told us, "This is one of the best care homes, I wouldn't go anywhere else." Another said, "It's a lovely place isn't it – everyone loves it here." A family member of a person who had recently passed away told us their relation, "Could not have got better care, they [staff] had become [person's] family." Another person told us, "It's a good care home – when you need staff they are there for you."

During our visit we saw staff treated people with kindness and respect. For example, a member of staff wanted to talk with a person about personal items they needed to pack for a day out later in the week. The member of staff checked with the person first if it was okay for them to discuss this with us present.

People told us they could have fun with the staff and we saw staff enjoying the odd bit of 'banter' with people. One person said, "They pay heed to my sense of humour."

People's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate.

There was a 'key worker' system in place so people had a staff member allocated to them to provide any additional support they may need.

People had their privacy, dignity and independence promoted. Staff had received training about privacy and dignity; they knew how to protect people's privacy when providing personal care. We saw staff knocked on people's doors before entering and addressed people in a kind and caring way. Throughout our inspection, we saw staff being sensitive and discreet when supporting people. They respected people's choices and acted on their requests and decisions, understanding the verbal and non-verbal cues provided.

Is the service responsive?

Our findings

People who lived at King Street were empowered to have as much control in their life as possible. Staff had an excellent understanding of people's histories, their likes and dislikes. One person told us, "If you tell them what you like, they will try and arrange it for you. I will take part in most things, I'll give them a go to see if I like them." Staff also prompted people to tell them of any new ideas they wished to explore to make their lives more purposeful and interesting. For example, one person told us they had always wanted to fly in an aeroplane, but never felt they would be able to because of their disability. They told us a few months ago, they flew to Edinburgh for the day. They said when the plane took off, they couldn't stop smiling and had tears coming down their face because they were so happy that they had finally achieved their dream. They then went on to tell us that in a couple of days they were doing the same thing again, but this time they were going to Dublin with staff.

People and staff told us about an incredible amount of activities and interests people had been involved with. Some of the people at the home were in a Leicester City Football Club 'bocha' (bowling) tournament. Team t-shirts had been made for the tournament in December 2018. Some of the people who lived at the home had close connections with the football club and one person had been a life-long fan. They had been supported to go to the club to pay their respects to the club owner after his death in a helicopter accident.

Other people in the home had cruised to Spain, been on a 'ghost night' for Halloween, and experienced a helicopter ride. One person's dream was to go on the London Eye, so staff supported them to do so; another wanted to go on a Ferris wheel, and again this was made possible. One person had previously been a game keeper on a country estate. Staff arranged for them to go back to the estate where they had previously worked so they could reminisce about their working life there.

Whilst the above were all fantastic experiences for people; small but important support made big differences to people's lives. For example, a member of staff re-shaped some cutlery so a person could begin to eat some foods without support. This made a big difference to the person's confidence. On the day of our visit, a person wanted to change their hairstyle. A member of staff went with them to a local shop to get a hair colour they wanted, then helped the person to change their colour and re-style their hair. Another person wanted a tattoo. Staff were supporting the person to get the tattoo they wanted.

People were supported with activities in the home to help them with their independence and to have purposeful lives. For example, there was a cooking club where people made meals for others in the home; arts and crafts activities were regularly held; and people had been supported to become more confident using IT and social media with IT training sessions.

The service had a volunteer co-coordinator. They worked with both individual and corporate volunteers to provide additional support to people and improve people's lives. Recently, a team of volunteers from a utility company had been involved in Halloween celebrations. They helped with activities such as pumpkin carving and apple bobbing. They had also helped improve the garden area.

The service had links with other community organisations such as the scouts and local schools. The scouts had help to raise £300 for the service. This was being put towards a new TV for the home. People who lived at King Street also undertook fundraising for other causes. We were told that volunteers were going to be coming to the home on 7 December 2018 to help people at the home release their 'inner elf' and fundraise for the Alzheimer's Society's Elf Day. People at the home were also involved with the local schools – for example, attending school plays.

Two of the people at the home had been supported to post a You Tube video about living with disability. This had been seen by thousands of people. One of the people who made the video was very pleased when the video was 'liked' by a famous singer who they were a huge fan of. Staff had made sure the singer was aware of it. People at the home were also meeting the local MP to discuss the lack of access for people with disabilities at the local train station.

People received information in accessible formats. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Some people were not able to communicate well verbally. To aid communication, they had communication 'tablets' which turned the typed word into a spoken version. Staff told us that the odd time the IT didn't work, they would revert back to saying letters of the alphabet for the person to blink in acknowledgement when correct, until the required word was formed.

People told us if they needed to, they would feel able to speak with staff or management if they had any concerns. One person said, "If something is really weighing on my mind I could talk to staff." Another told us, "When I need staff they are really there for me." Where complaints had been raised, we found the provider had investigated in-line with their complaints policy and procedures.

The service was very centred on making sure the care and support given was what people wanted. Care records gave detailed information about how staff could support people to live well and as independently as possible. One person told us they liked to get up at 5am, along with a couple of other people. They said they then might have a doze in the afternoon, and would then probably go to bed around 11pm at night. There was a good age range of staff. Younger people at the home told us they appreciated having younger staff of a similar age to support them.

The service embraced human rights, and equality and diversity. The diversity of the people who lived at the home as well as the staff group was welcomed and individuals were supported to make sure their diverse needs were met.

At the time of our visit, people and staff were managing their feelings about the recent death of a person who had lived at the service for a long time. This person was aware they had been moving towards their end of life, and plans had been put in place to support them in their final days so they did not experience pain. The person's family did not live close to the person. When staff were aware the person only had a short period of time left, they made sure there was always a member of staff with them in their bedroom so they did not die alone. On the day of our visit, the person's family was at the home. They told us how happy the person was to have lived at King Street. They said to us that the person, 'Could not have got better end of life care'.

On the door to the person's room; paper hearts had been pinned. These included messages from people and staff to the person, and why they were going to miss them. We were informed that the service was

holding the 'wake' for the person. The person had belonged to a cooking group at the home, and the group members had asked if they could undertake the cooking for the occasion. This had been agreed by management because they understood what it meant to people.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was the same person who managed the service at our last inspection visit.

The registered manager told us, "We absolutely put the service users at the heart of everything we do. They can choose how to live their lives, and we will break every barrier we can to get them to achieve. We are flexible and adaptable with our support – nothing is rigid."

Staff demonstrated a passion to provide a warm and caring environment for people who lived at the home, and to support people have the best lives possible. One member of staff told us, "I find the home brilliant to work for, I can't fault it at all. The care everyone receives, the staff are all lovely, the activities people have, the management are really good." Another told us, "I feel that people have an amazing quality of life. They go out so much, and if they don't want to go out, we have things going on in the home."

The registered manager was supported by a deputy manager and team leaders. Managers and senior staff had a good understanding of their roles and responsibilities and this meant staff felt fully supported by the management team.

Staff received support through more formal individual supervision and appraisal sessions, as well as informal chats with the registered or deputy manager, or team leader when they had concerns or issues which needed addressing. Staff also attended meetings which covered a range of issues to support them in their roles.

The management team carried out the provider's audits to check staff were working in the right way to meet people's needs and keep them safe.

The registered manager has a legal obligation to notify us of certain events which happen in the home. We found they had notified us of all events as required.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was on display at the home and on the provider's website. The display of the rating is a legal requirement, to inform people who live at the home, those seeking information about the service and visitors, of our judgments.