

Omega Elifar Limited

Larchpine

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 ●

Summary of findings

Overall summary

Care service description

Larchpine is a residential care home service for five people with learning disabilities or autistic spectrum disorder. People are accommodated in single rooms on one level and the layout of the home enables people who use wheelchairs to access all areas of the home. The home has a secure garden and communal areas including a kitchen dining room, conservatory and lounge.

Rating at last inspection

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

People were protected from the risk of potential abuse and appropriately supported by staff to manage assessed risks to their health and wellbeing. Staffing levels and recruitment processes were appropriate to support people safely. People's medicines were managed safely.

Staff completed training and received supervision to maintain and develop their skills and knowledge to support people according to their needs. 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 support this practice.

People were cared for by kind and caring staff. People were supported to take part in decisions about their care and treatment using their preferred methods of communication. People were treated with dignity and respect by staff and relatives told us staff had built positive trusting relationships with the people they supported.

People's care and support needs were set out in a written plan that described what staff needed to do to make sure personalised care was provided. People received care and support in line with their care plan to achieve positive outcomes in their health and wellbeing. People were supported to take part in leisure activities which reflected their interests. A system was in place for people and their representative to raise concerns and make complaints. The complaints procedure was displayed in an accessible format for people.

There was a positive, open and inclusive culture in the home. The registered manager and staff understood and acted in accordance with the provider's vision and values to promote; choice, independence, inclusion and support people to experience a good quality of life. Systems were in place to make sure the service was managed efficiently and to monitor and assess the quality of service provided.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Larchpine

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 checked 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.

This inspection took place on 13 June 2017 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. The provider had not been asked to complete a Provider Information Return prior to this inspection. 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 discussed this information with the registered manager and operations manager during the inspection.

People living at Larchpine were not able to share with us their experiences of living at the service. Therefore we spent time observing staff with people in communal areas and during lunchtime. We spoke with three care staff, the registered manager and the provider's operational manager. We spoke with the relatives of two people and a Speech and Language Therapist who supported people at the service.

We reviewed records which included two people's care and support plans, two staff recruitment and supervision records, and the medication administration records of five people. We reviewed staff training records, the staff rota for the period 17 April to 13 June 2017, staff meeting minutes, quality assurance documents and other documents relating to the management of the home.

Is the service safe?

Our findings

Staff had completed training in safeguarding people from abuse and were aware of the types and signs of abuse and how to report any concerns. We discussed a concern that had arisen with the registered manager and operations manager. Records confirmed they had taken the appropriate actions to investigate and manage this concern to ensure people's safety. Staff had the knowledge to identify safeguarding concerns and these were acted upon to keep people safe.

Processes were in place and followed to protect people from abuse. For example; procedures were followed and monitored to ensure the safe management of people's finances. People with behaviours that may challenge others or cause them harm were supported to manage their behaviour through positive behavioural support strategies. Clear individual guidance was in place to ensure people were supported appropriately and safely by trained staff in these circumstances. People were protected against the risks of potential abuse.

Risks to people's personal safety had been assessed and plans were in place to minimise them. Staff were aware of people's risks and told us about the actions they took to promote people's safety and wellbeing. We saw people were supported safely in line with these assessments such as; walking with staff assistance to prevent falls, using protective equipment to prevent the risk of injury to them, and receiving the appropriate support to eat and drink to prevent the risk of choking and maintain good nutrition. Risks to people were managed safely.

There were sufficient staff to support people safely in the home and accompany them on excursions in the community. People's relatives told us there were sufficient staff and staff confirmed they were able to spend quality time with people to meet their personal care, social, emotional and activity needs. Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

There were safe medication administration systems in place and people received their medicines when required. Protocols were in place to guide staff on the use of medicines prescribed 'as required'. For example; when a medicine was prescribed to calm people if they became agitated or distressed this was used as a last resort following other supportive staff interventions. This prevented the inappropriate use of medicines to control people's behaviour. People who were able to were encouraged to participate in the recording of their medicine administration by keeping a sticker chart to confirm they had taken their medicines. People's medicines were managed safely.

Is the service effective?

Our findings

Staff told us they had the training and skills they needed to meet people's needs. Their comments included: "I completed moving and handling training and then the registered manager went through each person's individual needs with me" and "The training is good and we can learn at our own pace". Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training to maintain their knowledge and skills. The staff training records confirmed this. Staff supervision included one to one sessions with the registered manager and observation of staff with people to check they were supported effectively and safely by appropriately trained staff.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Applications had been submitted for authorisation under the Safeguards where they considered a person might be deprived of their liberty. When people were assessed as not having the capacity to make specific decisions about their care and treatment, decisions were made in their best interests by their representatives and other health and social care professionals involved in their care and treatment. The provider was making improvements to ensure the detail of how they arrived at making the decision on the person's behalf was clearly recorded. People's rights were protected because staff acted in accordance with the MCA 2005.

The staff were aware of people's dietary needs and preferences. People's needs and preferences were also clearly recorded in their care plans. We saw people were enjoying the food they were served at lunch which met people's needs in relation to any allergies and consistency of diet. People were referred appropriately to the speech and language therapists (SALT) if staff had concerns about their eating or drinking. For example; when people were at risk of choking or experienced other difficulties with eating. We spoke with a SALT who told us that positive outcomes had been achieved by a person who had difficulties with eating. They confirmed staff followed guidance and said "They (person) are now enjoying a much improved range of food and their meal times are really positive."

People were supported to access services to maintain and improve their health and this was documented in people's care plans. This included annual health checks with their GP and other healthcare professionals as required. Hospital passports were available to provide hospital staff with important information about people and their health should they be admitted to hospital. A person's relative told us their relative had received prompt medical attention when required. People's health care needs were monitored and changes in their health or well-being prompted a referral to their GP or other health care professionals.

Is the service caring?

Our findings

Relative's comments included "Staff treat residents really well, we have nothing but praise they are very communicative and its wonderful the way they care for people" and "The way they talk about (person) is warm and they seem very comfortable when with the staff". We observed staff were warm and respectful in their interactions with people. Staff offered people choices and encouragement and engaged people with a kind and positive approach.

People received care and support from staff who had got to know them well. Staff spoke knowledgeably about people's likes, dislikes, interests and what was important to them. For example; the music people enjoyed, how people liked to spend their time, and the people, information or objects of importance to the person. We saw examples of how people's needs were met in line with their preferences. People received support from familiar staff that met and respected their personal preferences.

People's relatives told us they were 'welcomed' when visiting the home, which they could do at any time. A relative told us how they had participated in activities with people and staff. Staff supported people to use technology which enabled people to stay in regular contact with family and friends. A person had been supported by staff to attend a family wedding and was enjoying looking at the photos of this event during our inspection. People were supported to maintain relationships with family and those important to them.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to make decisions about their care and treatment. For example; at the time of our inspection people were involved in developing 'mood boards' - pictures, objects and colours were used to enable people to express their choices with regards to decorating their bedrooms. A person's relative told us "They (staff) ask (person) everything and anything, they are not forced to do anything". People's views were sought at resident meetings and records showed people had been supported to participate and make decisions using their preferred communication methods.

Staff spoke about the importance of building trusting relationships with people and treating people with dignity and respect. They were able to describe how they had used these principles in their practice to support people to achieve positive outcomes. A healthcare professional and a person's relative told us how a person had made very positive progress in their appearance, engagement with others and their health and wellbeing due to the respectful encouragement and support of staff in the home.

Is the service responsive?

Our findings

People's care and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. For example; people's preferred methods of communication were documented and included how to support people to communicate their needs. A person's care plan included photos of how they preferred to wear their hair to enable staff to meet their preference and we saw the person's hair style was as described. Strategies to support people when they experienced behaviours that challenged others were clear, detailed and individual. Records showed and relatives confirmed that people had experienced a reduction in these behaviours as a result of the responsive, person-centred approach used by staff. A person's relative said "They have done an incredible job with (person) they are so much better than they were."

Staff were aware of the importance of noting behavioural changes as an indicator of when people may be distressed and unable to verbally express their feelings. A person's relative told us "Staff are really good at interpreting non-verbal communication and they know the signs to look out for." Another relative said "Staff have the skills to recognise when (person) is uncomfortable, uptight or not quite sure, they (person) are safe". We noted that people appeared happy, engaged and comfortable with staff throughout our inspection.

People and their relatives were involved in the development of people's care plans. Care plans were regularly reviewed and updated when people's needs changed. People's relatives confirmed they were kept informed about changes and attended reviews. A relative of a person who communicated non-verbally explained how a diary was kept of the activities their relative participated in and shared with them and said "It's nice for us to see what (person) has been doing and if we make any suggestions they adopt them, and that's great."

People were supported to be as independent as possible. We observed people were encouraged by staff to complete the tasks they were able to do. This included clearing away after meals, propelling their own wheelchair around the home, being supported to walk as much as they were able and eating and drinking independently. A relative told us "They treat (person) normally and get (person) to do what they can within the bounds of what they can do."

People were engaged in a range of activities to meet their individual needs. Activities reflected people's areas of interest and engagement in stimulating activities as well as how they chose to relax at home. For example; having a glass of wine in the garden, reading, listening to music and an aromatherapy massage. Along with activities in the community such as; going out for a coffee and cake, shopping, a trip out to the beach, or participating in a music and movement class.

Staff understood how to respond to complaints, the complaints procedure was displayed in the home for people in an accessible picture format. No complaints had been received since our last inspection. A person's relative told us they were encouraged to give feedback on the service at reviews and through quality questionnaires. They confirmed they knew how to make a complaint and felt confident they would

receive a 'prompt' response from the registered manager and provider. A system was in place for people and their representative to raise concerns and make complaints.

Is the service well-led?

Our findings

A registered manager was in post. 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.

We received positive feedback about the registered manager and their 'hands on' approach to managing the service and developing the staff team. This included comments from people's relatives, staff and the provider's operations manager. People's relatives described the registered manager as "Open, approachable, communicative and proactive." A staff member said "As much as she is managerial she is not afraid to get stuck in, she is approachable and amazing with service users. I credit the confidence I now have to her, she has worked on the floor a lot with me and you couldn't pay for training like that." Another staff member told us how the registered manager had acted as a role model to enable them to learn how to effectively support a person with complex needs and behaviours that may challenge others.

Staff were supported to understand their roles and responsibilities through staff meetings, supervision and appraisal. When staff performance fell below standards action was taken to address shortfalls and support the staff member to develop and improve their performance. Staff told us they felt listened to and their opinions were valued. The registered manager demonstrated good management and leadership.

The registered manager and staff shared and understood the provider's vision and values for the service which were based on; promoting people's choices, independence, inclusion, dignity and respect and person centred care to achieve a good quality of life. One staff member said "It's what ELIFAR stands for (the provider's name) Every Life is For a Reason." We saw examples of these principles in practice throughout our inspection. People were supported in line with the provider's vision and values to achieve positive outcomes.

Quality assurance systems were in place to monitor and improve the quality of service being delivered and the running of the home. These included weekly and monthly audits to monitor the quality of care delivered. When actions for improvement were identified these were carried out and checked for completion. The provider checked key quality and safety information through visits to the home, audits and reports. Incidents and accidents were investigated, reported and monitored for actions to ensure people's on going safety.

When people were unable to give their views and opinions verbally or in writing about the quality of the service the registered manager told us they monitored people's satisfaction "By observation and ensuring staff are adhering to people's care plans and meeting their needs. We look to make sure people are happy, engaged and doing the things of interest to them." People's relatives were asked for their feedback through annual quality assurance questionnaires. We saw improvements such as developing a sensory garden had been taken in response to this feedback. A person's relative told us "I have nothing but praise for the home it is great and they are to be commended for doing a brilliant job."

