

Scope

Laverneo

Inspection report

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Date of inspection visit: 3 June 2015
Date of publication: 27/07/2015

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 inspected Laverneo on 3 June 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Laverneo is a purpose built bungalow near Sunderland City Centre. The service provides care and support for four adults who have learning disabilities and / or physical disabilities. The service is close to all local

amenities. The registered provider is also registered to provide personal care to people who live in their own homes. At the time of the inspection they were not providing this service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as scalding, finance and moving and handling, choking, health and behaviour that challenged. This enabled staff to have the guidance they needed to help people to remain safe.

We saw that staff had received supervision on a regular basis and an annual performance development review.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. People told us that there were enough staff on duty to meet people's needs. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and

interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. At the time of the inspection people had not been weighed on a regular basis and staff had not undertaken nutritional screening of people. However we received information after the inspection confirming that the registered manager had commenced this process and that all people had been weighed.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

We saw people's care plans were very person centred and written in a way to describe their care, and support needs. These were regularly evaluated, reviewed and updated. We saw evidence to demonstrate that people were involved in all aspects of their care plans.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw that there was a plentiful supply of activities and outings and that people who used the service went on holidays. Staff encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. We saw there was a keyworker system in place which helped to make sure people's care and welfare needs were closely monitored. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

There were effective systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out both by the registered manager and senior staff within the organisation. We saw

Summary of findings

where issues had been identified; action plans with agreed timescales were followed to address them promptly. We also saw the views of the people using the service were regularly sought and used to make changes.

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?

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

There were arrangements in place to ensure people received medication in a safe way.

Good



Is the service effective?

The service was effective.

Staff received training and development, supervision and support from their registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink. At the time of the inspection people had not been weighed nor had nutritional assessments. The registered manager rectified this immediately after the inspection.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

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

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Good



Is the service responsive?

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People also had opportunities to take part in activities of their choice inside and outside the service. People were supported and encouraged with their hobbies and interests.

To make sure that people's voices were heard staff asked people for their view each day and during meetings. People told us that if they were unhappy they would tell the registered manager and staff.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

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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.

We inspected the service on 3 June 2015. This was an announced inspection. We informed the provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one social care inspector.

Before the inspection we reviewed all the information we held about the service. The registered provider completed a provider information return (PIR) which we received prior to the 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.

At the time of our inspection visit there were four people who used the service. We spent time with all four people. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some people showed us their bedrooms.

During the visit we spoke with the registered manager, a senior support worker and four support workers.

We did not use the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We felt that it was not appropriate in such a small service where people could talk with us and such observations would be intrusive. Instead we used general observations of people's care and support throughout our visit.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "It's nice here you don't argue with people you just talk." Another person said, "I feel safe I just do."

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse.

We also looked at the arrangements that were in place for managing whistleblowing and concerns raised by staff. Staff we spoke with told us that their suggestions were listened to and that they felt able to raise issues or concerns with the registered manager. One staff member said, "All staff who work here know if there was anything we would report it to X [the registered manager]." The service had a 'Speak Up' procedure. The purpose of the policy and procedure was to create an environment where staff and volunteers were encouraged to challenge and report bad practice and to do so without fear.

Staff told us that they had received safeguarding training within the last 12 months. We saw records to confirm that this was the case.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. When people behaved in a way that may challenge others, staff managed situations in a positive way and protected people's dignity and rights. The registered manager and staff we spoke with demonstrated they sought to understand and reduce the causes of behaviour that distressed people or put them at risk of harm. There were behaviour plans in place which the registered manager could demonstrate were working for people. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as scalding, finance and moving and handling, choking, health and behaviour that challenged. This enabled staff to have the guidance they needed to

help people to remain safe. Staff told us how control measures had been developed to ensure they managed any identified risks in a safe and consistent manner. For example one person who used the service was at risk of scalding because with hot drink and to prevent this staff cooled the drink with milk or cold water before giving to the person.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. The most recent practice had taken place in January 2015. Test of the fire alarm were undertaken each week to make sure that it was in safe working order.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The registered manager said that accidents and incidents were not common occurrences, however had appropriate documentation in which to record an accident and incident should they occur.

The service did not have a fast turnover of staff. The registered manager and staff that worked at the service had done so for some time. One staff member had been recruited in the last 12 months. We looked at the file for this staff member and saw that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record

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and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that generally during the day and evening there were two staff on duty. Overnight there was one staff member on duty who went to bed when the needs of people who used the service had been met. The registered manager told us that staffing levels were flexible, and could be altered according to need. People who used the service confirmed that staff were available should they need them through the night. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. For example, staff were available to support people on a shopping trips during our visit. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "We're a great team."

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the four people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

The service had a medication policy in place, which staff understood and followed. We checked peoples' Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. There was information available to staff on what each prescribed medication was for and potential side effects. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training. This showed us there were systems in place to ensure medicines were managed safely.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, “Its’ good here we’ve got X [staff member] to look after us.” Another person said, “They [staff] help us get ready and stuff.”

We asked staff to tell us about the training and development opportunities they had completed at the service. We spoke with the one member of staff who had recently been recruited. They told us they were undertaking the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. They also told us how their training had involved reading the care and support plans of all people who used the service, reading policies and procedures and that they were shadowing experienced staff until they felt confident and competent.

Other staff we spoke with told us that there was a plentiful supply of training. They told us they had received training in moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards and health and safety amongst others. They told us that they had been on first aid training and how this training had been based on real life scenarios and possibly the emergencies that could happen to people in the service. One staff member said, “We do training all the time. We have recently been on a training day about the CQC [Care Quality Commission] inspection process.”

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual personal development review. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, “She’s [the registered manager] fab. She is there for support and helps us with all of our courses.”

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff that we spoke with had an understanding of the MCA principles and their

responsibilities in accordance with the MCA code of practice. They understood the practicalities around how to make ‘best interest’ decisions. We saw that appropriate documentation was in place for people who lacked capacity. In the two care records we looked at we saw that a multidisciplinary team and relatives had been involved in such decision making. Best interest decisions were clearly recorded in relation to care and support and health.

At the time of the inspection, two people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS.

Staff and people who used the service told us that they were involved in making choices about the food that they ate. The registered manager told us that staff and people go shopping for food. On the day of the inspection we saw that people and staff sat down together to do their weekly shopping list. We heard one person ask for chocolate mousse to go on the list. One person said, “I like to put away the shopping particularly the crisps.” People who used the service told us that staff promoted healthy eating. One person showed us a photograph of themselves from some time ago. This person was very pleased that staff had supported them to lose weight since the photograph was taken.

We sat with one person whilst they had lunch. They had chosen a sandwich. They told us they liked the food that was provided, they said, “I had mince and dumplings yesterday it was lovely.” They also said, “We’re having cauliflower cheese with our tea tonight. I don’t like cauliflower but I do like cauliflower cheese.” We saw that people were offered choice. This person told us how they liked to wash and dry up after meals. We saw that the kitchen was equipped with low level kitchen surfaces and a sink that went up and down. This person washed and dried up after lunch

We saw that people were supplied with a plentiful supply of hot and cold drinks during the inspection.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people’s nutrition. The registered manager told us that staff at the service closely monitored people and where

Is the service effective?

necessary made referrals to the dietician or speech and language therapist. However, staff did not complete nutritional assessment documentation or weigh people on a regular basis. A discussion took place with the registered manager about the Malnutrition Universal Screening tool (MUST). The registered manager told us that staff at the service would undertake nutritional screening as a matter of priority. After the inspection they sent us nutritional documentation and weights for all people who used the service.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist,

dietician and their doctor. The registered manager said that they had good links with the doctors and district nursing service. They told us that as one person needed to use the hoist the doctor would always visit them at service. People were supported and encouraged to have regular health checks and were accompanied by staff or to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options. One person said, "They get the doctor when I feel poorly." Another person said, "They take me to the optician."

Is the service caring?

Our findings

At the time of the inspection there were four people who used the service. People we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person said, “They [staff] understand how all of us feel.” Another person said, “I love living here.”

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. When we arrived at the service we saw one person who used the service reach out to hug the registered manager. The registered manager responded by hugging the person. This person also liked to get hold of staffs hand and we saw staff responding and holding the person’s hands.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, were patient and interacted well with people. Observation of the staff showed that they knew the people very well and could anticipate their needs. For example at sometimes people were in need of reassurance and affection. Staff took time to talk and listen to people. Staff were skilled with communicating with those people who had some difficulty with communication. When one person who used the service got mixed up, the registered manager very respectfully corrected them. This showed that staff were caring. Staff told us how they worked in a way that protected people’s privacy and dignity. For example, they told us about the importance of knocking on people’s doors and asking permission to come in before opening the door. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

The registered manager and staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people. One person who used the service told us that one of the staff had gone on long term leave. They told us that they liked this staff member very much as they were, “Kind and caring.” They told us that staff and people who used the

service had enjoyed a surprise party. This person said, “We’re going to miss X [staff member].” When we asked why they said, “She used to make cakes and cards with all of us.”

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

During the inspection one person showed us their bedroom. This was very personalised they told us about all the pictures and photographs and what they meant to them. We also saw that there were many photographs of people who used the service displayed on the walls in the main corridor areas. These had been carefully positioned so that people who were in wheelchairs could see these. We spent some time with one person who took great enjoyment at looking at these and telling us about everyone in the photographs and what they were doing.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis. One person who used a wheelchair took some time to get themselves sat right at the table. This person liked to be independent. They told us of the importance of allowing this person to do this and not take over. People told us they liked to help out and maintain their independence; one person laughed and said, “I wouldn’t wash the dishes if Emmerdale was on.” We saw that during the day staff and people who used the service had friendly banter and laughed with each other. This meant that the staff team was committed to delivering a service that had compassion and respect for people.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person said, "I go shopping. I go into town." Another person said, "I've been going to the Empire [theatre]." They told us that they were going to see Dirty Rotten Scoundrels that weekend. Another person said, "I like playing connect 4. You have to stop people getting four in a row."

One person told us that they liked to spend time on their iPad. Another told us how they liked to play their music and watch television they said, "I liked Britain's got talent." One person who used the service had recently had their bedroom decorated. During the inspection we heard staff ask them if they wanted to go shopping for new bedding and accessories for their bedroom. This person showed real excitement and joy at going shopping.

People told us they were going on holiday. One person said, "I'm going to Butlins with X [person who used the service]." During the inspection they went shopping with staff to buy some new clothes for their holiday. They told us about other clothes they had bought on previous shopping trips.

One person told us how they liked to bake cakes with staff and how they were interested in crafts

During our visit we reviewed the care records of two people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care and support plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing the person centred plans. One person said, "I make a mark on my care plan when staff have gone over it." We saw each person had a key worker whose role it was to provide one to one support, make sure people were in contact with their family, attend appointments and support the person with goals.

The care and support plans detailed how people wanted to be supported. We found that care and support plans were

reviewed and updated on a regular basis. Care and support plans were person centred and contained very detailed information on how the person liked to be cared for and their needs. Person centred planning means putting the person at the centre to plan their own lives. The aim of the plan is to ensure that people remain central to any plan which may affect them. The plan of one person told us they liked to have books with them at all times. We saw that staff made sure that this person had a book with them during the inspection.

The registered manager told us that each person had a DVD which contained information on their care and support needs. The registered manager told us that people who used the service were unable to read and as such this was a way that people see and understand what was actually in their plan of care. During the inspection we watched some part of the DVD care plan for one person who used the service. Although this contained relevant information it was long and detailed. The registered manager told us of their plans to make the DVD's shorter and simpler so that they could be easily understood.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The service had an easy read complaints procedure, but we were told that people who used the service would not be able to understand this document due to their complex needs. The registered manager said that they spoke to people on a daily basis to make sure they were happy. One person who used the service said, "X [the registered manager] she does the office work we've got to tell her if there is anything wrong." Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months.

Is the service well-led?

Our findings

People who used the service spoke positively of the registered manager. One person said, “X [the registered manager] is very nice.” Another person said, “X [the registered manager] is always there to help.”

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, “If I had a problem I could go to X [registered manager]. She is very open, listens and would deal with it.” Another staff member said, “We only have to ask X [registered manager] for something and she is straight on to it.” Another staff member said, “You can approach her [registered manager] with anything.”

Staff told us the morale was good and that they were kept informed about matters that affected the service. One person said, “This service is great to work at, I have been here 22 years.” They told us that team meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case. Topics of discussion included safeguarding, staff ideas, quality and DoLS. A staff meeting had been planned for the day of the inspection. We saw that this was well attended and heard staff voicing their opinions.

Staff described the registered manager as a visible presence who worked with people who used the service and staff on a regular basis.

The registered manager told us that people who used the service met with staff on a regular basis to share their views and ensure that the service was run in their best interest. The registered manager described this as “A chat with a

cuppa.” We saw that brief notes were recorded of these discussions. Topics discussed included decorating the lounge, moving the furniture and checking that everybody was happy.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous checks which were carried out on a monthly basis to ensure that the service was run in the best interest of people. These included checks on health and safety, medicines, infection control, accidents amongst other areas. This helped to ensure that the home was run in the best interest of people who used the service.

The registered manager told us a senior manager visited the service on a monthly basis to monitor the quality of the service provided. We saw records of visits for April and May 2015. Both staff and people who used the service were spoken to during the visit to seek their views on the care and service provided. These visits were based on CQC standards to make sure the service was safe, effective, caring, responsive and well led. Where areas for improvement were identified action plans had been developed.

We saw that a survey had been carried out in 2014 to seek the views of family. Family members were asked for their opinion on choice, independence, respect, staff, care plans and decision making amongst other areas. The family members rated the service as mainly excellent but also good. The results of the survey were shared with both people who used the service and their family.