

Omega Elifar Limited

Larchpine

Inspection report

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Date of inspection visit: 23 March 2015
Date of publication: 27/04/2015

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

The inspection took place on 23 March 2015 and was unannounced. Larchpine is registered to provide accommodation and support to people with learning disabilities. At the time of the inspection there were five people accommodated.

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.

Staff had received safeguarding training and had access to relevant guidance. When a safeguarding incident had occurred this had been correctly identified and reported. Risks to people had been identified and they had care plans in place to manage these risks. Staff were familiar

Summary of findings

with people's identified risks and managed risks to people safely. People's medicines were managed for them by competent staff. People were kept safe within the service.

People were cared for by sufficient staff who had undergone the required legal pre-employment checks. Staff had received an induction into their role and were supported through ongoing training and opportunities for professional development. Staff received regular supervision to support them in their role. People were cared for by staff who were supported in their role.

Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. Where assessments identified people lacked the mental capacity to consent to the use of lap belts and cot sides these were not clearly recorded, although best interest decisions on their behalf were documented. The registered manager took prompt action when this was brought to their attention to ensure recording met legal requirements. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications had been submitted for the people who lived at the service. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were adequately supported to ensure they received enough to eat and drink. Where risks to people had been identified these had been monitored and referrals made to relevant professionals. People had been supported by staff to have their healthcare needs met.

People were treated with kindness, dignity and respect by staff who were caring in their interactions with people.

Staff understood people's communications needs and enabled them to be as independent as possible. People's choices about how they wanted their care provided were respected by staff wherever possible.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their needs met. People's care plans were reviewed with them on a monthly and annual basis. People were able to express their views about their care and to review the way their care was provided.

Staff were responsive to changes in people's individual needs. They listened to guidance provided by professionals and made changes to people's care as a result. People were supported to participate in a range of activities both within the service and within the local community to meet their social care needs.

There was a formal complaints process. The provider recognised not all people could necessarily raise formal complaints and their feedback was sought monthly by staff. People expressed their views about their care vocally as it was being provided by staff and staff were responsive to their comments.

The organisation's values were embedded within the service and staff practice. The registered manager understood and monitored the culture of the service by working alongside staff. Staff were encouraged to speak out when mistakes occurred and learning took place as a result. This minimised the risks to people. The registered manager and the provider were available, supportive and accessible. There were processes in place to enable people and staff to express their views about the service provided. The provider had processes to regularly audit the quality of the service provided and where actions were required these were identified and completed.

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.

People were safeguarded from the risk of abuse. Staff had responded appropriately to a safeguarding incident to protect a person. Learning had taken place to reduce the risk of repetition.

Risks to people had been identified and managed effectively.

People benefited from sufficient staffing to meet their needs. There were robust recruitment processes in place to ensure suitable staff were recruited to the service.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff supported people to eat and drink enough to meet their needs. Staff took relevant action if people did not eat and drink sufficiently for their needs.

People were supported by staff to meet their day to day health care needs. People were seen by health care specialists to ensure their specific health needs were met.

Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. The registered manager took action to ensure the recording of the assessments of people's mental capacity met legal requirements. This ensured people's rights were protected through clear records of decision making.

Staff had the knowledge and skills to support people effectively. People were cared for by staff who had received appropriate training in relation to people's specific health care needs.

Good



Is the service caring?

The service was caring.

Staff developed positive caring relationships with people and involved them where possible in decisions about their care.

Staff supported people to be as independent as possible and respected their choices and wishes. Staff treated people with dignity and respect.

People's personal interests and preferences were understood and accommodated by staff.

Staff enabled people to maintain links with their families and friends.

Good



Is the service responsive?

The service was responsive.

People had personalised care plans which staff had read, understood and followed.

Staff identified people's individual needs and ensured they were met.

People were enabled to live active lives and participate in a variety of activities.

Good



Summary of findings

There were processes in place to enable people to raise any issues they had about the service. When issues were raised they were responded to appropriately.

Is the service well-led?

The service was well-led.

The provider had a set of values including choice, equality, individuality, participation, respect and safety in relation to the provision of people's care which staff put into practice.

Staff had learnt from incidents which helped to minimise the risks of repetition to people.

The leadership was visible at all levels of the service. The registered manager was approachable and supportive to people and staff.

There were processes in place to regularly assess and monitor the quality of the service people received.

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.

The inspection took place on 23 March 2015 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a person with a learning disability.

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

along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with a nurse for people with learning disabilities, a social worker and a community matron.

During the inspection we spoke with three people, however they were not able to share with us their experiences of life at the service. Therefore we spent time observing staff interactions with them, and the care that staff provided. We spoke with two care staff, maintenance staff, the registered manager and the provider. Following the inspection we spoke with one person's relative.

We reviewed records which included three people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service was last inspected in November 2013 and no concerns were identified.

Is the service safe?

Our findings

A social worker told us, and the provider confirmed there had been one safeguarding last year which staff had correctly identified, reported and dealt with. Records showed learning from the incident was discussed with staff and the person's risk assessment had been amended to protect them from the risk of further harm. The provider told us staff had completed safeguarding training which they updated annually. This was confirmed in records we looked at. Safeguarding had been discussed with staff at the staff meeting in March 2015. People were kept safe as the provider had ensured staff knew how to protect people.

People had risk assessments in place which identified risks associated with planned activities. For each risk identified there was a management plan in place for staff to follow. Records showed a person's risk assessment had been reviewed in response to a change in their needs for hydration. All staff had signed to confirm they had read the updated risk assessment and were aware of the actions they were required to take. We observed this person was well hydrated across the course of the day. Records showed staff had completed incident reports where required. These were reviewed by the registered manager to assess if any changes to people's care plans were needed. The registered manager told us there were processes in place to support people to manage their finances safely; this was confirmed by a person's relative. Where people owned IT equipment they had care plans in place both in relation to their safe keeping and safe use by people. In order to reduce the risks to them when using the internet. Risks to people were identified and records updated to ensure they were managed safely.

A learning disability nurse told us their client experienced behaviours which challenged staff but "Staff knew her triggers." People had behaviour care plans in place to manage risks to themselves and others. These identified any triggers for the person's behaviours which may challenge staff, and strategies staff should use to manage the person's behaviours. Most staff had completed training in managing people's behaviours that challenged staff. We observed staff using distraction techniques, such as sitting and chatting calmly with a person whose behaviour was

challenging staff. This was in accordance with their behavioural care plan. Risks to people from their behaviours were managed as staff had received relevant guidance and training.

People who required the use of a hoist in relation to mobilisation had their own sling. Their care plans noted what size sling they required and how many staff to support them. People's care plans described how to support them whilst they were using a hoist and what the person could do to assist in their own transfer. Records showed staff had completed relevant moving and handling training. The registered manager told us a member of staff was being trained to enable them to train other staff in moving and handling. People's transfer needs were met safely.

The registered manager told us there were two 12 hour staff shifts. In the day there were a minimum of two care staff on duty and up to four staff depending on people's needs and schedules. This included the registered manager. At night there were two staff on duty. Staffing rosters confirmed this level of staffing. One staff member told us "I have always seen more than sufficient staffing levels here." Another said "We rarely use agency staff. We usually use regular staff to cover staff leave." The ratio of staff to people was sufficient to meet people's needs safely. The two staff on duty were relaxed and attentive to people's needs. Staff had undergone robust recruitment checks as part of their application for their post and these were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

The registered manager told us, and records confirmed that all staff were trained to administer people's medicines and staff underwent an annual medicines competency assessment. One staff member told us "I've had medication training." People had a medicines care plan in place. This described what the medicine was, the dose, frequency and the purpose. Where people took medicines 'As required' there was guidance for staff about their use. Records

Is the service safe?

showed these medicines had not been used excessively and only when required. This ensured people did not receive medicines unnecessarily. People had details of homely remedies the GP had agreed could be used for them as required, to ensure they received appropriate medicines. One person complained of pain. The registered manager offered them a homely remedy, explaining to the person what the medicine was and its purpose. This enabled them to make their own decision about whether they wanted to take it.

People's medicines were stored appropriately and securely. Two staff were observed to administer people's medicines in accordance with the provider's policy. Staff wore gloves when they administered people's medicines to ensure they did not touch them. Medicines were administered at the person's pace; they were not rushed. Staff signed the person's medicine administration record to document what medicine the person had received. People's medicines were managed effectively to ensure they received them safely.

Is the service effective?

Our findings

The provider informed us staff completed an induction into their role based on the Skills for Care common induction standards. These are the standards people working in adult social care need to meet before they can safely work unsupervised. The registered manager confirmed all staff had completed this induction. Records showed staff undertook the provider's required training, and had also completed specific training based on people's needs in relation to epilepsy and behaviour management. One staff member told us "I have been working here for just over a year. We have yearly trainings in discrimination, behaviour management and epilepsy management."

Staff received regular supervision and support through a range of methods, which included one to one meetings, direct observation of their work by the registered manager and an annual appraisal of their work related competence. Records showed staff supervision was used to support staff and provide further guidance about how to work with individuals. Staff confirmed to us that they had regular supervisions. The registered manager told us the majority of the staff team had been supported by the provider to undertake relevant professional qualifications. Records confirmed staff had undertaken National Vocational Qualifications (NVQs). These are work based awards that are achieved through assessment and training. To achieve an NVQ, candidates must prove that they have the ability (competence) to carry out their job to the required standard. People were supported by staff who had the knowledge and skills they needed to carry out their role.

Two people had cot sides on their beds and three people had lap belts on their wheelchairs, which can be seen as a form of constraint. People's records documented why it was in people's best interests for these to be used. However, their records did not fully document that people lacked the capacity to consent to their use. We discussed this with the registered manager. Following the inspection the registered manager took action to ensure these records met the legal requirements.

The registered manager told us staff had completed training on the Mental Capacity Act (MCA) 2005 and were currently updating their training. Training records confirmed this. The registered manager informed us a best interest decision was in the process of being made for a person with the support of an Independent Mental

Capacity Advocate (IMCA). This is a legal advocate for people over 16 who lack mental capacity and who do not have an appropriate family member or friend to represent their views. Records confirmed a best interest meeting had taken place. Another person had someone to advocate on their behalf. People's interests had been protected as staff had followed the requirements of the MCA 2005.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had submitted DoLS applications in relation to all five people living at Larchpine. One had been approved and the others were being processed by the relevant authority. A social worker confirmed the service had submitted an application for DoLS for the person they were responsible for. People's rights were protected as the registered manager understood and followed the legal requirements in relation to DoLS.

People had care plans which identified the support required in relation to eating and drinking. These identified the foods people liked and disliked. People's food allergies were documented. There was guidance for staff in relation to which people required the use of adapted cutlery or crockery and those who required their food cut up into smaller pieces. People were provided with adapted cutlery to eat their lunch where required to support their independence. Staff understood how people preferred to have their food served to them. Records described how a person's meals were to be prepared. Staff were seen to follow the guidelines to ensure the meal was suitable for them to eat and met their preferences. People were weighed regularly to check for any weight loss. One person had lost weight and their care plan had been updated in response to this. Staff were required to offer the person additional snacks, and this person had since been referred to the dietician. Staff had taken effective action to ensure risks to people from not eating and drinking sufficient amounts had been managed.

A learning disability nurse told us staff ensured people had their healthcare needs met. People had health care plans which demonstrated their health needs had been identified and addressed for example, through regular monitoring by the GP. People had also been seen by

Is the service effective?

nurses, dentists and opticians. People had an annual health review. The registered manager told us how they supported people to attend hospital appointments. People's healthcare needs had been met.

Is the service caring?

Our findings

One person told us “The staff are kind to me. A person’s relative said “Family can visit whenever.” A learning disability nurse told us staff were very caring towards their client. They said staff understood when the person showed signs of pain. A social worker stated people had a good relationship with staff. They told us staff understood people’s body language. The registered manager had extensive knowledge about people’s backgrounds and life stories. People experienced positive relationships with the staff who cared for them.

Staff told us “When we come on shift we all check the handover sheet, communication sheet, and individual support plans. I know the service users well because they tell me what they want. If they don’t want to go swimming they will say. Two of the service users tend to say ‘yes’ so I ask them the same question in a different way and check that their answers match.” We observed good communication and relationships between people and all staff, who always explained to people what they were doing. Staff leaned in close to people so people could see their faces as they talked. One person was given hand on hand help to sieve flour in a baking session, and was offered a taste of the banana to be used in the cake. We heard staff explain what a loud noise was to a person and tell them what their meal consisted of in accordance with their communication care plan. Staff explained what one person’s body language meant. People were supported by staff who understood their needs and methods of communication.

People’s care plans provided staff with guidance about people’s preferences and how to support them to make choices. Staff were heard to ask a person if they wanted to complete a puzzle when they had finished one activity and waited for their response. Another person was in bed having a lie-in. The registered manager said this was what they preferred to do and unless the person needed to get up early for an appointment their wishes were respected. One person’s care plan noted how and where they preferred to eat. We heard the registered manager discussing a person’s preference for their evening meal being later than other people that day. The person was

provided with re-assurance that their preference could be accommodated. People’s night care plans reflected their preferences about what time they wanted to go to bed and how. People’s preferences and choices about how they wanted their care provided had been noted and respected by staff.

People had been able to decorate and personalise their own bedrooms with staff support. All the bedrooms were personalised; each one was decorated differently to the others. One person had a particular passion and the decoration of their bedroom reflected their interests. Staff told us people chose items they wanted in the house from a catalogue, the internet or went shopping. People were actively involved in making decisions about how they wanted both their bedroom and the communal spaces decorated.

The registered manager told us staff training included upholding people’s privacy and dignity. A staff member told us “I try not to go in anyone’s rooms when they are busy. If a door is shut I knock first. All of us treat people with great dignity and respect.” One person chose which staff they wanted to support them with personal care. We saw throughout the day where staff could accommodate their preferences they did. The person was supported to use the bathroom and on the way they displayed behaviours which impacted upon their dignity. Staff explained why the behaviour was inappropriate and protected the person’s dignity. People were supported by staff to maintain their dignity.

Care plans enabled staff to understand the tasks and actions people were able to conduct independently. Staff knew who required support to have a drink and this was provided sensitively and discreetly. People were supported to be as independent as they could be by staff.

People’s care plans contained details of people involved in their lives, and support plans provided guidance to staff about how to support people to maintain these relationships. People had activity diaries to enable their families to read about what activities they had participated in. People were supported to maintain relationships with their families.

Is the service responsive?

Our findings

One person told us “Staff take me out for coffee.” A person’s relative told us “Staff understand their needs. We are happy with the care.”

The provider told us of the actions taken before they accepted any potential residents to the service. They completed an initial assessment with the registered manager to determine if the service could meet the person’s needs. They told us the service had had a vacancy for a period of one year as they wanted to ensure anyone they accommodated would ‘fit in’ with the other people. The provider had processes to ensure people’s needs were fully assessed before they were accommodated.

People had care plans in place that reflected their individual needs and how they wanted their care to be provided. One person had particular needs in relation to various aspects of their care including sleep and hygiene. Staff showed flexibility in the way they had worked with this person in order to understand and accommodate the person’s individual needs. They had managed to meet the person’s needs in a way that was acceptable to the person whilst balancing their rights and needs with those of other people in the service. The registered manager told us another person liked to wear a particular item of clothing as it boosted their self-esteem. This was recorded in their care plan and the person was observed wearing the item. People’s wishes in relation to how they wanted their care provided had been respected and accommodated by staff.

In addition to the provider’s care planning process which provided guidance for staff about people’s care, people had a person centred plan (PCP) which was planned with and for them. The PCP identified information about the person, people important to them, what they liked, communications and areas they were good at or enjoyed. The registered manager told us they were still working with one person on their PCP in order to identify their preferences. The PCP was mainly in pictures which supported people to make sense of their plan. The use of PCPs provided people with a plan that was focused on them as an individual, including their hopes and aspirations, in addition to guidance for staff in their care plans.

The community matron told us staff followed their instructions and rung up with any queries in relation to

people’s care. A learning disability nurse told us anything they suggested to staff about people’s care was implemented. They said they thought one person’s behaviour support plan could have been based more on encouraging positive behaviours. Records showed staff had followed their advice and a positive behaviour support plan had been written for the person. This described the person’s behaviours and provided staff with guidance about how to manage these positively with the person. Staff were responsive to advice about how to improve the ways in which they responded to people’s needs.

A person had been referred to an occupational therapist for a chair to meet their needs. The registered manager confirmed following the referral the chair had been provided and the person was seen using it. The registered manager told us the main bathroom was being refitted with an overhead hoist. Although people did not need this currently the provider felt that as people’s needs changed and they became less mobile this would make it easier to continue to meet their care needs. The other bathroom was being turned into a wet room to make it more accessible for people. Staff were responsive to people’s needs.

A social worker said their client did not like going out. Home based activities were arranged for them. They told us the person’s independence was promoted by staff involving them in the weekly shopping. People had individual activity schedules which reflected their preferences. If people liked to go out into the community they were taken on trips out using the service’s minibus or car. They could also attend the day service, go swimming or shopping. If people were at home staff engaged them in a range of activities as detailed in their care plans. There was also a visiting hairdresser and aromatherapist. People were supported by staff to participate in a range of activities.

The complaints procedure was displayed and the registered manager told us people’s families were provided with a copy. Staff supported people to raise complaints in a format relevant to their communication methods, for example through monthly keyworker meetings. We observed people expressing their views about what they were happy and unhappy with to staff and staff responded appropriately.

Records showed the last written complaint was received in 2011. The provider told us surveys were sent out to people, their families, professionals and staff. Records showed a person’s family had been asked to complete a feedback

Is the service responsive?

form following their annual review. The completed form asked relatives if they knew how to complain if they wanted to and the respondent had confirmed they did. A person's relative told us "I can raise anything." The registered manager told us they no longer ran resident's meetings as only two people attended and therefore only their views

were heard. Instead people's feedback was sought on a monthly basis through their keyworker meetings. People were encouraged to express their views on the service through the keyworker system and as their care was provided.

Is the service well-led?

Our findings

A person's relative told us "There is a good level of honesty from the service." The service's core values included choice, equality, individuality, participation, respect and safety. Staff were observed during the inspection to display these values in their work with people. People were treated with respect, they were given choices and they were supported safely. People were assisted to attend community activities. The provider told us staff learnt about the organisation's values during their induction to the service. The registered manager worked alongside staff which they told us enabled them to observe if staff displayed the provider's values in their work. The office was centrally located within the service. The registered manager told us, even if they were not working directly with people and staff, they could hear what was happening within the service. They were aware of the culture of the service and what the challenges to the service were for example; there were difficulties in getting professionals to attend reviews of people's care. Records demonstrated the organisational philosophy and aims had been discussed with staff during their supervision. People's care was delivered within a service that had clear values and a positive culture.

The provider told us there had been a recent medicine incident which they had identified through their weekly checks. The person involved had not suffered any harm and prompt action was taken by the registered manager once the error was identified. Although the person suffered no harm the registered manager ensured they reported the incident to all relevant authorities and described the learning that took place from the incident to reduce the risk of repetition. People's care was provided in a culture that meant when mistakes were made the service identified them, reported them, reflected upon them and learning took place.

The registered manager worked alongside staff as part of the team during the inspection. They told us they regularly worked on the floor, as then "Staff know you know what they are on about, as you have worked with them." The community matron confirmed the registered manager was

visible on the floor. The registered manager told us "Staff feel they can come and talk with me." One staff member commented "If I had a problem or a complaint to make I know I could go straight to the top or to the operations manager." Another staff member said "We make sure that the welfare of people comes first and foremost, and that they are given the highest standard of care. If I felt a need to whistleblow I would record and report any problems. Communication with the management team is open and transparent." Records confirmed staff had felt able to raise issues with the registered manager in accordance with the provider's policies and these had been addressed, to ensure people's care was provided safely and to the required standard. The provider told us they were supportive to the staff team. They said they spoke with the registered manager daily and were available to staff all the time. They said on occasions they went out on trips with people and staff. They visited the service at least twice a month. When it had snowed the provider said they had come in to the service and worked a shift with staff to cover for those staff who could not get to work. People's care was provided within a service which was well-led. Leadership was visible and accessible at all levels of the service.

The service had a quality assurance plan based on circulating questionnaires to people, their relatives and professionals, quality audit and visits by the provider. Records showed the registered manager completed a weekly written report on the service for the provider, covering areas such as care plans, risk assessments and medicines. The provider said, which records confirmed, they completed a quality audit every six to eight weeks. Records showed the provider spoke with people to gain their views on the service, and observed how staff provided people's care, as part of their quality assurance visit. Any actions required were recorded and progress reported upon at the next visit. Staff were also able to raise issues through the quarterly staff meetings. Minutes showed staff had the opportunity to discuss issues including any relating to people's care. There were robust systems in place to monitor and improve the quality of the service people received.