Lifeways Community Care Limited

1 & 2 Flax Cottages

Inspection report

1 & 2 Flax Cottages
Fernlea Drive, Scotland Gate
Choppington
Northumberland
NE62 5SR

Tel: 01670530247

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22 June 2017
26 June 2017
14 July 2017

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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

1 & 2 Flax Cottages provides accommodation for up to nine people living with a learning disability, in two adjoining bungalows. At our last inspection of this service in March 2016, we gave the service a rating of 'requires improvement' and asked the provider to take action to make improvements. This was because we found the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the last inspection we found medicines were not always stored or recorded correctly. The provider sent us an action plan outlining the action they would take to meet this regulation. At this inspection, we found this regulation had been met and the rating had improved from 'requires improvement' to 'good.'

The inspection took place on 22 and 26 June 2017 and was unannounced. This meant the provider did not know we would be visiting. We also contacted relatives by telephone on 14 July 2017 to gather their views of the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 checked the management of medicines and found improvements had been made to ensure medicines were stored and administered correctly, with clear instructions for staff.

Regular checks on the safety of the premises and equipment were carried out. The home was clean and generally well maintained. We were made aware that repairs and improvements that needed to be carried out in collaboration between the provider and separate landlord organisation, could take a long time. We have spoken to the provider about this and made a recommendation that the timeliness of repairs is monitored.

Staff received regular training including maintaining the health and safety of people and the safeguarding of vulnerable adults. Training was provided and competency assessed before staff were able to use specialist equipment used by people. Infection control procedures were followed by staff and personal protective equipment was in use.

There were suitable numbers of staff on duty and safe recruitment procedures continued to be followed. There had been a high turnover of staff but we were advised this was now settling. New staff told us they enjoyed working in the home.

Individual and general risks were assessed and a record of accidents and incidents was maintained.

Staff received regular training, supervision and appraisal and told us they felt well supported to carry out

their roles. Training about specific conditions had been provided to staff to support people with particular health conditions.

The service was operating within the principles of the Mental Capacity Act 2005. People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported with eating and drinking. Personalised meal plans were in place which contained information about special diets and the level of support people needed. People with specialist nutritional needs were supported by relevant health professionals.

People's bedrooms were homely and personalised. Support had been provided to allow people to display their belongings and to make their room reflect their interests and personality. Discreet and modern storage had been provided to disguise medical equipment in bedrooms to ensure the environment was relaxing and non-clinical.

Staff were caring and attentive to people. We observed staff having fun with people and supporting them to feel relaxed and safe. The privacy and dignity of people was promoted and independence encouraged.

Person centred care plans were in place and people's likes, dislikes, needs and preferences were recorded.

People had access to a range of activities inside and out of the home. There were plans to improve the range of activities available and people's individual activity plans were under review at the time of the inspection.

A complaints procedure was in place. There had been no formal complaints received by the service since the last inspection. People were supported to share their views and feelings at regular meetings and on a one to one basis with staff.

Relatives and staff told us they thought the service was well-led. They described the registered manager as approachable and helpful. Staff told us they were completely person centred and ensured the service revolved around the needs of people.

Regular audits of the quality and safety of the service took place and feedback mechanisms were in place to obtain the views of people, staff and relatives.

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 was safe

Improvements had been made to the management of medicines which were now managed safely.

Regular checks on the safety of the premises and equipment were carried out. Staff adhered to infection control procedures and used personal protective equipment to help to avoid the transmission of infection.

There was a delay in a repair on the premises due to liaison required with the landlord. We have recommended the timeliness of repairs is monitored by the provider.

There were suitable numbers of staff on duty. Safe recruitment practices were followed which helped to protect vulnerable people.

Is the service effective?

Good

The service was effective

The environment was homely and personalised, Some improvements were needed to bathroom areas; we have made a recommendation that future refurbishment takes into account dementia friendly design features.

Training, supervision and annual performance appraisals were in place to support staff to carry out their roles effectively. Training to use specialist moving and handling and medical equipment was provided to maintain the safety of people.

People were supported with eating and drinking, and detailed individual meal plans were in place. Support from nutrition specialists was sought where necessary.

Is the service caring?

Good

The service was caring.

We observed staff were attentive and caring towards people who

appeared relaxed in their company. People demonstrated warmth and humour towards staff.

The privacy and dignity of people was maintained, and staff were discreet and sensitive in their approach to people.

Staff were aware of the need to support people to maintain their independence and provided people with opportunities to utilise skills.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place which were detailed. One page profiles described at a glance people's likes, dislikes and preferences.

People's needs were responded to in a timely manner and relatives told us they were kept informed of any changes to care and treatment.

A complaints procedure was in place, including easy read information for people using the service. there had been no formal complaints since the last inspection.

A range of activities were available and individual activity plans were being reviewed to ensure these were varied and met people's needs.

Is the service well-led?

Good

The service was Well-Led

Staff, relatives and visiting professionals were complimentary about the manager and the positive impact they had on the service.

Regular audits were carried out to monitor the quality and safety of the service. Feedback mechanisms were in place to support people, relatives and staff to share their views about the quality of the service.

The registered manager was aware of the requirement to display their most recent inspection rating, and to notify CQC of significant events.

1 & 2 Flax Cottages

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 and 26 June 2017. The first day of the inspection was unannounced. This meant the provider did not know we would be visiting.

The inspection was carried out by one adult social care inspector. We also contacted relatives by telephone on 14 July 2017 to obtain their views.

Prior to the inspection we reviewed all the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also spoke with the local authority safeguarding and commissioning teams.

The registered manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service. To ensure we gathered people's views we also asked their relatives for feedback about the service.

During our inspection we spent time with five people that used the service. We spoke with seven staff including the registered manager, deputy manager, and care staff. We also spoke with an aromatherapist and a GP. We looked at three care plans, three staff files and a variety of records related to the quality and safety of the service.

Good

Is the service safe?

Our findings

Due to communication difficulties, people could not always tell us they felt safe in the home, but we observed that people appeared relaxed and secure in the company of staff.

At the last inspection we found that medicines were not being managed safely. We had concerns about the storage and administration of medicines, and clarity of written instructions provided to staff. Correct procedures had not been followed relating to the administration of covert medicines. These are medicines given in people's best interests without their knowledge, and sometimes hidden in food.

At this inspection, we found that improvements had been made and medicines were being managed safely. A new storage cupboard had been built, which meant medicines were stored neatly and at the correct temperature. We found no gaps in the medicine administration records we checked and regular audits and stock checks were carried out. Topical medicine records had improved and body maps to denote clearly the location for the application of creams and lotions had been introduced. Covert medicine procedures were being followed.

Procedures for medicines to be taken out of the home with people to activities within other services had improved. The registered manager ensured any changes to instructions were sent to the organisation responsible for administering medicines in writing.

We found there were sufficient staff on duty during our inspection, and staff told us they thought there were suitable numbers of staff on duty. There were staff vacancies, and the registered manager told us they covered these internally where possible with existing staff to ensure continuity of care, but also restricted the number of extra hours staff did so they did not become over worked. There had previously been a period of high staff turnover, which had initially been linked to a new provider and new terms and conditions. We were told that staffing was beginning to stabilise. New staff we spoke with told us they were very happy working in the home.

At the last inspection we found recruitment practices were satisfactory and included checks of the identity of applicants and their suitability to work with vulnerable people. We found that recruitment practices continued to be safe at this inspection.

Safeguarding policies and procedures were in place, and staff had received training in the safeguarding of vulnerable adults. Staff we spoke with were able to tell us what they would do if they had any concerns about the safety of people.

Suitable arrangements were in place for the safekeeping of people's personal allowances. Regular audits of finances were carried out. We checked the balance of one person's funds and found the amount held tallied with records.

Regular checks to the premises and equipment were carried out. We saw certificates which showed that

necessary safety tests such as electrical, gas and fire safety equipment had been carried out. Water temperature checks were carried out regularly. Staff were trained to use specialist equipment such as tracking hoists and a sleep system which is used to position people in bed. This equipment can cause injury if used incorrectly. A staff member told us, "The manager is very strict about using equipment. They won't sign people off to use equipment until they are sure they can use it safely." Photographs were used to show staff the correct position people should be in when using specialist chairs or equipment. Wheelchairs and hoists were serviced by the manufacturer on a regular basis. A fire procedure was in place which included personal emergency evacuation plans (PEEPS). PEEPS outline the level of support people need in the event of an evacuation from the building.

Individual risks to people were identified and risk assessments were in place. A choking risk assessment was in place for one person for example, and staff had received additional first aid training related to this risk.

Accidents and incidents were recorded and copies of forms were filed in individual records. A log of all accidents and incidents was also held electronically which enabled the registered manager to monitor for patterns or trends.

The building was clean and tidy. Hazardous substances were stored securely, and staff were observed using personal protective equipment such as gloves and aprons to avoid the risk of cross infection. There was a tendency to use the laundry as a thoroughfare between the bungalows which meant it was not always locked. Although people did not have access to hazardous items, we felt this was potentially unsafe. We spoke with the registered manager about this who advised this was not always the case and said they would ensure staff used the other route instead. They told us people did not access the laundry.

The tumble drier was broken at the time of the inspection, and a contingency plan of using the drier in the home owned by the same provider next door, and line drying was in operation. We subsequently found there had been delays in fixing the drier due to works required by the landlord. We spoke with the provider who told us they had agreed a solution to the on-going problem, and minor building work was due to be carried out by the landlord. We told them relatives had expressed concerns that works requiring input from the landlord could take a long time to be completed.

A small number of bathroom handrails were rusty, and a temporary wooden shelf which was quite rough was in place in one toilet. We spoke with the registered manager about this who told us they were aware of these areas and assured us the shelf was being replaced, and said they would check when handrails were being replaced.

We recommend the timeliness of repairs and improvements is monitored closely by the provider.

Good

Is the service effective?

Our findings

The environment consisted of two bungalows. Bedrooms were highly personalised and reflected the hobbies, interests and personality of people living in the home. A staff member told us, "(Name of manager) has done all this. She has made people's rooms more homely and displayed their collections. We are in the process of making records of people's belongings because they have so much here."

People were proud of their rooms. One person showed us their bedroom and their collection of mugs. They told us they liked their room. Another person showed us their posters of their favourite pop star. Where people needed medical equipment in their room, new storage had been provided to ensure the bedroom remained homely, and the room had been carefully designed to ensure it looked non- clinical.

An environmental waste policy was in place which was introduced by the company to reduce waste and recycle as much as possible.

A large rear garden was available, and people were sitting outside. An old summer house was located in the back garden which was used for storage. The registered manager told us they had plans to empty this and have it repaired so it could be used by people. At the front of the building there were unsightly weeds, and we asked the registered manager why this area had not been tidied. They told us this was due to the area having heavy ivy growth and the gardening contractors were unable to plant anything else effectively until the ivy had died following weed killing. There were plans to re plant and tidy this area following the treatment which had started.

Some areas of the home were in need of updating, including bathrooms.

We recommend that best practice in relation to dementia friendly design is considered when redecorating bathroom areas.

Staff told us they received regular training. A relative we spoke with told us, "Staff at the moment are really good, and really on top of things."

Training records showed that staff had received training in fire safety, first aid, food hygiene, health and safety, infection control, moving and handling, medicines, and the Mental Capacity Act. Training related to the specific needs of people included learning disability, autism and epilepsy awareness. At the last inspection we found that specialist training requested by staff had not been provided. At this inspection we found dementia training and other bespoke training relevant to the needs of people using the serviced had been provided. Staff told us they had found this training helpful.

New staff completed a programme of induction including the Care Certificate. The Care Certificate is a benchmark of essential care standards all staff must adhere to. The registered manager told us staff could take up to 12 weeks to complete the Care Certificate, but told us they supported staff who needed to take longer if necessary. Staff also received regular supervision with their line manager, and an annual appraisal

of their performance. Staff we spoke with told us they felt well supported by the registered manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found records were not always clear regarding applications submitted to the local authority to deprive people of their liberty. At this inspection we found improvements had been made in this area, and the service was working within the principles of the Mental Capacity Act (2005). We saw that where people lacked capacity to make decisions, there was clear information about which every day decisions they were able to make for themselves, and those which were more complex requiring input from family members or formal advocates.

People were supported with eating and drinking. Staff cooked meals and a four week menu was in place. People contributed to the meal planning and had a choice of meals. On the second day of the inspection we joined people at lunch time who were enjoying cauliflower, leek and broccoli bake with roasted sweet potatoes. Clear meal plans were in place for each person which included special instructions regarding the texture of meals required and any aids or adaptations. In addition to this, person centred individualised information was also included such as whether the person became distracted during their meal and if this had an impact on their ability to eat their meal safely.

Some people received nutrition via Percutaneous Endoscopic Gastrostomy (PEG) feeding. This is a form of specialist feeding where a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. Staff received training in the safe use of PEG and feeding pumps, and we saw that specialist support was provided and sought as necessary.

People had access to a range of health professionals and we saw appointments had been booked with GP's, specialist nurses, occupational therapists and speech and language therapists.

Good

Is the service caring?

Our findings

People were relaxed and content in the company of staff. Relatives told us staff were caring. One relative said, "We are pleased with the care, most of the staff are brilliant; some are more experienced than others."

We observed that staff were attentive and kind in their interactions with people. People also enjoyed joking with staff. We observed one person who was unable to communicate verbally with staff initiated a game by throwing an object to the ground, and laughing as the staff member retrieved it several times, displaying mock annoyance. It was clear staff knew people well, and how best to communicate with them. Plans were in place which outlined people's individual communication needs and we saw these were followed.

Staff also protected the privacy and dignity of people. We observed staff knocking on doors and asking permission to support people. Support was also offered sensitively and discreetly. Staff offered people clothing protectors at mealtimes and help to wipe their hands and face following their meal. Steps had been taken to preserve the dignity of people who may forget to close their curtains by adding café nets or opaque film to the lower part of their windows. This protected people's privacy but still allowed them to see outside.

Staff were aware of the need to balance privacy and safety. One staff member told us, "Some people can be left alone, other people can't. If we have to stay in the bathroom for example, we might busy ourselves folding towels so it is less intrusive, or we will encourage people to wash parts of their body themselves." Additional storage had been provided so that continence aids could be stored discreetly and not left on show in people's rooms.

Staff told us they enjoyed caring for people and had close relationships with them. One staff member told us, "I really love my job. The best thing about working here is that it is all about the people. Everything revolves around what they want." They told us this ethos was strongly promoted by the registered manager. People were also included in aspects of running the service. The provider had introduced a policy of inclusive recruitment where people using their services were invited to take part in interviews for new staff. Interviews recently held in the home included a person from one of the provider's other services. The registered manager told us this worked well and was keen for people living in the home to have the same opportunities.

People using the service had varying levels of dependency. We observed staff providing support to suit the needs of individuals, while ensuring they promoted independence and retention of skills. A staff member told us, "We try to get individuals to do as much for themselves as possible. We sometimes need to balance choice with risks. For example, one person likes to help around the house so we might need to agree some boundaries about jobs that are safe for them to do." This meant people's independence was encouraged without unnecessary risks to their safety.

There was no one receiving end of life care during our inspection, but we were told the service did provide support to people at the end of their lives where necessary, if it was their wish to stay in the home.

No one was receiving any form of advocacy support but staff knew how to arrange this if required. Advocates act independently and support people in making and communicating decisions.

Good

Is the service responsive?

Our findings

We spoke with a GP who was visiting the home during the inspection. They told us staff were responsive to people's needs. They said, "This is a lovely home. They don't wait too long to contact us, and don't ring too quickly. They ask sensible questions. I'm always impressed when I come here."

Relatives also told us staff responded to people's needs in a timely manner and said they were kept up to date with developments relating to people's care and treatment.

Person centred care plans were in place. This meant that people's personality, behaviour, likes, dislikes and previous experiences were taken into account when planning care. Care plans we checked were up to date and reviewed on a regular basis. A one page profile continued to be in use which outlined people's likes, dislikes and preferences. Daily notes were also maintained about people which described how they had spent their day, and any significant information. Hospital Passports continued to be in place to support people as they transitioned between home and hospital.

A range of activities were available to people. A staff member told us, "The manager is very good. She likes us to be organised so we can get out and about with people in the community." We saw that people accessed a range of external events and facilities, and individual activity plans were in place. People attended day services, college and social clubs. Inside the home, people were supported to spend time as they liked. Another staff member told us, "We can encourage people to join activities, but some people prefer to do their own thing which is fine too."

An aromatherapist was visiting people in the service during our inspection. They visited on a regular basis to provide tailored one to one support to people including aromatherapy massage and nail care. They told us, "It is a lovely home. The clients are always happy; always immaculate. If I need to change a visit time, they make sure it suits the person. Everything needs to be focused on the client's needs, which is only right."

Activity plans were lacking in detail. We spoke with the registered manager who told us having focused on a number of other areas form improvement since coming into post, they had plans to improve the range of activities and depth of activity planning. We saw evidence that reviews of individual activities had already begun.

There had been no formal complaints since the last inspection. Relatives told us the registered manager was accessible and they went to them on a regular basis with any concerns they had. One relative told us, "We have little niggles, but overall there are really good staff. The manager listens to us and tries to get everyone on board." Information was available for people about how to share their views, including in easy read format. They were also encouraged during one to one discussions with staff to express any concerns or ideas they may have. Records of verbal compliments from visiting professionals were recorded. These praised the way staff supported people and the difference the care they provided had made. Two professional visitors were also very complimentary about the standard of care and support provided.

Good

Is the service well-led?

Our findings

At our last inspection, a new manager was in post and we found they had not identified all the shortfalls we found at that time related to medicines, mental capacity, training and records. At this inspection we found improvements had been made. Records were filed neatly and were more easily accessible, and the improvements we recommended had been carried out.

Regular audits were carried out by the registered manager and senior managers within the organisation. At this inspection we found that infection control audits had been carried out by the company, and the registered manager was monitoring compliance with procedures. They were not, however, maintaining their own records of infection control audits. We spoke with the registered manager about this who told us they would keep records of these checks in future. We had no concerns about infection control practices we observed in the home during the inspection.

Regular house meetings were held, and feedback mechanisms were in place to obtain the views of people, relatives and staff.

Staff told us they were very happy with the management of the service. One staff member told us, "(Name of manager) is lovely, brilliant. They are very supportive if we have any worries or concerns and always happy to help. We work together as a team and everything gets done." Other staff comments included, "If you don't appear yourself (manager) will ask you into the office and see if you're alright" and, "I love (manager)! They are really nice. I would never feel uncomfortable going to see them. They give good guidance and the home runs well." Staff also credited the manager with a number of positive changes made in the home including the personalisation of bedrooms. Staff also told us they enjoyed working in the home and said morale was good.

A visiting professional told us, "(Name of manager) is strict and always does things by the book. The home seems very well organised."

Relatives told us they contacted the registered manager on a regular basis to discuss any concerns or suggestions. They said the manager was approachable and accessible. They told us, "We have good relationships with the manager and deputy." Another relative told us, "There were periods in the past where I felt things were getting out of control. There was a high staff turnover and it was disheartening for such a small home. (Name of manager) seems to keep a handle on things. On the whole I'm happy they are there. I wasn't happy in the past but (name of manager) has made a difference."

The registered manager was aware of the requirement to notify CQC of particular events within required timescales. We found they had not submitted one notification related to a DoLS application that had been granted. This had been an oversight and the registered manager confirmed their understanding of this regulation. The provider was displaying the rating of their last inspection as they are required to do.