Livability

Green Lane

Inspection report

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Ratings

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

Overall summary

This inspection took place on 14 August 2015 and was unannounced. The service provides accommodation and personal care for up to five people with a learning disability or autistic spectrum condition. On the day of the inspection, there five people using the service.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager took up their post in June 2015 and was not yet registered with the commission. However, they had submitted their application for registration.

People felt safe and they were protected against possible risk of harm. Risks to individuals had been assessed and managed appropriately. There were sufficient numbers of experienced and skilled staff to care for people safely. Medicines were managed safely and people received their medicines regularly and as prescribed.

Summary of findings

People received care and support from staff who were competent in their roles. Staff had received relevant training and support. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing and had access to and received support from other health care professionals.

The experiences of people who lived at the care home were positive. They were treated with kindness and compassion and they had been involved in the decisions about their care where possible. People were treated with respect and their privacy and dignity was promoted.

People's health care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. They were supported to pursue their leisure activities both outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There was a caring culture and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

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 did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care and support people.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training.

People's dietary needs were met.

Good

Is the service caring?
The service was caring.

People's privacy and dignity was respected.

People and their relatives were involved in the decisions about their care.

People's choices and preferences were respected.

Good

Is the service responsive?
The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Good

Is the service well-led?
The service was well-led.

There was a caring culture at the home and the views of people were listened to and acted on.

There was a manager who was visible, approachable and accessible to people.

Good

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 August 2015 and was unannounced. The inspection team was made up of two inspectors.

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 also reviewed the information available to us about the home, such as reports of previous inspections, notifications and information about the home that had been provided by members of the public and staff. A notification is information about important events which the provider is required to send us by law.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we met with one person who used the service. Due to their learning disabilities they were unable to communicate verbally with us. We observed how the staff supported and interacted with them. We also spoke with two care staff, the deputy manager and the manager.

We looked at the care records including the risk assessments for three people, the medicines administration records (MAR) for the majority of people and four staff files which included their supervision and training records. We also looked at other records which related to the day to day running of the service, such as quality audits.

Good

Is the service safe?

Our findings

We were unable to communicate verbally with people who used the service as they had limited verbal communication due to their learning disability. One person indicated that they were safe living at the care home by nodding. A member of staff said, "I have had training in safeguarding and I am able to recognise the signs of abuse. I would take any concerns to my manager." The staff we spoke with were aware of their responsibilities to report any allegations or concerns to their manager, the local authority and the Care Quality Commission. Information about safeguarding was available to people and staff. All the staff we spoke with understood the signs of abuse to look out for and were confident in how to escalate any concerns they had in order to protect people from the possible risk of harm. They also told us they would report under the whistle-blowing policy if they identified a colleague using unsafe practices.

Each person had their individual risks assessed which included a plan on how to support them to manage the risk. For example, the risk assessment for one person showed that they exhibited behaviour that challenged others. There was clear guidance for staff to follow to support the person and manage their behaviour in order to minimise the risks of harm to others and themselves. Staff confirmed that they knew the triggers for people whose behaviour challenged others and acted on observing the triggers to mitigate the risks and calm the person down. Staff were aware of their responsibility to keep risk assessments current and to report any changes and act upon them. The care records demonstrated that individual risk assessments had been regularly updated. Up to date guidance was in place for the management of risks such as manual handling, medication, health and safety and nutrition. For example, one person who had been identified as having swallowing difficulties and being at risk of choking had guidance for staff about how to support the person to eat safely.

The service had an emergency business plan to mitigate risks associated with the environment within the service. The plan included the contact details of the utility companies and the management team. The service had carried out a risk assessment for each person as part of their personal evacuation plan in the event of emergencies such as a fire, and had concluded that this was not required as everyone was able to walk independently. Regular fire drills had been carried out so that staff were up to date with the fire safety and evacuation procedures. Staff demonstrated they were aware of the actions they should take if required. A record was also kept of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence.

There were sufficient numbers of staff on duty to meet the needs of people. We noted that the majority of people had attended day centres and there were sufficient numbers of staff allocated to ensure that they attended their day activities as planned. Staff told us that the manager would contact 'bank staff' or regular agency staff to cover for staff leave.

There was a robust recruitment process in place to ensure that staff who worked at the home were suitable to work with people who used the service. The staff records we looked at showed that the appropriate checks, such as proof of identity, references, satisfactory Disclosure and Barring Service (DBS) certificates had been obtained before they had started work at the care home. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were systems in place to manage people's medicines safely. Staff confirmed and we saw evidence that only the senior care staff who had been trained and had passed their competency tests administered people's medicines. Medicine administration records (MAR) charts had been completed correctly and there were no omissions of the staff signatures. That confirmed the staff had administered the prescribed medicines. Medicines no longer required had been returned to the pharmacy for safe disposal. Regular checks were carried out to ensure that all medicines received into the home were accounted for.

Good

Is the service effective?

Our findings

People received care and support from staff who were skilled, and knowledgeable in their roles. Staff demonstrated this in the way they communicated with people, which showed that they knew their preferences. For example, we observed a member of staff ask a person using sign language if they would like to go out for a walk. They also stood near the front door to emphasise what they meant.

Due to some of the people's behaviour that challenged others, the staff had the necessary skills to manage this and were aware of their triggers. For example, one person would make unusual noises when upset and staff would talk to them and calm the person down. The staff told us that they had received training in supporting people to manage their behaviour.

Staff received a variety of training to help them in their roles. In addition to training the provider considered mandatory, we noted that staff also attended other relevant training, such as 'managing challenging behaviour, autism, breakaway and safe restraint training. One member of staff said, "We do have opportunities to attend other training." Some staff had completed National Vocational Qualifications (NVQ) in Health and Social Care and others had been undertaking the Qualifications and Credit Framework (QCF) diplomas. E-learning courses in supporting people with a learning disability had been completed by staff. A new member of staff told us about their induction which also included a period of shadowing an experienced member of staff, followed by a period of supervision by the manager.

Staff confirmed the evidence we saw that they had received regular supervision and appraisals. One member of staff said, "I have regular supervision and we discuss our work and the training I need to help me with my work." They also said that they felt supported by the management team and they were confident in their roles to care for and support people in meeting their needs.

Staff confirmed that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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. One member of staff told us that 'best interests' decision were made in discussions with people, their advocates, the staff and other health care professionals. Care records showed that people who lacked mental capacity had an assessment carried out so that specific decisions made regarding their health and welfare would be made in their best interests.

Staff told us that they always sought the consent of people when supporting them in their daily routines including personal care. One member of staff said, "Although people are unable to communicate verbally, they understand when spoken to and will let us know by their reactions or facial expressions. We know what they like or dislike." We noted that each person had information in their care records on how they communicated. For example, people used pictographs, pictures and sign language.

Staff told us that people had been given choices from the menu and they had been involved in planning the menu. They also said that although they knew what each individual liked, they always offered them other options to choose from. We noted that people were offered a variety of drinks to ensure they had enough to drink. Care records showed that a nutritional assessment had been carried out for each person and their weight was regularly checked and monitored. For example, one person who had been identified as having swallowing difficulties and being at risk of choking, had been assessed by a speech and language therapist. This assessment provided advice for staff about how to support the person to eat safely. The manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice.

Each person had a 'purple health folder' which they took with them when they attended their appointments with a health care professional. People had access to other health care services so that they received appropriate support to maintain good health. A record of all visits to health care professionals had been kept and any prescribed treatment was followed by the staff.

Good

Is the service caring?

Our findings

People were not able to communicate verbally, but understood when spoken with. One person nodded to indicate that they were happy with the care and support they received. Staff told us that they knew people well including their preferences and personal histories. We were told that the majority of people had lived in large institutions for most of their lives and that they had made good progress in maintaining as much independence as possible with the support of the staff. We saw there was good interaction between staff and people. The staff were seen to be attentive and supportive to people. We observed that staff were able to understand what an individual wanted by repeatedly saying the same word, such as 'cheese', and observing the expression on their face and their reactions. The conversations we heard between people and staff were polite and caring. For example, a member of staff asked a person whether they would like to go for a walk as it was a nice day and the person waited for the member of staff at the front door. We observed that staff showed a very warm and friendly approach towards people and they carried out their tasks while constantly communicating with them.

People had been involved in decisions about their care and support. The care records contained information about people's needs and preferences, so the staff had clear guidance about what was important to people and how to support them appropriately. We noted that staff understood people's needs well and this indicated that they provided the support people required. The staff we spoke with showed good knowledge about the people they supported, and their care needs. One member of staff said, "We have a keyworker system and we work closely with each person so that we know the person well to ensure we provide good care."

People's privacy and dignity was respected. One member of staff explained that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. They said that they encouraged people to do as much as possible for themselves, such as wash or dress themselves so that they developed and maintained their independent living skills. We observed staff treating people with dignity and respect, and being discreet when supporting people with their personal care needs.

People's confidentiality had been maintained. Staff told us that they did so by ensuring that information about people was only shared with others who were involved in the care of the person. They also said that they did not discuss about people in front of others and that they used the privacy of the office or people's own room.

People had been supported by their advocates who had been involved in supporting each person to ensure that their individual needs were being met. The advocates were also involved in review meetings for each person, so that they could speak on their behalf and ensure that any decisions made would be beneficial to the person and protect their human rights.

Good

Is the service responsive?

Our findings

People received care and support that was personalised and responsive to their needs. One person indicated to us that their needs were being met. We noted from the care plans that an assessment of needs had been carried out. Information obtained following the assessments and other reports from health care professionals had been used to develop the care plan. Staff were aware of the care and support needs of each person. We saw evidence in the care plan that people had been involved in the care planning process where possible. Information about people's individual preferences, choices and likes and dislikes had been reflected in the care records. These also showed people's routines and daily activities. The care plans had been reviewed regularly and as and when required so that staff had up to date information when supporting people in meeting their needs.

We noted that people's care plans had been developed to promote and support individuals to maintain independent living skills. A member of staff told us that they supported people to make informed choices and decisions, to enable and empower them to choose how they lived their lives. People took part in 'Whole Life Reviews' so that they were involved in the decisions made within a multi- disciplinary team meeting.

Care records had been written in detail and had been kept up to date. There was sufficient information for staff to support people in meeting their needs. Staff told us that how people with very little or no verbal communication would respond by pointing or taking them by their hands to show them what they wanted to let them know.

People had a variety of activities and the majority of them attended the day centre. One person enjoyed tennis and attended the local Saturday Club and the local leisure centre so that they had opportunities to engage in meaningful activities of their choice. People also went shopping and for regular walks. Some people enjoyed music and indoor activities such a puzzles. A member of staff told us that they had been planning to take people on holidays, preferably to Spain. The manager said that they encouraged people to engage in local community activities as much as possible so that they were familiar with their neighbourhood.

Information about the complaints procedure was available to people. There had been no complaints received within the last 12 months. Staff told us that when people had any concerns, they dealt with them immediately so that these did not have an impact on their behaviour. The manager said that if there were any concerns, they discussed the issues and dealt with them as and when they arose.

Good

Is the service well-led?

Our findings

There was an open and caring culture at the home, where people could see the manager whenever they needed. People felt that they received a good service at the care home. The management promoted an open door policy where people and staff could see them when needed. There was a structured management system whereby the manager received regular visits and held meetings with the senior management.

The current manager has been in post recently and was not registered. However, their application for registration was being processed by the Care Quality Commission. One member of staff said, "The manager is accessible. He has brought a lot of positive changes, he listens to you and we learn from him." The manager told us they had good relationships with staff and other health professionals who were involved in the care of people who used the service. Staff told us that they attended regular staff meetings and we saw that these had been documented and that the minutes were available to staff who were unable to attend.

There was a quality assurance system in place. The manager had completed a recent audit in a wide range of areas to identify and reduce risks, such as those relating to the environment and infection control. One member of staff said, "Since the arrival of the manager, the environment is free from hazards and there are systems in place to reduce risks to people." They also completed checks on other key areas such as the monitoring of people's weight and their levels of dependency. We also noted other regular audits relating to the safe administration and management of medicines and health and safety had been carried out so that people lived in a safe and comfortable environment. Regular checks were also undertaken by external companies to ensure that all equipment and heating systems were in good working order.

The feedback from the most recent questionnaire survey had been positive. It stated that people felt safe, were happy with the care, the staff and the service they received. The staff told us that due to people's learning disabilities and lack of verbal communication, they sought their views about their general wellbeing by observation of their facial expressions.

During our visit we spoke about notifications to the Care Quality Commission (CQC) with the manager, who demonstrated how they reported notifiable events in an open and timely manner. The manager told us that they had daily handovers during shifts to ensure that continuity of care was maintained.

The manager and staff demonstrated to us that they understood their roles and responsibilities to appropriately support people who lived at the home. Staff told us that they felt supported by the manager to carry out their roles and provide good care to people. All of the staff we spoke with told us they enjoyed working at the home. One member of staff said, "I enjoy working here, we are here to help the service users."