

Accomplish Group Limited

Lester Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

We inspected the service unannounced on 19 November 2018. Lester Court provides accommodation for up to 10 adults with mental health needs. At the time of our inspection, nine people were using the service.

Lester Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection on 17 November 2015 we rated the service 'Good' overall and in all domains. At this inspection and from our ongoing monitoring there was no evidence or information that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service where they were protected from avoidable harm, discrimination and abuse. Staff understood the challenges people might face and how to support them with these. The home was well-staffed and people said this made them feel safe. People received their medicines when they needed them. The home was clean and fresh throughout.

People continued to receive an effective service. People were assessed before they came to the home to ensure staff could meet their needs. Staff were well-trained, skilled and knowledgeable and understood the importance of providing an effective and non-discriminatory service. Staff supported people to eat and drink enough. People had access to the healthcare services they needed. The premises were designed to support people to live independently. People were supported, in the least restrictive way possible, to have maximum choice and control of their lives.

People continued to receive a caring service. Staff had mutually-respectful relationships of trust with people. People were involved in the provider's 'Big Wish' project where they had the opportunity to make a wish which staff supported them to achieve. People told us they enjoyed taking part in the project and it made them feel valued. People were supported to express their views and were actively involved in making decisions about their care and support.

People continued to receive a responsive service. The home used the 'recovery star model' to support people to progress towards independence. People were engaged in their recovery through personalised reviews. People had access to the information they needed in a way they could understand it, for example face-to-face, in writing, and/or pictorially. People had the opportunity to take part in a range of activities including college, shopping, playing pool, and sport.

People continued to receive a well-led service. People and staff made many positive comments about the quality of the accommodation, care and support. The registered manager was well-liked and respected. People and staff had the opportunity to share their views on the service. The registered manager and

provider carried out regular quality audits to ensure the home was running well and made improvements where necessary.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Lester Court

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 comprehensive inspection visit took place on 19 November 2018 and was unannounced. The inspection team consisted of one inspector.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information provided by other agencies including commissioners who contract with the service.

During the inspection visit, we spoke with three people using the service. We also spoke with the registered manager, deputy manager, and two care workers.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at two people's care records.

Is the service safe?

Our findings

People felt safe at Lester Court. One person told us, "This is the safest place I have ever been." Another person said, "This is a place of safety." Staff were trained in safeguarding and knew what to do if there were concerns about a person's well-being. Records showed any safeguarding concerns were taken seriously and the registered manager and staff worked closely with the local authority and other agencies to ensure people were safe. People were protected from the risk of abuse and discrimination. Staff understood the challenges people might face and how to support them with these.

People told us staff supported them to reduce risk to themselves. One person said, "The water in my room is hot but not hot enough to burn me – staff check the water temperature to make sure it's safe." The premises were risk assessed and staff carried out regular checks and repairs to ensure safety. People had personalised risk assessments in place so staff knew how to support them to stay safe. Measures were in place to reduce risk to people, for example local police came to the home to educate people on the dangers of illegal drug use.

The home was well-staffed and people said this made them feel safe. One person told us, "I am safe here. The staff make sure of that." Staffing levels were flexible depending on people's changing needs. One person told us, "The staff work so hard and will stay on for extra shifts if we need them to help us." Staff were safely recruited to ensure they were suitable to work with people who use care services. The recruitment process was rigorous and people using the service were involved in choosing staff.

People told us they received their medicines when they needed them. One person said, "I look after my own medicines and the staff keep an eye on me to make sure I'm doing it right." Since our last inspection the registered manager had made changes to the way medicines were stored to ensure they were kept at the right temperature. Only trained staff whose competency had been checked were authorised to give out medicines. The deputy manager carried out regular medicines audits. Staff arranged for people to have their medicines reviewed where necessary. Medicines were kept securely and administered safely.

The home was clean and fresh throughout. One person said, "The staff tell us to wash our hands before we prepare food." Staff were trained in infection control, followed the provider's infection control policy, and understood the importance of regular hand washing. Toilets and bathrooms were well-stocked with soap, hand cleansers, and paper towels. Staff supported people to do their own laundry safely and hygienically.

Lessons were learned and improvements made when things went wrong. Records showed that following accidents or incidents the registered manager and staff acted to reduce future risk. For example, following one incident, they involved one of the provider's behavioural support advisors who worked with a person and supported them to stay safe when out in the community.

Is the service effective?

Our findings

People were assessed before they came to the home to ensure staff could meet their needs. Assessments took into account people's views, their relatives' where appropriate, and other health and social care professionals. Staff were trained in equality and diversity and human rights and understood the importance of providing an effective and non-discriminatory service. The staff team were multicultural and had experience of meeting the needs of people from a variety of different backgrounds. The home did have some 'rules', for example no illegal drugs or alcohol on the premises, and this was explained to people at the assessment stage so they could make an informed choice about whether the home was right for them.

The staff were well-trained, skilled and knowledgeable. One care worker told us, "I've never had this level of support or training before. It's really helped me with my work." Records showed staff attended a wide range of training courses and had additional training to meet people's specific needs, for example supporting people living with epilepsy. The registered manager said staff had given positive feedback on the training. For example, following a course on autism, staff said their understanding of this condition had increased and they felt more confident in supporting people during episodes of behaviours that challenge.

People's nutritional needs were assessed to ensure staff had the information they needed to support them to eat and drink enough. If there were concerns about a person's nutrition they were referred to a dietician for additional support. Most people shopped and cooked for themselves and had their own kitchens. One person showed us their well-organised and tidy food storage and preparation areas. They said, "I do everything myself although the staff do check that I'm eating properly." Staff cooked for other people, encouraging them to help with shopping and making their meals.

People had access to the healthcare services they needed. They were registered with GPs and dentists and had access to other healthcare professionals as appropriate. Records showed staff worked closely with healthcare professionals to ensure people's needs were met. Staff were knowledgeable about people's healthcare needs and knew when to refer them for medical assistance. Records showed staff communicated well with healthcare professionals, worked closely with them, and followed their advice to ensure people had effective care, support and treatment.

The premises were designed to support people to live independently. People's rooms were spacious and some had distinct living, sleeping, cooking and bathing areas. One person told us, "My room is perfect. It's just like a flat. I can live in here but if I want company, I can go out into the [communal] lounge." The ground floor of the home was accessible to people with limited mobility. The home also had accessible outdoor space and a smoking shelter which some people said was important to them as smoking was not permitted indoors.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through Mental Capacity Act 2005 (MCA) application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised

and whether any conditions on such authorisations were being met. Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and support. If a person was subject to a deprivation the registered manager sought authorisation from the local DoLS team in keeping with their legal responsibilities.

Is the service caring?

Our findings

People told us the staff were caring and compassionate. One person said, "Every person who works here is kind and has a generous spirit." Another person told us the home was, "The most welcoming place I've ever been." Staff had good relationships with the people they supported. The registered manager returned from a shopping trip with one person who said they'd had a 'great time' and were pleased with their purchases.

Staff built relationships of trust with people. They knew when to engage with them and when to leave them alone. Staff used communication skills to support people to express their long and short term needs by using key phrases, for example 'Is there anything I can help you with?' This enabled staff to work with people in a calm and non-confrontational manner.

People were involved in the provider's 'Big Wish' project where they had the opportunity to make a wish which staff supported them to achieve. Wishes achieved included setting up a website, visiting places of interest, and achieving financial independence. People told us they enjoyed taking part in the project and it made them feel valued.

People were supported to express their views and were actively involved in making decisions about their care and support. Records showed they were consulted about their care plans and risk assessments and involved in reviews. Staff respected and promoted people's privacy and dignity. One person said, "My room is my space and the staff can only come in without me asking them if they think I am in danger."

The provider and registered manager had implemented the GDPR (General Data Protection Regulation) to ensure that people's personal information was stored securely and lawfully.

Is the service responsive?

Our findings

People received responsive, personalised care that is was responsive to their needs. For example, one person said they used body language to express negative feelings and they wanted staff to know this. They told us, "The staff asked me to write it down and it's in the communication book so they know what to watch out for." Another person said being at the home had improved their well-being. They said, "I've learnt a lot since I've been here. I'm much more independent now. I'm also happier."

The home used the 'recovery star model' to support people to progress towards independence. This model is used by mental health services to optimise individual recovery through the creation of recovery-focused care plans. People were engaged in their recovery through personalised reviews. Staff told us people using the service were supported to become more independent and some were now ready to move into supported living.

People were treated fairly and equally and were not discriminated against by staff or other people using the service. They were supported with their individual lifestyle choices and encouraged to be themselves whilst at the same time remaining safe. Staff were knowledgeable about people's needs and what was important to them.

People had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People's communication plans set out how they would like information to be shared with them, for example face-to-face, in writing, and/or pictorially and staff complied with this.

Each person had a weekly personalised activity plan and the opportunity to take part in a range of activities including college, shopping, playing pool, and sport. People talked with us about their hobbies and interests and told us staff supported them with these.

People knew how to complain if they needed to. One person said, "Of course we can complain. The staff are really good when we do and put things right." Records showed that if a person did complain they were listened to and taken seriously and action taken where necessary to improve the service.

Is the service well-led?

Our findings

People told us the home provided high-quality accommodation, care and support. One person said, "I think it's great here, it's got everything and the staff are brilliant." The home had an open, friendly and inclusive culture with the emphasis on personalisation, promoting independence, and continuity of care. A care worker told us, "This is one of the best places I've worked because it is run for the service users and the staff all want what's best for them."

The home had a registered manager. This 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.

People told us they liked and respected the registered manager. One person said, "The manager is nice and very supportive of me and the staff." A staff member told us, "The manager is excellent. He motivates me and advises me. Staff respect him because he doesn't think he's above anything. I once found him cleaning the staff toilets."

People were asked for their feedback and encouraged to share their views on the service at monthly meetings. Records showed the meetings were well-attended and agenda items included activities, new staff, menus, and care reviews. People were listened to and action taken in response to their suggestions. For example, the trips people requested took place.

Staff also had the opportunity to contribute to the running of the home at their own monthly meetings, during supervision sessions and appraisals, and at any other time. One care worker told us, "The meetings are good because everyone can speak up and the manager listens to us." Staff said the registered manager was approachable and they could always get in contact with him if they needed to.

The registered manager and provider carried out regular quality audits at the home covering all aspects of the service. This included obtaining feedback from the people using the service. Records showed that when areas for improvement were identified, these were addressed. For example, since the last quality audit improvements had been made to the premises and a new way of logging complaints adopted.

Managers and staff at the home worked in close partnership with other agencies to ensure people had access to all the services they needed. The provider ensured the home was up to date with developments and improvements to care policies, practices and procedures. The latest CQC inspection report rating was on display at the home and on the provider's website. The display of the rating is a legal requirement to inform those seeking information about the service of our judgments.