

Salutem LD BidCo IV Limited

Houghton Regis

Community Care Scheme

Inspection report

Roman Court
Houghton Regis
Dunstable
Bedfordshire
LU5 5UB

Tel: 01582861186

Website: www.salutemhealthcareltd.com

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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

About the service:

Houghton Regis Community Care Scheme is a 'care home'. It provides care and support for up to 16 people with learning disabilities or autistic spectrum conditions. The service comprises of four, four-bedded flats within the same premises. At the time of the inspection, seven people were being supported by the service.

People's experience of using this service:

People's support focused on them having as many opportunities as possible to gain new skills and become more independent. This supported the principles of 'Registering the Right Support' and other best practice guidance. These ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Everyone's feedback was positive about how the registered manager and staff supported people in a kind and person-centred way. Relatives said people's needs had been met because of this. There was evidence the service had been effective in achieving good care outcomes for people. This was because the support provided enabled people to live happy and active lives.

People were protected from harm by staff who were confident in recognising and reporting concerns. Potential risks to people's health and wellbeing were assessed and minimised. There were enough staff to support people safely and to enable them to take part in a range of activities they enjoyed. People had been supported well to take their medicines. Lessons had been learned when medicine errors occurred and there was a system to support staff to manage medicines consistently well. Staff followed effective processes to prevent the spread of infection.

Staff had the right skills to meet people's needs effectively. Staff were well supported and had information to meet people's assessed needs. Staff supported people to have enough to eat and drink, and to access healthcare services when required. This helped people to maintain their health and well-being.

People were supported to have 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 fully involved in making decisions about their care and support. People were involved in planning and reviewing care plans. Staff supported people in a way that respected and promoted their privacy and dignity.

Information in people's care plans supported staff to deliver person-centred care that met people's needs. The service worked in partnership with other professionals to ensure people received care that met their needs. There was a system to ensure people's suggestions and complaints were recorded, investigated, and acted upon to reduce the risk of recurrence. The service did not currently provide end of life care, but they had started including relevant information in people's care plans.

Audits and quality monitoring checks were carried out regularly to continually improve the service. The provider had systems to enable people, relatives and staff to provide feedback about the service. People's experiences of the service were positive. Staff felt fully involved in ensuring the service met its regulatory requirements.

Rating at last inspection:

This was the first inspection since the service was registered in May 2018 under this provider.

Why we inspected:

This was a planned inspection based on the date the service was registered with the Care Quality Commission.

Follow up:

We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Houghton Regis Community Care Scheme

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector carried out the inspection.

Service and service type:

Houghton Regis Community Care Scheme 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We contacted the service on the morning of the inspection to make sure the registered manager and other staff would be in to support the inspection. This was because they were often out, supporting some people to pursue their hobbies and interests.

Inspection activity was carried out on 30 April 2019, when we visited the service to see the manager; speak with care staff and people living at the service; and to review records, and policies and procedures. The inspection ended on 02 May 2019 after we spoke with people's relatives by telephone.

What we did:

Before the inspection, we looked at information we held about the service to help us plan the inspection. This included information shared with us by the local authority and notifications. A notification is information about events that registered persons are required to tell us about. We also reviewed information we received in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we looked at various information including:

Care and medicine records for two people living at the service.

Records of accidents and incidents; compliments and complaints; audits; surveys.

Two staff files to check the provider's staff recruitment, training and supervision processes.

Some of the provider's policies and procedures.

We were not able to get detailed feedback from people. This was because some people used non-verbal methods of communication, while others did not want to speak with us. We therefore, observed how staff supported and interacted with people in communal areas of the service. We spoke with two care staff, the registered manager, and the provider's area manager.

After the visit to the service, we spoke with five relatives and friends of some of the people living at the service by telephone. We received positive feedback from the local authority representatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- We observed people were happy and seemed comfortable with staff who supported them. Relatives told us they had no concerns about people's safety at the service because staff supported them well. One relative said, "[Person] is so happy there."
- People's level of understanding of 'keeping safe' differed according to their needs. Most people needed support to understand situations that might put them at risk of harm.
- Staff demonstrated they knew how to keep people safe. They and records confirmed staff had been trained in how to identify safeguarding risks and they knew how to report concerns.
- The registered manager understood their responsibility to keep people safe by putting effective systems in place. They also reported potential safeguarding concerns to the local authority in a timely way so that where necessary, quick action could be taken to safeguard people.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments that guided staff on how to manage risks to people's health and wellbeing well. Risk assessments were reviewed and updated when people's support needs changed to ensure this information was always up to date.
- We saw that people's risk assessments were planned in such a way that these did not put unnecessary restrictions on their freedom, choice and control. This ensured the agreed risk management measures allowed people to access various experiences they enjoyed.
- There were processes to share information with other professionals if required to ensure people received consistently safe care.
- The safety of the environment people lived in had also been assessed. We saw staff completed various health and safety checks to identify and minimise any hazards that could put people, staff and visitors at risk of harm.

Staffing and recruitment

- There were safe staff recruitment procedures to ensure staff employed by the service were suitable. The registered manager had completed all necessary checks, including with the Disclosure and Barring Service (DBS) and obtaining references from previous employers. These checks reduced the risk that potential new staff may be unsafe to work at the service.
- There were enough staff to support people safely. Most of the staff had supported people for many years under a different provider and they knew people well. This provided consistent care for people using the service.

Using medicines safely; Learning lessons when things go wrong

- People were supported well to take their medicines. The medicine administration records (MAR) we looked at showed people had been given their medicines as prescribed.
- Staff told us they knew how to support people well with their medicines. MAR were audited regularly to identify and learn from any administration or recording errors.
- There had been three incidents of medicine errors, where medicine had not been given to a person. However, on all occasions, this omission had not caused any harm to the person. To reduce the risk of this happening, the registered manager had introduced a 'lessons learned log'. This was a record of various incidents; what action was taken; and what the service learnt from this to prevent it happening again. The action taken to improve included sharing the information with all staff, providing additional training and competence checks for the staff members involved.
- This form was also used to review information of concern or complaints raised by people or their relatives. This showed the registered manager was using learning from when things went wrong to improve the service. One staff member said, "[Registered manager] will always go out of her way to find solutions for any problems we might have."

Preventing and controlling infection

- The service was clean. The registered manager ensured repairs were done quickly. Parts of the service had been recently refurbished. At the time of the inspection, refurbishment work was ongoing in an empty flat.
- Staff told us they had enough personal protective equipment (PPE) and they had been trained in infection prevention and control to minimise the spread of infection.
- Where required, staff wore disposable gloves and aprons when supporting people to ensure they were protected against acquired infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care was planned and managed in line with good practice guidance. There were systems to continually assess people's care and support needs to ensure they received effective care.
- People had detailed care plans which showed how their needs, choices and preferences would be met by staff. These were reviewed regularly and updated when necessary. Where possible, people were involved in this process. The service used a drama therapist to help people communicate and express their needs, particularly during 'resident's meetings' and one to one meetings with their keyworkers.
- Relatives said staff met people's needs well. One relative said, "It's a very good service. They are really nice people and they treat residents well."
- There were processes to ensure people's holistic needs were identified and staff worked well with people to ensure these were consistently met. Staff understood people's non-verbal communication methods, with one staff member explaining to us what a person's shouting meant.
- Staff and relatives told us people were treated well and their individuality respected. They said they had never been concerned about discriminatory practices at the service.

Staff support: induction, training, skills and experience

- Staff were trained and supported to gain skills necessary for them to support people effectively. Most of the staff working at the service were skilled and experienced as they had worked there for many years.
- Training records showed staff were up to date with their training. The registered manager monitored this regularly to ensure staff completed their training promptly when this was due.
- Staff were happy about the quality of the training they received. One staff member said, "Training was extremely useful when I started here as I was new to care. I did the 'Care certificate' and I shadowed experienced staff."
- Staff told us they were happy with how they were supported in their work. They told us, and records showed they received regular supervision. Staff also told us they worked well as a team to support each other. One staff member said, "Both staff and the management team support you if you are not sure about anything. We all help each other."

Supporting people to eat and drink enough to maintain a balanced diet

- Records showed people had enough to eat and drink, and they had a variety of food. One person smiled when we asked if they had good food.
- Staff met with people regularly to help them choose their meals, using pictures if necessary. Staff prepared people's meals and supported them to eat if required.
- One staff member said, "[People] get good food. We cook fresh meals and they have a choice of what they

want to eat. Menus are based on [people]'s preferences and they get the food they enjoy."

- Relatives told us they had not been concerned about the food people ate. There was evidence people ate well because monthly weight checks showed their weight had mainly remained stable over time.
- Health professionals had been involved where people required specific support to eat and drink well.

Adapting service, design, decoration to meet people's needs

- The service met the needs of people living there. Most people were wheelchair users and they had ground level accommodation, which provided easy access for them.
- People's bedrooms were personalised according to their tastes and choice. One person told us they liked a certain character from a television programme and they were watching this programme when we visited their flat.
- A relative told us they found the flat too small for their relative who liked moving around in their wheelchair. They had already discussed with the person's social worker about finding them an alternative care service.
- Adaptations had been made to another person's bedroom to ensure they could use this safely.
- The service had developed a 'sensory room' and staff told us people enjoyed using it to relax in. The registered manager told us the visiting aromatherapist also used this area to meet with people and help them to relax.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Records showed people were supported to access various health services when required.
- Staff told us they supported people to attend appointments when due their regular check-ups or for occasional specialist appointments. There were records of these appointments and any advice given about people's care or treatments was included in their care plans. This ensured people received consistently effective care
- There was evidence the service worked closely with other professionals, when required to meet people's care, support and treatment needs.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA and found these were met. Some people had capacity to make decisions and had given consent to their care and support.
- Where necessary, relatives supported other people to make decisions about their care. This ensured any care provided by staff was in their best interests.
- Staff showed good understanding of the MCA. The registered manager understood their responsibility to report to relevant professionals if they were worried about someone's mental capacity to make decisions about their care.
- Some people living at the service required constant support and supervision by staff to keep safe. These

people had DoLS authorisations to ensure this was legally authorised.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People seemed happy and relaxed in the company of staff who supported them. We observed staff to be kind, caring and respectful in their interactions with people.
- Relatives told us they too found staff to be caring and friendly. One relative told us they always found staff welcoming when they visited the service. Another relative said, "The staff are lovely. It's a lovely place and I wouldn't choose anywhere else for [person]. As long as [person] is happy, I'm happy too." While another relative said, "Staff are busy looking after everyone, but they are very nice indeed."
- Staff understood people's different communication methods, and we observed they proactively spoke with and engaged with people.
- One staff member told us, "We value [people] and this is a very good service. If it wasn't, I wouldn't be working here."
- One relative told us people enjoyed being together because some of them had lived together for many years. Staff confirmed this and they told us people generally got on well together, and they enjoyed taking part in some shared interests.

Supporting people to express their views and be involved in making decisions about their care

- Staff told us they always supported to make decisions and choices about their care. One staff member told us they supported some people to choose what to wear by giving them a few clothes to choose. They said people respond in various ways to indicate which set of clothing they would prefer.
- Staff told us they met regularly with the person they were keyworker for. During this, they talked about people's care plans, goals and wishes. They also supported people to choose what activities and trips they would want to take part in.
- Where required and with people's consent where possible, their relatives and other professionals were involved in helping them make decisions about some aspects of their care.
- Relatives told us staff involved them in people's care as much as possible. One relative said, "They ring me if there is anything they are worried about." Staff told us they had good relationships with people's relatives too.

Respecting and promoting people's privacy, dignity and independence

- We observed staff supported people in a respectful manner and they always promoted their privacy and dignity. Staff told us they were always careful to protect people's privacy when talking to them about their care. They said they always provided personal in private.
- People needed support to manage most aspects of their daily living activities, such as personal care, preparing meals and appropriately occupying their time. Access to wheelchairs in good working order meant some people could independently move around the service.

- Staff told us of the importance of checking people's equipment regularly to ensure it remained safe and fit for purpose. During the inspection, one person was supported to attend an external 'wheelchair service' and they had their wheelchair replaced with a new one. They seemed happy about this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff told us they provided people's care and support in a person-centred way to meet their individual needs. One staff member said staff were happy to work flexibly to support people to take part in various activities of their choice.
- People's care plans reflected their care needs and preferences. We saw that people had individual goals and aspirations that staff helped them to achieve. These were reviewed regularly to check what progress people had made.
- Relatives told us they were happy with how staff supported their relatives. One relative said, "The care has been wonderful. I can no longer visit [person] and they bring them here to visit me. The manager offered me a lift to go and visit [person] and that was really appreciated."
- People were supported by staff to pursue their hobbies and interests. People took part in individual activities, as well as group ones. Relatives and staff told us people had many opportunities to do what they enjoyed. We saw evidence that people went out frequently to places of interest. One staff member told us of a recent trip when some people visited 'Cadbury World' and they said people seemed to enjoy it. They also said, "[People] go out for meals, to the cinema and to watch a pantomime at Christmas time. Another staff member told us people enjoyed bowling too.
- We also saw that some people regularly attended day services and they enjoyed frequent contact with their family members and friends. One relative told us, "I'm happy to see that [person] and other residents do a lot of activities there. They go out more often for shopping, cinema, theatre shows and bowling. They have a busier life than I do and it's nice to see they are enjoying themselves."

Improving care quality in response to complaints or concerns

- The provider had a system to manage people's concerns and complaints. There had been three recorded complaints in the last 12 months. Records showed the registered manager took appropriate action to investigate these in a timely way. Feedback had also been given to the complainants.
- The registered manager explained how they used learning from complaints to improve the service. They shared issues raised in complaints with staff through their regular team meetings and they discussed different ways of doing things to prevent further concerns.
- The provider's area manager told us how they and the registered manager had sometimes met with relatives to discuss issues they raised about the service. They found this enabled them to resolve the issues in a way that was respectful to all parties.

End of life care and support

- None of the people living at the service required end of life care.
- There was a system to record people's wishes about how they would like to be supported at the end of their lives. Some people's care plans had this information, while it was not as detailed in others' care plans.

- The registered manager told us they would continue to work with people and their relatives so that appropriate information could be added to people's care plans as soon as possible.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- People received good care and their individual needs had been met. Staff told us the registered manager promoted a caring and inclusive culture that motivated them to support people the best way they could. One staff member said, "Working here has its challenges, but it's a good place to work in. The whole team is kind and caring and we go out of our way to do the best for [people]."
- The service had effective quality monitoring systems to check that people received consistently safe, effective, compassionate and good-quality care. The registered manager was supported by two team leaders to carry out regular audits. This meant they could regularly identify areas of the service that required improvements and make those improvements in a timely way.
- There had been checks of people's care records, staff records, and incidents and accident records to ensure these contained up to date and relevant information.
- The provider's area manager also carried out periodic checks of the service using the provider's quality monitoring framework. The last review they completed prior to our inspection showed the service was meeting the required standards of care and safety.
- The registered manager appropriately reported relevant issues to us and commissioners of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they enjoyed working in a supportive team. They said this enabled them to gain enough skills and confidence to provide good quality care to people living at the service. A staff member was very complimentary about the support they received when they started working at the service. They described feeling included and enabled to learn and develop their skills.
- Staff told us they were clear about their roles and they knew what was expected of them to ensure good standards of care were always maintained. One staff member described the supervision process as being good in regularly reminding them of the service's goals. They also said, "It's also a chance to discuss things I might be struggling with." They said they were always guided well in these situations.
- In addition to staff supervision, the registered manager and the team leaders also assessed staff's competence and provided other practical support. Staff told us this enabled them to keep their skills and knowledge up to date.
- Staff said team meetings were useful in ensuring they always had up to date information and could share learning with their colleagues.
- Staff told us they felt valued and they were happy they could contribute to ensuring the service consistently met its regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they spoke with people all the time to check if they wanted anything done differently. People had regular meetings with their keyworkers, where different ways including drama therapy, were used to help them to provide feedback.
- Annual surveys were sent to people in easy read formats, but most of them were not able to complete these, even with staff support. These were also sent to people's relatives and staff to get their feedback about the service. The results of the 2018 survey showed that three relatives and six staff had responded. They all provided positive feedback.
- Two relatives told us they had at times, found the managers not as responsive to their concerns as they could be. However, they both said they did not want us to discuss the specific issues with the managers as they had already done so. The provider's area manager told us what action they had taken to improve how everyone worked well together for the benefit of people using the service. They assured us they would continue to ensure there was effective communication between the management team and relatives.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they required and expected.
- The local authority also monitored the service and they awarded it an overall rating of 'good' when they last inspected in February 2019. They had been back since to check on the areas that had not met the standards and they found improvements had been made.