

## Action for Care Limited

# Low Lane House

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Low Lane House is a residential care home for up to six young adults living with a learning disability and/or autism. At the time of the inspection, the service was providing personal care to five people.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People had choice about how to decorate their bedrooms and contributed their design ideas for the communal areas. Ongoing maintenance was in place to ensure the environment was kept to a good standard. The overall quality of the environment had been improved and reflected people's preferences; it was clean throughout. Staff practices to manage the risks of cross infection needed to improve. People's art and craft works were displayed. People had access to a sensory area and quiet areas.

People were supported with their independence. Their goals and aspirations were set out and staff supported people with these. Relatives described staff as 'Excellent' valuing the care their loved ones received. People had choice in all aspects of their lives, such as how to spend their time, activities they wanted to participate in within the community and their involvement with menu planning, food preparation and cooking. Staff encouraged people to make their own decisions; care records outlined how to do this. Ongoing work was in place to make sure staff consistently followed best practice guidance for decision making.

The service had worked with health professionals to have support plans in place to manage people when they became distressed, to ensure staff did everything they could to avoid using restrictive practices. Staff approach to risk management needed further improvements to ensure all risks were consistently monitored and reviewed. Records were in place to support people with their care. They needed to be reviewed more regularly and updated when people's needs changed. Medicines were managed safely.

The size of the service was in-line with best practice guidance. It was an adapted house which fitted in with the local community. The service did not contract with the local authority in that area. Each person was placed outside of their local area. People's funding authorities were actively overseeing their care after we raised concerns with them at the last inspection. The service was no longer suitable for some people and the service were working with people's funding authorities to find more appropriate placements.

### Right Care

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had struggled to maintain safe staffing levels at times. They had proactively tried to manage this. Training and supervision for staff was in place but did not take place regularly.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language) which staff were familiar with. This allowed people to interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

#### Right culture

The improvements which the service had made since the last inspection had ensured the risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. Staff needed to embed their learning to support them to be more consistent with their practices to deliver safe care. Ongoing changes by the service's culture of improvement and inclusivity had enhanced people's quality of life.

Staff turnover had been high. The provider had been proactive in addressing this issue. Staff said the changes to their working environment and incentives had supported them to feel valued. Recruitment for staff was ongoing; the service used regular agency staff because they knew it was important for people to have consistency in their care. Staff had got to know people and their needs really well which led to improvements in their care.

People had started to lead inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff had improved. Staff placed people's wishes, needs and rights at the heart of everything they did. They sought advice and feedback from everyone involved in people's care. Staff demonstrated kindness and compassion when they worked with people. They were better informed of best practice guidance for supporting people with a learning disability and/or autistic people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 26 October 2021) and there were six breaches of regulations. We met with the provider after the last inspection to discuss their action plan to show what they would do and by when to make improvements .

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, effective and well-led which contain those requirements.

We used this inspection to check whether the Warning Notice we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We also assessed whether the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Low Lane House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This inspection also looked at whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

At the start of the inspection a registered manager was in post. 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. The registered manager notified us they were leaving their post as registered manager prior to the inspection and they were deregistered on 25 March 2022. A new manager had been recruited and was due to start on 18 April 2022.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 21 March 2022 and ended on 11 April 2022. We visited the service on 21 March 2022, 24 March 2022 and 28 March 2022. Each visit was unannounced and two of these visits occurred outside of normal working hours.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities involved with the service and professionals who work with the service, such as an NHS infection control team and the local fire service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with one person who used the service. With the support of staff, we communicated with one person who was unable to talk with us. Staff used different ways of communicating including using Makaton, symbols and their body language. We spoke with four relatives by telephone.

We spoke with 12 members of staff including the area manager, registered manager, deputy manager, interim deputy manager, six support workers and two agency support workers.

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

We reviewed a range of records. This included three people's care records and five people's medication records. We looked at five staff files in relation to recruitment, induction and supervision. We reviewed the training matrix for all staff. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a GP practice and a mental health team who were involved with people using the service.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service need further improvement and consistency to assure its safety.

### Assessing risk, safety monitoring and management

At the last inspection people's care was not safe and people's dignity was not always maintained. This was a breach of regulations 10 (Dignity and respect) and 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 10 and 12.

- People received support from staff who understood their needs and the risks they presented with. Staff supported people to manage risks around behaviours and their well-being. People were supported to be involved in making decisions to have choice and control over their lives.
- Records to oversee people's risks needed further development. They were not routinely updated when changes occurred. Risk assessment scores did not always reflect actual risk. More regular reviews of people's care needed to take place.
- Staff assessed people's sensory needs and did their best to meet them. A new sensory area had been developed for people in one of the communal areas. Each person had individualised support to manage their sensory needs. One relative told us, "Staff look after [person] very well and are aware of any triggers [person] has such as loud noises. They do everything they can to keep them safe"
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.

### Preventing and controlling infection

At the last inspection people were not protected from the risks of cross infection. This was a breach of regulation 12 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service needed to be more consistent with their infection, prevention and control measures to keep people safe. Some staff were not bare below the elbow during our visits to the service. Procedures in place for visitors were not always followed.

- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service tested for infection in people using the service and staff. The service supported visits for people living in the home in line with current guidance. Staff used personal protective equipment (PPE) effectively and safely.
- The service had good arrangements for keep premises clean and hygienic. The service's infection prevention and control policy was up to date. Most staff had completed training.

### Learning lessons when things go wrong

At the last inspection incidents were not safely managed and systems were not in place to ensure lessons were learned. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents. The process for recording and embedding a lessons learned approach needed continued improvement.
- The service recorded any use of restrictions on people's freedom, and managers reviewed the use of restrictions to look for ways to reduce them.
- A restrictive intervention's reduction programme was in the early stages of being introduced. New support plans for people around restrictive interventions had been put in place. These needed to be reviewed to allow the provider to implement the next steps of their programme.

### Systems and processes to safeguard people from the risk of abuse

At the last inspection people were not safeguarded from the risks of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Staff had received training on how to recognise and report abuse and they knew how to apply it.
- Relatives told us their loved ones were safe living at the service and had confidence in staff to deliver safe care. One relative told us, "[Person] is safe there. They are well looked after, happy and settled. Another relative told us, "I am very confident [person] is safe from abuse. [Person] comes home regularly and we would know if they were upset or worried about anything. [Person] is very happy to go back which is a good sign."

### Staffing and recruitment

At the last inspection people recruitment practices were not safe and there were not always enough staff on

duty. This was a breach of regulations 17 (Good governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 17 and 18.

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Staffing for two-to-one support was actively being addressed. Regular agency staff were being used; however, the number of shifts agency staff were being used had started to reduce.
- Relatives told us they had confidence in the staff team to look after their loved ones in the right way. One relative told us, "They [staff] are very good at what they do and know [person] well." Another relative told us, "They [staff] know [person] very well, their likes and dislikes, and [person] receives very good care there."
- Staff recruitment promoted safety, including those for agency staff. Staff knew how to consider people's individual needs, wishes and goals.
- Each person's record contained a clear one-page profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

#### Using medicines safely

At the last inspection the management of people's medicines was not safe. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. People could take their medicines in private when appropriate and safe.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines. A system was in place to support medicine administration when people went out of the service.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant continued improvements and consistency were needed to ensure the effectiveness of people's care, treatment and support achieved good outcomes.

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

At the last inspection systems and records to support good governance did not demonstrate how people's care was holistically assessed and safely managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Support plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. The support plans generally set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. These plans needed to be reviewed more regularly to make sure changes to people's well-being were reflected in them.
- Staff knowledge of best practice guidance had improved. The service worked closely with health professionals to deliver care in-line with this guidance. The quality of care people received had improved since the last inspection of the service.

Staff support: induction, training, skills and experience

At the last inspection staff were not supported to carry out their roles safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People were supported by staff who had received relevant and good quality training in evidence-based practice. The training staff received equipped them with the knowledge they needed to support people with a learning disability and or autism. Not all training was up to date, however staff were being proactively supported to complete any areas outstanding.
- The service checked staff's competency to ensure they understood and applied training and best practice. Staff needed to receive more consistent support in the form of continual supervision and appraisal.
- The service had clear procedures for team working that promoted good quality care and support. The staff

team were working on their approach to people's care being more consistent as part of their development. Practices in place to support restraint reduction, such as reflection and debrief meetings were being further developed.

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

At the last inspection the premises had not been maintained. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The interior and decoration of the service had been updated. Ongoing improvements were needed, and an action plan was in place to support this. The design, layout and furnishings in the service supported people's individual needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- People were able to move around easily. They had access to a variety of communal spaces, including quiet areas. The environment was homely and stimulating.

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

At the last inspection people did not receive consistent and timely care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People were supported to maintain their well-being. They each had health action plans and health passports which were used by health and social care professionals to support them in the right way in the way they needed. Some of these records needed to be further updated to make sure they remained accurate.
- Staff worked with health professionals and took on board their recommendations to contribute to the delivery of people's care. They supported each other to make sure people had no gaps in their care. This supported people's wellbeing and helped them to live healthy lives. When needed health professionals were involved in contributing to people's support plans and decision making.
- Staff worked well with other services and professionals to prevent re-admission or admission to hospital. Staff had received bespoke training from mental health professionals to increase their own skills to deliver person-centred care to people.
- Relatives told us they were kept informed about all aspects of people's care. They felt assured living outside of the area that people's health needs were regularly reviewed by health professionals. One relative said, "They [staff] keep me in the loop about appointments and if they are any problems."

#### 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 when this is in their best interests and legally authorised under the MCA. 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.

- Staff knowledge of Mental Capacity was improving. Decisions had been recorded and included feedback from those involved in the decision making. Ongoing improvements were needed in this area to ensure best interest decision making was time and decision specific. Where decision making had been made, staff had acted in the interests of people to maintain their well-being. General recording in relation to Mental Capacity needed to be improved. This had been identified by the provider who was in the process of arranging additional training for senior staff.
- People were encouraged to be involved in making their own decisions. Staff knew about people's capacity to make decisions through verbal or non-verbal means. This needed to be accurately recorded.

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

- People received support to eat and drink enough to maintain a balanced diet. Recommendations from health professionals had been followed. People were involved in choosing their food, planning, preparing and cooking meals. Records outlined how to offer people choice in the right way to avoid them feeling overwhelmed. Some records to support people with their dietary intake needed to be further updated to make sure they reflected current needs.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. Staff encouraged people to eat a healthy and varied diet. Some people liked to eat out in the community at places of their choice. People were able to eat and drink in line with their cultural preferences and beliefs.

# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant continued improvement was needed to ensure consistent leadership was in place to oversee the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the service did not deliver good outcomes to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The culture of the service had significantly improved. The management team were visible. Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Staff felt respected, supported and valued by senior staff which supported a positive culture. They all said they enjoyed working at the service and worked in a way that ensured people were at the heart of their care.
- A culture of change was in place and incorporated reflection, learning and improvement. This needed to be further embedded. Staff were receptive to challenge and welcomed fresh perspectives. People received more consistent care, which was in-line with their needs, wishes and preferences. This approach supported people with a positive quality of life.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the service governance systems were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service demonstrated transparency when things went wrong. They worked hard to make improvements to people's care. When the service was no longer able to meet people's needs, they worked with people, their relatives and professionals to ensure the right placements were found.

- The management team had the skills, knowledge and experience to perform their role. Any gaps in these were being addressed through training, supervision and mentoring. The provider had a clear vision for the direction of the service and a desire for people to achieve the best outcomes possible. Senior staff ensured compliance with regulatory requirements and understood further improvements were needed to ensure improvements were embedded and sustained.
- Governance procedures were in place and had identified where improvements needed to be made. They needed to be completed more frequently to be effective and to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. They were also provided with a range of incentives to retain their staff and recognise their hard work and commitment to the service. Staff were able to explain their role in respect of individual people without having to refer to documentation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. Further review about how feedback was sought was underway to maximise the effectiveness of feedback.
- The service worked well in partnership with health and social care organisations to support improvement.