Care Quality Commission

Lansdowne Road Limited

Halifax Drive

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 2 February 2015 and was unannounced.

Halifax Drive provides care and support for up to 33 adults with a learning disability, an autistic spectrum disorder, or a mental health need. The home has 33 bedrooms one of which has ensuite facilities. The home is divided into three units, Ash Lodge, Beech Lodge, and Cedar Lodge, over two floors. There are five lounges and three dining rooms.

At the time of this inspection there were 29 people using the service.

The home has a registered manager. This 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.

People were safe and comfortable in the home. They were happy to approach staff for support, speak out, and give their opinions. The home had an open culture and people shared their views about the service willingly.

Summary of findings

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service.

There were enough staff on duty to keep people safe and meet their needs. Staff had the time they needed to support people safely. If people needed assistance this was provided promptly and at no time were people left unsupported. Some people had one-to-one staffing at certain times of the day to meet their particular needs.

Staff were trained to meet people's needs and knew their likes, dislikes, and how they preferred to be supported. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions.

There was a choice of dishes at each meal. Some people liked to have their meals out in the community and were supported to do this. People's nutritional needs were in need of review to ensure they were being met

People had access to a range of health care professionals including GPs, mental health practitioners, district nurses, chiropodists, opticians, and dentists. If staff were concerned about people's health they referred them to the appropriate health care services and accompanied them to appointments.

Staff were caring in their approach and had a good understanding of people's needs and how best to approach them. They took their time to listen to people and it was evident they had built up genuine and supportive relationships with the people who used the service.

We saw examples of staff going out of their way to assist people who faced particular challenges in their lives. We found that people trusted the staff looking after them, and that staff supported people and used a range of resources to provide comfort and reassurance.

If people were at risk due to certain lifestyle choices staff addressed this in a caring and positive way, and took action to maximise their safety.

People were involved in planning their own support programmes and had regular meetings with staff to review their support and comment on it. Staff knew how to respect people's privacy and dignity, protect their human rights, and provide care that met their needs.

When we inspected some people were taking part in activities of their choice but others were unoccupied. Improvements were needed to people's plans of care for activities as they did not show how people could be supported to do the activities they wanted.

If people wanted to raise concerns about the service staff assisted them to do this. People had access to a visiting advocate and a visiting befriender who could provide support.

People contributed to the running of the service and changes and improvements had been made in response to their feedback. The registered manager worked alongside staff ' and the people who used the service knew who she was and were happy to approach her.

All aspects of the service were monitored and checked on a regular basis. Some minor improvements were needed to the way the premises were checked so that actions could be taken to address any issues.

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.

Good

People felt safe in the home and were happy to approach staff if they needed support.

If people were at risk due to certain lifestyle choices staff addressed this in a caring and positive way, and took action to maximise their safety.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

Medicine was safely managed in the home and administered by trained staff.

Is the service effective?
The service was effective

Good

Staff were trained to meet people's needs and had a good understanding of their preferences.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood people's rights in relation to their care and support.

People had a choice at mealtimes and were encouraged to eat healthily. Some people's nutritional requirements were in need of review.

People's health care needs were met and they had access to a wide range of health and social care professionals.

Is the service caring?
The service was caring

Good

Staff were caring in their approach and had a good understanding of people's needs and how best to approach them.

People had monthly meetings with their key workers to review their support and say if they were satisfied with it. Records showed that people were involved in planning their own support programmes.

Staff understood how to respect people's privacy and dignity, protect their human rights, and provide care that met their needs. These were followed during our visit.

Is the service responsive?
The service was responsive

Good

Some people took part in activities of their choice but others were unoccupied. Improvements were needed to people's plans of care for activities.

Staff used a range of skills including reassurance and distraction to help them diffuse challenging situations.

Summary of findings

People who wanted to raise concerns had the support they needed to do this.

Is the service well-led?

Good

The service was well-led

The people who used the service were directly involved in how it was run and had access to independent advocacy if they wanted it.

Improvements had been made to the service in response to feedback given by the people who used the service and their relatives.

The registered manager and her deputy were enthusiastic about their work and dedicated to supporting the people who used the service and the staff.

All aspects of the service were monitored and checked on a regular basis.

Halifax Drive

Detailed findings

Background to this inspection

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

The inspection took place on the 2 February 2015 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had experience of the care of people with learning disabilities and/or autism.

Before the inspection we reviewed the 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 provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with nine people who used the service, the registered manager, the deputy manager, and four members of the care staff team.

We observed people being supported in the lounges and in the dining areas at lunch time. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at five people's care records.

Good

Is the service safe?

Our findings

People told us that they felt safe and comfortable in the home. We saw people approaching staff for support when they needed it, speaking out, and giving their opinions confidently. One person told us, "Of course I'm safe here, this is my home."

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. One staff member told us, "If we thought anyone was being abused we would report it straight away to the manager and they would tell social services. If nothing was done we would go to social services ourselves."

We also saw posters in the home telling staff to 'Stand up … [and] … speak out' if they saw anything they saw that was 'wrong, abusive or illegal'. The posters told them what to do, including reporting their concerns to their line manager or to the service's regional manager, whose mobile number was provided.

The provider had a designated 'safeguarding lead' at the home who was responsible for ensuring staff understood their safeguarding responsibilities. Staff were trained to recognise the early signs of abuse and on how to report this. This meant people were protected from the risk of abuse at the service.

During the inspection one person told us they were concerned about how their money was managed and their access to it. We discussed this with the registered manager and checked records. We found that their money was managed safely and in their best interests.

If people were at risk in any areas of their lives this was highlighted in the 'personal profile' at the front of their care files. This meant that staff could see straight away if a person was at risk as a result of any health or care needs they had. Where people were at risk, a plan of care and risk assessment was in place so staff had the information they needed to help reduce the risk.

Staff had a keen awareness of people's rights, including the right to do things that may have posed a risk to them. However, they also knew they had to balance this with helping people to keep safe. So, for example, if a person who was unsafe crossing the road left the home staff would go with them to provide them with the support they needed.

Some people were at risk due to certain lifestyle choices they made. Staff addressed this in a caring, and non-judgemental way. Where appropriate staff worked with other agencies, for example social services, the police, and community psychiatric nurses, to provide people with advice and support. During the inspection it appeared that one person might need further specialised support. We discussed this with the registered manager who said she would try and obtain this.

There were enough staff on duty to keep people safe and meet their needs. We observed that staff had the time they needed to support people safely. If people needed assistance this was provided promptly and at no time were people left unsupported in the home.

Both the registered manager and the deputy manager had undertaken weekend and night shifts to check there were enough staff at these times and the service was running smoothly. Extra staff were 'on call' throughout the day and night and could be asked to come in if needed.

Some people had one-to-one staffing at certain times of the day, or on a temporary basis. For example one person regularly liked to participate in an activity wasn't safe for them to do on their own, so staff accompanied them. Another person needed extra support following a particular life event and one-to-one staffing was provided for them too.

When staff were recruited the registered manager worked with the provider's human resources department to make sure this was done safely. Records showed that no-one worked in the home without the required background checks being carried out to ensure they were safe to work with the people who used the service.

Medicine was safely managed in the home. Records showed that all the people who used the service had plans of care in place for their medicines. These included information of how they liked to take their medicines, what they were for, and any side-effects they and the staff needed to look out for. If there were concerns about a person's medicines they were referred to their GP for a review.

Good

Is the service safe?

Staff who administered medicines were trained by the home's pharmacist. This was followed up with 'e-learning' (computer-based training) and an annual competency test. This helped to ensure staff handled medicines safely and were up to date with any changes in the way it was managed.

Good

Is the service effective?

Our findings

Staff were knowledgeable about people's day to day needs and knew their likes, dislikes, and how they preferred to be supported.

We looked at staff training records. These showed that staff had completed a wide range of courses designed to provide people working in social care with the skills they needed. Training that was specific to the service included introductory courses on learning disabilities, autism, and Asperger's Syndrome, managing challenging behaviour, and person-centred support.

The majority of these courses were done as 'e-learning' (computer-based training). Staff told us they would like more face to face training, particularly with regard to learning disabilities, autism and Asperger's Syndrome. They said they would like the opportunity to discuss these conditions and ask questions, something the e-learning didn't enable them to do.

We discussed this with the registered manager who said she was in the process of reviewing staff training in the home and would give consideration to providing face to face training in certain areas.

Care records showed that the principles of the Mental Capacity Act 2005 Code of Practice had been used when assessing people's ability to make decisions. The staff had used mental capacity assessments to help determine whether or not people were able to make certain decisions about their care and other aspects of their lives.

These were recorded under 'Capacity, Consent, and Advocacy' in people's records and described the support people needed with decision-making, for example, 'I am capable of giving my consent, but request my social worker to be involved with decisions that may be beyond my control.'

Records showed that if people were unable to consent to aspects of their care, relatives and other representatives were involved in the decision-making processes. People who had had restrictions placed on them had been assigned an independent advocate to help protect their rights.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and understood what they meant in practice. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions.

The home a choice of dishes at each meal. One person told us, "The food's fine, it's good. We always get a choice." Some people liked to have their meals out in the community and were supported to do this. Snacks were available when people wanted them and some people kept their own supply in their rooms.

Records showed that two people appeared to be at risk with their nutrition but there were no plans of care or risk assessments for this. For example one person had a history of refusing food and another was diagnosed as having weight gain issues. This may have been impacting on their health. We discussed this with the registered manager who said she would review people's nutritional needs and put plans of care and risk assessments in place where necessary.

At the time of our inspection the provider was in the process of introducing new nutritionally-balanced menus. The aim of this was to encourage people to choose healthy options at meal times.

All the people who used the service had a 'medical profile' that described the health care support they needed. They also had a 'health action plan' which set out how staff could support them to stay healthy.

Records showed that people had access to a range of health care professionals including GPs, mental health practitioners, district nurses, chiropodists, opticians, and dentists. If staff were concerned about people's health they referred them to the appropriate health care services and accompanied them to appointments.

Some of the people who used the service had been involved in health promotion campaigns and taken part in surveys related to these. Most people had had a 'well-person' check at the home when their blood pressure and body mass index (BMI) were checked. This helped people to become more aware of what they needed to do to be healthy.

Good

Is the service caring?

Our findings

Staff were caring in their approach and had a good understanding of people's needs and how best to approach them. A senior member of staff, for example, had excellent interpersonal skills. They really took their time to listen to people and it was evident they had built up genuine and supportive relationships with some of the people who used the service.

We learnt how one staff member had gone out of their way to assist someone who had particular challenges in their life. They earned this person's trust by supporting them during a difficult time. They worked closely with health care professionals to ensure this person got the support they needed, and helped this person to follow the advice given. The support this staff member gave enabled this person to come through a challenging time. Staff had positive and supportive relationships with the people they cared for.

Another person was being supported following a significant life event. Staff had gone to great lengths to do everything they could to assist this person. Support and resources from outside the home had been brought in to provide extra comfort and reassurance.

One staff member told us how much they had enjoyed a holiday with the people who used the service. They told us, "We saw a different side to people. They were much more independent than they are usually and we watched them grow. It was lovely to see. I also came in on Christmas day and it was brilliant to see people so happy."

These examples showed that staff were committed to the well-being of the people who used the service and cared about the quality of their lives.

The register manager said the key worker system was used to help the people who used the service express their views about the support they were getting. Each staff member was responsible for two to three people and took the lead in ensuring they had the support they needed.

People had monthly meetings with their key workers to review their support and say if they were satisfied with it. Some of these meetings took place in cafes, rather than at the home, as people said they preferred this. People told us they got on well with their key workers. One person said, "I like the staff here. [My keyworker] is my favourite."

Records showed that people were involved in planning their own support programmes. Where possible easy-read pictorial documents were used as these were more accessible to the people who used the service. This meant that people were able to look at and understand their own records.

The provider's policies and procedures gave staff guidance on how to respect people's privacy and dignity, protect their human rights, and provide care that met their needs. These were followed during our visit.

Staff were discreet when they provided personal care and assisted people at mealtimes. People's bedrooms were respected as their own space and the décor and furnishings reflected their individual tastes and interests. People had locks on their bedroom doors and we saw them using their own keys to go in and out.

Good

Is the service responsive?

Our findings

When we inspected some people were taking part in activities of their choice. A few people were out in the community on their own or supported by staff. One person was doing some writing with a staff member.

One person said staff supported them to go to a local learning and activity centre which they enjoyed. They told us they had an interest in a particular activity and staff had purchased resources for them so they could do this.

Another person, who had told staff they 'didn't want to be sat around', was doing a particular job in the home to help them gain the skills they needed to find work in the community.

However other people were unoccupied. The majority were either watching television or congregating in communal areas drinking tea. We asked one person what they did during the day. They told us 'go to the shop' and 'lie in bed'. Another said, 'I eat food '. We also found three people lying in bed in the middle of the day and a few others wandering around the home doing nothing. It was not clear whether this was their choice or not.

There were no organised in house activities during our inspection. We were shown an 'activities cupboard' which contained games and other items that could have been used within the home. These were not brought out during our inspection.

We discussed this with the registered manager and looked at records to see the sort of activities people took part in. These included recreational activities, paid and voluntary jobs, attendance at college and day centres, and cooking and cleaning in the home. A garden project had been planned and was underway with people looking after individual plots in the grounds of the home.

Each person had a 'personal development and support needs profile' which set out what they liked to do, for example 'going to discos and parties' and 'swimming'. But we did not see any evidence of plans of care resulting from this. For example, if a person liked 'swimming' it was not clear from records how staff were going to enable them to do this, and how often.

We discussed this with the registered manager who said she would review this area of the service to ensure people were being supported to do activities they had chosen themselves.

We looked at how staff responded to incidents of behaviour that challenges us to see how staff responded. Records showed that behaviour that challenges us was carefully managed. Detailed plans of care were in place to assist staff in diffusing potentially challenging situations. Where appropriate, the people who used the service had their own 'behavioural support plans' in place. These had been produced in a user-friendly and pictorial format so they were easier for people to understand.

People had been asked questions such as 'What makes you angry or upset?' and 'How can staff help you when you are angry or upset'. Plans of care were based on people's answers. This meant the people who used the service had directly contributed to their own support plans.

Staff used a range of skills including reassurance and distraction to help keep people safe. We talked with staff about how they responded to people's needs, in particular those who had limited verbal communication skills. Staff told us that people's care files provided a good introduction to people's needs, but it was though building relationships with them that they really got to know how best to support them.

Easy-read posters telling people what to do if they had a concern or complaint were displayed in the home. Staff told us that if people wanted to complain they could do so verbally or fill in an easy-read form. Their key worker or another member of staff could help them with this.

If people wanted someone from outside the service to help them they had access to a visiting advocate and a visiting befriender who could assist. People could also involve social workers if they wanted to.

People were given a telephone number they could phone from the home's landline. This was accessible to them at all times. It was part of the provider's complaints procedure and gave people the opportunity for their complaint to be dealt with at provider-level.

One person told us they had made a complaint and this had been addressed. They said they were happy with the way their complaint had been dealt with, but weren't

Good

Is the service responsive?

happy with the outcome so would be complaining again. The registered manager said she was aware of their complaint and was working with the person to help them understand why they had not got the result they wanted.

Another person had been unhappy with the length of time it was taking to refurbish one of the bathrooms. The registered manager had been made aware of this and had raised it with the contractors. The person was shown email correspondence that demonstrated the matter was being addressed. This meant that the person raising the concerns was involved in the complaints procedure and kept up to date with the progress of their complaint.

Good

Is the service well-led?

Our findings

The people who used the service were directly involved in how it was run. They held monthly meetings where they discussed aspects of the home that were important to them including menu choices, activities, holidays, decoration, and staffing. These meeting were advertised on the notice board when we visited. People who did not want to attend these meetings were consulted on a one-to-one basis to help ensure their views were heard too.

People who used the service had elected a representative to attend national 'Your Voice' meetings. 'Your Voice' is a provider-level forum which gives people using the provider's services the opportunity to share their opinions about the support they receive. Minutes of the latest meeting, in January 2015, showed that people's representatives from all over the country had attended and discussed complaints and quality assurance. This showed that the provider was being made aware of people's views.

Another initiative which helped people at Halifax Drive speak out and get independent support was a befriending service run through a local place of worship. This involved regular visits from a person with learning disability experience who made themselves available for one-to-one and small group discussions at the service. The registered manager said this was proving to be very successful. She told us, "The service users keep asking when [befriender's name] is coming next. They look forward to the visits."

In addition an experienced voluntary sector advocate visited two people who had no next of kin or other representatives once a fortnight. Their role was to ensure these people's rights were being upheld and the service was meeting their needs. The registered manager also said people's relatives and friends were welcome to visit the home whenever they wanted to and could talk with her or any of the staff about the service.

We saw that changes had been made in response to feedback given by the people who used the service and their relatives. For example, one person had said they thought review meetings with staff from the home and the local authority were 'top heavy' [with professionals] and they found it difficult to speak out. As a result the registered manager changed the format of the meeting so the person was given the opportunity to give their perspective on the care provided first. This meant their voice was heard right from the beginning of the meeting. The registered manager said this had worked well and the person in question was more comfortable now about contributing.

When we arrived at the home the deputy manager was in charge. She was helpful and welcoming. She was competent and knowledgeable about the service and hosted the inspection effectively until the registered manager arrived to support her. These two senior members of staff worked well together as a team and demonstrated both commitment and enthusiasm towards supporting the people who used the service and the staff.

We looked at the registered manager's role at the home. We saw she worked alongside staff and the people who used the service knew who she was and were happy to approach her. We saw one person come up to her and tell her about a recent trip they'd been on. The registered manager was interested to hear this and had a meaningful conversation with the person about their experience. They told her how much they'd enjoyed it and she said she would organise a similar trip again which is what they wanted.

The registered manager's working hours were flexible depending on the needs of the people who used the service. She told us she worked during the evenings and at weekends if she was needed. She also did 'spot checks' at night to make sure the people who used the service and staff were properly supported. A senior member of staff was on call at all times in case staff needed 'out of hours' advice or information.

Staff told us the manager was approachable and supportive. They said they had regular one-to-one supervisions, where they could discuss their work at the home, and staff meetings when they required them.

The registered manager, regional manager, and provider carried out regular audits of the service. We looked at the January 2015 audit sheet which showed that all aspects of the service were monitored and checked on a regular basis.

We checked the registered manager's 'decorating and refurbishment plan' for 2014/15. This showed that ongoing work had been carried out including new floor covering, replacements of some fittings and fixtures, and the refurbishment of a wet room.

However we noted that some areas of the premises were in need of improvement but were not on the 'decorating and

Good

Is the service well-led?

refurbishment plan' so had not been picked up during the monitoring process. These included an unlocked boiler room door, unsuitable or faulty locks on some bedroom doors, and one bedroom door that had been damaged. We brought these to the attention of the registered manager who said she would ensure they were promptly attended to.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents at this service as required.