

Leonard Cheshire Disability

The Risings

Inspection report

4 The Poplars
Park Lane
Exeter
Devon
EX4 9HH

Tel: 01392466502
Website: www.leonardcheshire.org

Date of inspection visit:
23 January 2020

Date of publication:
03 March 2020

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

The Risings is a five-bedroom detached house on the outskirts of Exeter. The service provides accommodation and support for up to five younger adults with a range of complex learning and behavioural difficulties. At the time of the inspection there were five people living there.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure 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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were very relaxed and interacted confidently with staff. Those who were able told us staff were kind and they felt safe. This was confirmed by relatives we spoke to.

People were supported to engage in a wide range of activities both within the home and the local community, which maximised their quality of life.

Staff promoted people's privacy and dignity, enabling them to make choices and have as much control and independence as possible. Staff ensured people were supported with their communication, which meant they had a voice.

An open, transparent and positive culture helped people and staff feel valued and supported. There was a comprehensive quality assurance programme. Clear processes were in place to ensure effective monitoring and accountability.

We observed people were supported by sufficient numbers of suitably trained and competent staff. There had been a lot of changes in the staff team, however this was now stabilising as recruitment and retention were improving.

Staff were recruited safely, and safeguarding processes were in place to help protect people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Care plans were detailed, person centred and reviewed regularly with people and their relatives where appropriate. The format had been revised, and they were now more person centred and easier to read. There were systems in place to ensure information about any changes in people's needs was shared promptly across the staff team.

People received their medicines safely, and in the way prescribed for them. The provider had good systems to manage safeguarding concerns, accidents, infection control and environmental safety.

Staff worked effectively with external health and social care professionals to meet people's healthcare and nutritional needs.

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

Rating at last inspection

The last rating for this service was Good (published 12 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Risings on our website at www.cqc.org.uk.

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?

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.

The Risings

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

The Risings 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection-

People who lived at The Risings had communication difficulties due to their learning disability and

associated conditions, such as autism. We spoke with two people who used the service. Verbal communication for some people was very limited and they were not able to understand and provide information and feedback about their care and experiences at the service. We therefore spent time with people as they went about their daily routines and observed the care and support being provided.

We spoke with one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. 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 records and staff rotas. We spoke with one professional who regularly visited 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were very relaxed and interacted confidently with staff. Those who were able told us staff were kind and they felt safe. This was confirmed by relatives we spoke to.
- There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. All staff undertook training in how to recognise and report abuse and had a clear understanding of the actions required to protect people.
- Staff told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people. Safeguarding concerns had been escalated and managed appropriately.

Assessing risk, safety monitoring and management

- There were risk assessments and care plans in place with clear guidance for staff to ensure people received safe care and support.
- Risk assessments identified risks related to physical and mental health, including epilepsy and seizures, choking, and behaviour that challenges. They were comprehensive, and person centred, and provided clear guidance about how to reduce the risk and keep the person safe. For example, a positive behaviour support plan for one person enabled staff to recognise and respond to triggers of distressed behaviour, and provide the support needed. As a consequence, the person was better able to manage their anxiety and no longer required PRN (as and when required) medication to keep them safe.
- Risk assessments supported people to take positive risks, including going out into the community and participating in activities.
- Staff had received specialist training from the IATT team (learning disability intensive assessment and treatment team) to enable them to understand people's complex needs and keep them and others safe.
- Risk assessments were reviewed regularly and in response to people's changing needs. There were effective systems to ensure staff were kept informed of any changes.
- Plans were in place to ensure people were supported in the event of an emergency.
- There were a range of checks on the environment and equipment to ensure they were safe.

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of the people living at the home. We observed how people were supported, and staffing rotas showed, that planned staffing levels were being achieved.
- During our inspection visit, we observed staff spending time with people, engaging in activities or chatting. They responded promptly when people needed support.
- There had been difficulties with recruitment and retention. One relative expressed concern about how changes in the staff team impacted on their family member, because they had to get to know the new care

workers. The management team were confident that the situation was now improving, and a more stable staff team was being developed. Regular agency staff were used when needed to provide consistency.

- The provider ensured all new staff were checked to make sure they were suitable to work at the service. This included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Using medicines safely

- Since the last inspection an electronic medication management system had been introduced to improve the safety of medicines administration by reducing the possibility of human error.
- The service ensured staff were trained and competent before allowing them to administer medication, and their skills and knowledge were maintained. Protocols were in place for the administration of PRN medicines.
- There were arrangements for the safe delivery, storage and disposal of medicines.
- There was a robust system of audit and review in place.

Preventing and controlling infection

- There were infection prevention systems in place and staff used protective equipment such as gloves and aprons.
- The home was clean and well maintained.

Learning lessons when things go wrong

- The management team were proactive in learning from significant events and taking action to minimise the risk of recurrence. For example, incidents, accidents and medication errors were reviewed and immediate action taken. Further analysis of significant events was completed to identify any wider actions required to keep people safe.

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 Good. At this inspection this key question has remained the same. This meant 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.

- Prior to people moving into the service, a needs assessment was carried out in consultation with the person, their relatives and significant others who knew the person best. This assessment was used to determine if the service could meet the person's needs and to inform their person-centred plan (PCP). It ensured staff were appropriately trained to support the person prior to admission and had a clear understanding of their needs.
- Care and support was planned and delivered in line with current legislation and good practice guidance. The service applied the overall principles and values of Registering the Right Support (RRS) and other national guidance for supporting people who live with a learning disability. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence.

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

- Staff worked with a range of health and social care professionals to maintain and promote people's health. This included the SALT (Speech and Language Therapy) team, IATT (the learning disability intensive assessment and treatment team), dieticians and dentists.
- People had hospital passports, to inform hospital staff about their needs and preferences during any hospital admissions.
- The service and its staff were committed to working collaboratively with health and social care professionals. For example, keyworkers worked with GP's to review and monitor people's health and medication. A health professional told us, "They are very responsive. They always make sure staff are available (to support) when I visit and contact me if there is an issue."
- People received the support they needed to maintain their oral health and there were oral health care plans in place.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about people's needs and carried out their roles effectively. A health professional confirmed, "They are very skilled and experienced and know people very well. They are very creative with their ideas and problem solving." A care worker described how a person became anxious around meal times with the transition between courses, and the techniques they used to support and reassure the person.
- Staff completed an induction programme and were supported to complete the Care Certificate if required.

This is a nationally recognised set of standards that gives staff new to care an introduction to their roles and responsibilities.

- Staff were supported to develop their professional practice and knowledge. Specific training enabled them to meet people's individual needs, such as trauma training and PEG (percutaneous endoscopic gastronomy) feeding. Their learning was reinforced through awareness days, for example looking at epilepsy and autism.
- Staff told us how training had increased their confidence and skills, which had impacted positively on the lives of the people they supported. One care worker commented, "I didn't have much experience of autism and had a lot of wobbles at the beginning. The training has been good, and I feel more confident now."
- Staff were supported through regular supervision, observations and appraisals. This provided opportunities to discuss any concerns, how best to meet people's needs, and their own personal development.

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

- People's nutritional needs were met. People had been referred to dieticians where there was an identified risk. Care plans held information about their dietary needs and support required, and this was well known by the staff team.
- Food and fluid intake, and people's weights were monitored to ensure this was maintained. Support with healthy eating and attendance at slimming clubs was provided if required.
- Referrals had been made to external health professionals such as the speech and language team (SALT) if there were concerns about choking, and guidance followed. We observed staff preparing meals and drinks at the recommended consistency and monitoring people to ensure their safety while they ate.
- People's independence around food choice and preparation was promoted. Some people were being supported to develop their shopping and cooking skills, while others were being supported to make and communicate their food choices.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Throughout our visit we observed staff asking people for their consent before providing any support and acting in accordance with their wishes. This required a detailed understanding of each individual's method of communication, for example picture symbols, photographs and gestures.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make specific decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005).

- People's capacity to consent had been assessed and best interest discussions and meetings had taken place. Care records demonstrated consideration of the MCA and how the service had worked alongside health and social care professionals to determine a person's capacity to consent to care and whether any decisions made were in their best interests.
- The service had referred people for an assessment under DoLS as required.

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

- The premises and environment were adapted to meet people's needs. For example, a blue hand rail had been installed on the stairs at the suggestion of an occupational therapist, because it was easy for people to see. The corners of the windowsill in a person's room had been rounded to minimise the risk of injury during a seizure. Clear pictorial signage promoted people's independence in their home environment.
- People were supported to choose their room décor and furniture, using photographs and catalogues.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who treated them with patience, kindness and understanding. We observed positive interactions between people and staff, with people smiling, laughing and actively seeking their company.
- Staff were passionate about their role and committed to providing the best care. They told us, "It's such a rewarding home. The service users are happy. It makes me want to work here even more."
- Equality and diversity were promoted. People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care, for example in relation to culture and beliefs. A different culture was celebrated each month, for example people made food and decorations for Chinese New Year and attended a festival in the city.
- People were supported to participate fully in their local community. For example, they attended Exeter Pride and an annual community festival celebrating diversity. One person had been a ranger for a day looking after the animals at a wildlife park. Another person helped out regularly on a farm.

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

- People were supported to be as involved as they were able in decisions about their care. Those who were able told us they were able to choose what activities they wanted to do, and what food they liked to eat. They chose their own key worker, using photographs of staff to support their decision making. Person centred plans and daily notes were written with people and read back to them, so they knew what had been written. They participated in regular reviews of their care, monthly house meetings and annual surveys about the quality of the service.
- Staff were committed to ensuring effective communication and information sharing with people, so they had a voice and could make informed decisions. PCPs (person centred plan) contained detailed guidance to enable staff to support people with this, for example, to assist a person to choose an activity; "Staff sit with [persons name] in a quiet space where there are minimal distractions. Photos or symbols of activities available or suitable and verbal reinforcement of what the picture represents."
- Relatives were kept well informed about the wellbeing of their family member and any changes to their care plan. One relative told us how they received an email every week, updating them on their family member's wellbeing and activities.

Respecting and promoting people's privacy, dignity and independence

- We observed, and staff described, how they treated people with dignity and respect. Personal care was given in private and staff respected people's private time.

- People's independence was promoted. They were supported to identify and work towards individual goals which were broken down into small achievable steps. One person was working towards the goal of cooking their own meals, baking cookies and golden syrup sponge. Their PCP clearly identified the support needed, including developing the shopping list from the recipe and supporting the person to go to the shop to buy the ingredients.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a full needs assessment and PCP (person centred plan). The PCP contained detailed information about people's life story, likes and dislikes, goals, relationships, health needs, sensory needs, communication method and behavioural support needs. They were reviewed regularly with people to ensure their accuracy.
- Since the last inspection the provider had reviewed and improved the PCP format, so they were more person-centred, detailed and easier for staff to follow. Staff told us they contained the information and guidance they needed to understand and meet people's individual needs, and we observed this was the case. For example, staff did not give eye contact to one person who found this difficult, in line with the person's PCP.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff worked closely with SALT (Speech and language team) and IATT (learning disability intensive assessment and treatment team) to ensure they had the knowledge and skills to meet people's individual communication needs.
- Staff had a clear understanding of each person's individual communication preferences and were able to understand each person's requests and concerns. People had 'communication passports', to give new and agency staff a clear understanding of the person's individual method of communication.
- The service used a variety of tools to support people with communication, including objects of reference, symbols and pictures, and assistive technology such as hand-held computers. A notice board contained documentation in an easy read format, such as the CQC inspection report, service user guide and complaint procedure.
- PCP's contained detailed communication plans to enable staff to recognise particular requests or concerns, such as if the person was in pain, happy or sad, feeling unwell or needing the toilet.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed a range of activities both 'at home' and out in the community. People contributed to life at

The Risings, for example, doing housework and making lunches. A cake making session was in progress during the inspection, and one person had been runner up in the provider's national 'bake off' competition. Another person, who enjoyed pottery, was having a kiln installed in the garage.

- Community trips had been the inspiration for some activities. For example, people had requested a fish tank after a visit to the aquarium, and this was being organised. They were choosing and buying the fish and creating fish related art. A visit to a butterfly farm had led to a session making stained glass windows and mosaics.

- People participated in community activities in line with their interests and identified goals. This included going to dance classes and visiting a farm. People had started working in a café and were looking forward to trips to Disneyland Paris and Butlins.

- People were supported to maintain contact with their families and other important people in their lives. Visitors were welcome at any time, and staff supported people to visit their families at home.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy which people received in an accessible 'easy read' format. Concerns had been managed in line with this process.

- People and their representatives were encouraged to raise any complaints and concerns as they arose, so they could be dealt with promptly. A relative confirmed they felt 'heard' and the service was working with them to address their concerns and provide the best support possible to their family member.

End of life care and support

- The service was not supporting anyone with end of life care at the time of this inspection.
- There was an end of life care plan in place for one person, however the majority of people's representatives had not wanted to consider this at this stage in their family member's life.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. How the provider understands and acts on the duty of candour responsibility.

- Relatives and staff told us the service was well managed. One member of staff said, "It's a well led service. They are very good with sorting things out, and leading people in the right direction. There's lots of personal support."
- There was a positive culture at the service, and the provider's values were displayed. The PIR (Provider Information Return) stated, "We try to consider ourselves a community of people and that we are all responsible for each other's well-being and happiness, whether we work here or live here. Everyone here is treated as an individual, with the right to personal choices and their own life."
- The service had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe

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

- The provider was proactive in ensuring people were engaged and involved. This was achieved in a variety of ways including supporting people with communication, the provision of key information in an accessible format, quality assurance questionnaires and house meetings. The providers 'Independent Customer Support Officer' spent two days at the service speaking with people and their relatives. Their views and any concerns were then fed back to head office and addressed. This officer was available at any time, and their contact details were displayed in an easy read format.
- Staff were proactively looking for ways to ensure people felt valued. For example, an 'achievement' board was being developed, to record people's successes, big or small. After a month people's achievements would be celebrated with a special meal.
- Staff were encouraged to play an active role in the running of the service, participating in regular staff meetings and discussions in supervision. The manager told us, "When staff have good ideas we ask them to persevere with them. Let them take the lead and monitor how far we've got."

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

- Since the last inspection there had been significant changes to the management and staff team. Although this had resulted in a period of upheaval, staff confirmed, "There has been a lot of change, and a lot of agency staff, but it's levelling out now."
- There were effective systems in place to monitor the quality and safety of the service. Regular audits were

completed by the provider and management team. The findings fed into a comprehensive service improvement plan, documenting the progress made and prioritising the actions still outstanding.

- There were processes in place to ensure effective monitoring and accountability. There was a clear staffing structure with clarity around roles and responsibilities. This included 'lead roles' with responsibility for areas such as infection control and medicines management. The management team also worked alongside staff 'on the floor', which gave them an opportunity to observe practice and identify good practice and any areas for improvement.

Continuous learning and improving care. Working in partnership with others

- The provider was committed to improving knowledge and learning about best practice and sharing this with staff. They provided regular support and supervision to the managers of their services who disseminated their learning across their staff teams. There were bi-monthly managers' meetings, where managers could network and share ideas, and keep up to date with developments, and an annual leadership conference.

- Staff were supported to take relevant national vocational qualifications and complete specialist training to build on their knowledge and skills.

- The service worked closely with external health and social care professionals to learn and provide a holistic response to the people they were supporting. For example, staff attended training sessions with the IATT team (the learning disability intensive assessment and treatment team) focussing on the specific needs of an individual at the service.