

Action for Care Limited

Low Lane House

Inspection report

18 Low Lane
Middlesbrough
TS5 8EA

Website: www.action4care.org

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30 July 2019

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Ratings

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

Summary of findings

Overall summary

About the service

Low Lane House is a residential care home providing personal care to five people aged 18 and over. The service can support up to six people who are living with learning disabilities and/or autism.

Low Lane House is a large, adapted house situated in a residential area with close links to transport, shops and countryside. It has its own private enclosed gardens which all people can use if they require quiet time or a safe space.

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 observed to be happy and were supported by a staff team who knew them very well and were skilled and knowledgeable. The service provided flexible care and support in line with people's needs and wishes.

The provider ensured people received a safe service with systems and processes in place which helped to minimise risks. Staff effectively reported any safeguarding matters. All incidents were critically analysed, lessons were learnt and used to improve outcomes for people. Medicines were managed safely.

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.

The service supported people to access a wide range of activities and hobbies outside of the house and to maintain relationships with their families and friends.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across health and social care sectors. They expand our understanding of both good and poor practice and the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusions and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

People, their legal representatives and health and social care professionals were actively involved in decisions being made about the care people received.

The provider and registered manager monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements to the services. One relative told us if they had any concerns about they would speak to one of the management team.

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

Rating at last inspection

This service was registered with us on 31/08/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

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?

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.

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.

Inspection team

One inspector carried out the inspection.

Service and service type

Low Lane House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We met with the five people who used the service and spoke on the telephone with two relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager,

deputy manager, three senior support workers, four support workers and two agency support workers. We also spoke with one visiting social care professional.

We reviewed a range of records. This included two people's care and medication records. We looked at two 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 sought and received feedback from a further three professionals who worked with, and visited the service regularly.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were in place and staff had completed safeguarding training.
- One person told us how they felt the service kept them safe, saying, "I have my own plan. I can show it to staff to let them know when I'm feeling anxious."
- The service worked closely with other relevant authorities to protect people from abuse and avoidable harm. One professional told us, 'The staff approach is genuine and person centred – focusing on safety but also rights, choices and independence for individuals.'

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks.
- Individualised positive behaviour support plans guided staff on actions they could take to prevent situations arising where a person could become distressed and therefore minimised the need for restrictive interventions.
- Regular health and safety checks were carried out to ensure people were kept safe.

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of the people living at the service. The management team reviewed this to ensure staffing levels were flexible to meet people's needs.
- An effective recruitment process was followed.
- Agency staff were used but the service used the same staff consistently who had built relationships with people living at the service. The service had recently recruited for more staff.

Using medicines safely

- Medicines were managed safely. Records showed people received their medicines at the correct times and with the correct level of support from trained staff who had their competency checked by the management team.
- The service had signed up to a national initiative for stopping the over medication of people with a learning disability, autism or both (STOMP), with certain medicines which affect the mind, emotions and behaviour. The registered manager told us how they continuously looked at other positive supporting strategies for people to reduce the need for 'as required' medicines.

Preventing and controlling infection

- The service was homely, clean and tidy.
- Staff supported people to maintain the cleanliness in the house.

- Staff had access to disposable gloves and aprons to prevent the spread of infection. Weekly environmental checks were undertaken to ensure staff were following good standards of cleanliness and hygiene.

Learning lessons when things go wrong

- Effective arrangements were in place to learn lessons when things went wrong.
- Where accidents and incidents had occurred, the provider and registered manager looked for any patterns or trends ensuring practices were reflected upon, and any lessons to be learned were shared with the whole staff team.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's health and social care needs were assessed, and the support people received reflected national guidance to achieve the best possible outcomes.
- Before people moved into the house their needs were assessed and introductory visits arranged to ensure compatibility with all other people living there. One professional told us, 'Staff got to know [person] well during their transition period. [Person] was able to visit the home several times and staff visited [person's] previous placement to learn about them.'

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- The registered manager monitored DoLS applications to ensure they were submitted appropriately and on time.
- The service understood their responsibilities regarding MCA and best interest decisions. We observed staff continually seeking people's permission whilst supporting them.
- Staff had a good understanding of people's communication needs and were observed supporting people to make day to day decisions and choices.

Staff support: induction, training, skills and experience

- Training, supervisions and appraisals were up to date. Staff told us they felt supported and listened to by the management team. One staff member told us, "I'm being supported to undertake a management qualification, it's really good that we are being encouraged to develop our skills for the future."

- New staff completed an induction programme when they began work and had opportunities to shadow more experienced staff.
- Staff were supportive of each other. One member of staff said, "We have gelled as a team, we all bring something different, but we have the same goal and that is to make sure people living here get the best support."

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

- People were encouraged to be actively involved in shopping, preparing and making their own meals and drinks to develop essential life skills.
- Support plans outlined people's preferences, health needs and the support they required with their food and drinks. Staff promoted a healthy and balanced diet.
- Where there were concerns about people's eating, drinking or their weight, appropriate referrals had been made to health professionals and monitoring systems put in place.
- People had a choice of where they ate their meals. Some people chose to eat together in the dining room, others choose to eat in their own rooms or other areas.

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

- Records showed people had regular health and wellbeing check-ups. People had attended a dentist and had oral hygiene support plans in place.
- When required, investigations or advice from health professionals was sought in a timely manner for any concerns. Health action plans were in place which identified people's health and care needs.

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

- The home had three separate living areas which allowed people a choice of where to spend time. There was extensive safe space outside space where people could go to when they were experiencing anxiety or distress or just wanted some quiet time.
- Bedrooms were personalised and decorated to each person's individual choice.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 observed to be happy. Many positive and respectful interactions were seen between staff and people living at the house.
- One relative told us, "It is a wonderful place. [Person] is the best they have ever been. To see [person] now is remarkable, [person] is so happy."
- One professional told us, 'I found the care ethos and approach an absolute credit to the service. The providers transparency demonstrated a clear grasp of what a service for people living with a learning disability should be like.'
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.
- The management team monitored how staff engaged with people to ensure they were always kind and caring.

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

- Care and support plans emphasised people's rights, choices and the support they required to make decisions about their support and the activities they took part in.
- Staff used appropriate communication methods to support people to be involved in all aspects of their care planning and reviews.
- Records showed people were involved in all decisions about their care and support. One relative said, "I'm involved. The managers keep me updated and I'm starting to build trust with them after years of not trusting other services."
- People had access to and received support from an independent advocacy service when required to support them with any decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed throughout the inspection ensuring people's right to privacy and dignity was respected and upheld.
- Staff supported people to remain independent. People were respectfully encouraged to do things for themselves to enhance their independence.
- Confidential information was stored securely and in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The support people received was individual to their needs and was delivered in a person-centred way.
- Care and support plans reflected people's choices, wishes, life aspirations and what was important to them. One professional told us, '[Person] is encouraged to cook their own meals, so that they can be as independent as possible.'
- People were supported by staff who knew them well and how to positively support them to avoid situations that could lead to distress.
- Care and support plans showed people, and their relatives were fully involved in planning their own support. Where changes were needed people were supported with this.

Meeting people's communication needs; Improving care quality in response to complaints or concerns
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.

- Care and support plans included people's preferred ways of communication which included pictures, use of electronic tablets and Makaton. Staff were also aware of people's non-verbal signs of communication.
- The service had a range of information in an accessible format to support people using the service to raise concerns and share their feedback. This included pictorial and easy read complaints records.

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 were supported to follow their interests, take part in activities that were appropriate to their needs and access a range of activities both within the house and the wider community. Photos of trips to museums, discos and the countryside were displayed within the house.
- Staff worked closely with people, their relatives and external health and social care professionals to promote people's life goals and ambitions which included continuing their education and having volunteering roles.
- People were supported to maintain relationships with people that were important to them. One professional told us, 'The staff are being very supportive and take [person] to meet their [relatives] who live out of the area. [Person] is being supported to have regular contact with their family.'

End of life care and support

- The service was not providing any end of life support at the time of our inspection. The registered manager

informed us that when required they would work closely with people, their relatives and other professionals to ensure the person was supported and experienced a comfortable, dignified and pain-free death with their end of life wishes respected.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The service demonstrated a commitment to provide meaningful, good quality, person-centred care that met people's individual needs in a timely way.
- One professional told us, 'The service offers person centred support considering people's social needs and integration within the local community to be a vital aspect of their support. The management team are very motivated to work as part of the multi-disciplinary team.'

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; Continuous learning and improving care

- Policies, procedures and best practice guidance were in place to support staff and continually raise standards.
- Monitoring and review systems were in place for each person accessing the service, to ensure their needs were continually being met.

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

- Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. They told us the registered manager was clear about their role, responsibilities and led the service well.
- A robust quality assurance system was in place to review the service and drive improvement. The management team used these to improve outcomes for people. This helped to ensure people received a consistent level of support.
- Timely statutory notifications to CQC had been received following any significant events at the service.

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

- Feedback on the quality of the service was actively sought from people, relatives, staff and professionals. Compliments seen said, '[Person] is very lucky to live in a happy and safe environment' and, 'We have had nothing but honest and caring staff.'
- Reviews were undertaken involving people and other important people in their lives. This gave an opportunity to evaluate outcomes for people and set new goals for the year ahead.
- Regular house-style meetings took place and all people were involved to give feedback on the service they

received. This was undertaken using various accessible communication methods.

- Staff meetings were held regularly and used to share good practice to continually raise standards.

Working in partnership with others

- The service worked well with a range of external health and social care professionals. Records showed the service had positive working relationships with a range of professionals and support was quickly sought for people which resulted in positive outcomes.