

Cambridgeshire County Council

Larksfield Transitions Unit - Wisbech

Inspection report

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Date of inspection visit:
27 September 2018
28 September 2018

Date of publication:
12 November 2018

Ratings

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

Summary of findings

Overall summary

This unannounced inspection took place between the 27 and 28 September 2018. At our inspection in March 2016 the service was rated as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Larksfield Transitions Unit - Wisbech is a supported living service. This service provides care and support to people living in one supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service also provides an outreach service to people living in the community. It provides personal care to people living in their own houses and flats. It provides a service to, people with a physical disability, people with a learning disability or autism and people living with dementia. Not everyone using Larksfield Transitions Unit - Wisbech receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection there were eight people using the service.

The service was very caring. People were at the heart of the service and staff cared for them in a compassionate way. Staff used innovative ways to enhance people's independence as well as respecting people's right to privacy and dignity. People were supported and encouraged to use advocacy services. Staff were highly motivated and offered care that was exceptionally compassionate. People were involved in deciding how their care was provided and as a result they achieved exceptional outcomes. People were treated with fairness whatever their needs were.

The service was safe. People were safeguarded by staff who knew how to recognise and report any concerns. The provider identified risks to people and managed them well. Sufficient staff were in post and the recruitment process for new staff had helped ensure that only suitable staff were employed. Lessons were learned when things had not gone well and prompt action was taken to keep people safe. Staff administered medicines and managed them safely. Staff helped people to maintain a clean environment.

The service was effective. Staff met people's needs and had the right training and skills to do this effectively. People had a varied and healthy diet and enough to eat and drink. People were enabled to access health care services. People were given choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The registered manager worked with other organisations such as the local authority who were involved in people's care to help ensure that when people used the service they received consistent care.

The service was responsive. People received person-centred care that was based on their needs. Staff used mobile phones to record their care visits to help ensure people's care was provided at the time they wanted. The provider encouraged people to raise concerns if and when they arose. Concerns were responded to effectively and helped to drive improvement. Systems were in place to support people and family members with end of life care.

The service was well-led. The registered manager led by example and ensured the staff had the right skills and values. Staff worked as a team to help people and each other. Procedures were in place that were effective in helping the registered manager to identify and act on improvements when these were needed. People had a say in how the service was run. The registered manager provided support to staff in a positive way. An open and honest staff team culture was in place. The registered manager and staff worked in partnership with others including the local safeguarding team.

Further information is in the detailed findings below.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Outstanding ☆

The service remained outstanding.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

Larksfield Transitions Unit - Wisbech

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 checked 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.

This unannounced inspection took place on 27 and 28 September 2018. The inspection was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from statutory notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

On the 27 September 2018 we visited the service and spoke with four people. We also spoke with a visiting regional manager, a senior support worker and three care staff. On 28 September 2018 we spoke with the registered manager and a health care professional.

We looked at care documentation for three people using the service and their medicines' administration records. We also looked at two staff files, staff training and supervision planning records and other records relating to the management of the service. These included records associated with audit and quality

assurance, accidents and incidents, compliments and complaints.

Is the service safe?

Our findings

The provider continued to have systems in place to help to protect people from the risk of abuse. Staff received training in safeguarding and they knew about the reporting processes in place should they have any concerns about a person's safety. One person told us, "I am safe here as [staff] look after me. I call them if I feel worried about something. They help me."

Staff made sure they secured people's doors or homes when leaving. Staff treated people equally and with respect. One person told us that they now knew to use their emergency call system if ever they fell to alert staff at once if they needed aid to be safe. Another person said, "[Staff] are always very careful to make sure I am safe." One staff member told us, "I would report any concerns about people's safety or risk of harm to the [registered] manager or if needed, the police if there was any theft of people's possessions."

The provider carried out robust recruitment practices to promote safety and ensure staff employed were suitable for the role. Appropriate checks were carried out on potential new staff before they were employed. These included photographic identity, previous employment history, references, and criminal record check. People were given an input into new staff's recruitment by seeing how they interacted with the person and if it was in a safe way.

Staff assessed and managed the risks to people's health and wellbeing such as eating and drinking or moving and handling. People's care plans contained information for staff as to the severity of risk and how to reduce the risk. One staff member told us, "If a person has specialist equipment to help them stand or walk we are trained in how to use the equipment safely. Other risks were managed in people's homes such as with support from the local fire service to install smoke detectors."

There were enough staff with the right skills to meet people's needs in a timely manner. We found, and people and health professionals confirmed, that staff gave the time needed to meet people's care and support needs effectively. One person said that there was enough staff as whenever they asked for staff to help them with safe moving and handling into their wheelchair then this happened. Staffing levels were based on people's individual needs and fluctuated on a day-to-day basis according to the support each person needed. Staff supported people to go out when they wanted.

People received their medicines safely and as prescribed and procedures were in place to help staff make sure this was consistent. Staff were trained to administer people's medicines safely and were assessed competent to do so. Medicines administration records were accurate and gave staff the information they needed to administer medicines correctly such as for time-specific medicines. One person told us, "I need to be given my medicines at a certain time. [Staff] don't leave until I have taken all my tablets."

The provider had systems and training in place to support the prevention and control of any infections. Staff adhered to the provider's policies by wearing protective clothing, including gloves, when giving personal care to prevent the spread of infection. One staff member said that they helped people keep their home clean and that they washed their hands with hot water and used antibacterial hand soaps. They added, "We

promote good hygiene and keep chemicals in a secure place." Food storage facilities and food preparation areas were kept clean.

Lessons were learned and improvements made when things went wrong. One person who had fallen said, "I now get reminded to make sure I have my call bell attached to my bed." The registered manager investigated complaints, accidents and any incidents of concern. Prompt action was taken to resolve issues, improve practice and prevent reoccurrence. For example, to help to prevent the incorrect administration of people's medicines, senior staff completed more checks. Care staff had the openness to report their own errors. This was as well as having to complete further training. Health professional's guidance and advice had been sought and this had been acted upon. This had reduced the risk of further errors.

Is the service effective?

Our findings

Staff were trained, competent and able to meet people's needs effectively without discrimination. They were supported to keep their knowledge updated and in line with best practice guidance. People's needs were reassessed regularly. One person told us, "I need help to maintain my strength and the staff are very good at getting me to do my exercise properly." Another person told us that staff fully understood how to help them with their health condition by helping when needed but respecting the person's own ability. The person said, "[Staff] help me to eat when it is time. I have to be careful not to eat the wrong foods." Staff with the right skills worked together with people to successfully meet their needs.

Staff had completed the provider's mandatory training and were provided with regular updates on other training to help keep them up-to-date with any changes. Subjects staff were trained in included the Mental Capacity Act 2005 (MCA), epilepsy, dementia care, moving and handling, food hygiene and managing risks. A staff member said, "We have training in many subjects. We also get specific training such as, people who have equipment just for their needs. It's important to do it right to get people to be more independent. I have seen the difference this has made."

The registered manager ensured that staff were supported with regular supervision and observation of their working practices. One staff member said, "My supervision is definitely a two-way chat about everybody I care for, any challenges or adjustments needed to my work and of course, me." Another staff member told us that their induction had included an introduction to the service, a period of shadowing senior and experienced staff. This included being able to ask for support, day or night. Staff got to know people well, they took account of any change in the person's care needs and adapted their training to suit. This enhanced people's independence.

Staff supported people to have a healthy and balanced diet. Care plans contained information which enabled staff to support people with eating and drinking and specific to their dietary needs. One person said, "[Staff] get the food out for me. I need help to cut foods up and holding plates but I can do some cooking and help serve." We saw and people told us that staff encouraged them to drink fluids, especially during the recent hot weather. Another person told us they loved to eat their favourite home-made fish pie and staff helped them to make this. Staff went shopping with people and helped them to choose healthy eating options.

The service worked together with other healthcare professionals to ensure people received timely and co-ordinated care and support. One person said, "[Staff] are very good with me. I had a fall and they have been wonderful in doing things for me." A health professional had fed back to the service in a quality survey, "Without the support from the staff. [Person] would have had to stay in hospital much longer." Staff supported people to manage their long-term health conditions such as diabetes which included blood sugar monitoring and sensible eating.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to make decisions 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 who normally live in their own homes or within a supported living setting can only be deprived of their liberty through a Court of Protection Order. The manager and staff were familiar with this process. We checked whether the service was working within the principles of the MCA and found that it was.

Staff understood the principles of the MCA and applied this knowledge to safeguard people. One staff member said, "We are not here to restrict people. We are here to give them every opportunity to make their own decisions even if these appear unwise to us." People were offered choices in all areas of their care and wellbeing. People were supported to make decisions about their health and welfare. Any restrictions such as bed rails were agreed by the person as well as staff assessing any risk to the person. Staff respected people's decisions.

Is the service caring?

Our findings

The service continued to put people at the heart of the service. Both management and staff were highly motivated and fully committed. They formed positive relationships with people. This helped people to achieve their goals and aspirations, and improve their wellbeing. People and their relatives told us they valued their relationships with staff. We were told about examples where management and staff had gone the extra mile to enhance people's lives.

One person told us it was the dedicated support shown by staff, each day, that helped them to become stronger and in turn become more independent. Following a stroke, another person had progressed so much with staff support, their rehabilitation programme was increased to enable them to try to reach their best independence; they were hoping to walk again.

Care was empowering. Staff supported another person over many months to build their confidence to go out alone, as their confidence increased staff support reduced. This had enabled the person to exhibit their artwork for which they had received many letters of appreciation, they told us "It means so much to me."

Staff over time had gained the trust from people who had previously experienced high-levels of anxiety. They were now comfortable and relaxed and happy to sit or lie on a couch in a communal area, to watch TV. One person told us, "It's all down to [staff]. I am the happiest I have ever been."

A relative complimented all staff by saying how their calm caring way had helped their loved one reach a speedy recovery. A health professional also complimented on the high quality of care this person had received. They stated, "If [staff's] support was not in place then [person] would not have the opportunity to be where they are today living independently and much healthier." We observed some excellent staff interactions with people they supported. They were respectful, supportive and responsive to people who clearly had developed positive relationships with them. A staff member told us how they were always striving to support people to experience new and varied activities and opportunities. An example of this was one person had always shown a great interest in car valeting. The member of staff supported the person where others had failed to realise the importance of this person's ambition to achieve their goal. This person told us about the car valeting training course they had completed and showed us a photograph of them proudly receiving their training certificate, they passed with flying colours. By talking with this person, it was evident of how important it was to them that they had achieved their wish.

Compliments from various organisations showed staffs compassionate care and empathy for the people they cared for. One compliment praised a successful outcome for a person who was at risk of malnutrition prior to using the outreach aspect of the service. The registered manager had engaged with the person and worked together with other professionals to put in place accommodation and medicines' support. Staff took the person a hot meal every day until a home with cooking facilities was available. The registered manager told us, "It can take years or weeks to transition people back to living more independently." People progressed to living independently nearer to their family. We noted an external professional had specifically thanked a member of staff, for the support they gave a person who used the service at a time of crisis. This

professional said that due to the support and commitment shown by this member of staff, they had enabled the person to remain in the community. The person had experienced a good outcome in relation to their health and wellbeing during a difficult time due to the support they received from a caring and committed staff member.

People received support to express their views so that staff and managers at all levels understood what these were, especially for people who communicated in other ways than verbally. People's care and support was provided without discrimination no matter what their care needs were. One person said staff were "exceptionally caring" as they had supported the person through a serious injury very fairly, with respect and decency. The person told us, "When I was unwell, [staff] all helped me until I got better by sitting with me all of the first night." The registered manager told us, "It was essential to have the person back at home where they were much less anxious, with staff and friends they knew, so that's what we did." A staff member said that over many nights of supporting the person, they were now able to sleep independently once more. "It was a challenge but just being there for them at a crucial time when they just wanted to be at home was worth every minute."

An equality, diversity and human rights approach with supporting people's privacy and dignity was well embedded in the service. Staff had enabled people to have a real say in the policies which affected them including, use of a communal mini-bus, going shopping, financial matters, complaints, and staff recruitment. Staff used technology to help them understand people's main language and translations of this. One person had thanked the registered manager for supporting them to eat more healthily and to be able buy only the items they needed. Another person had gained skills doing voluntary work at a local care home where they had become good friends with some people living there who shared an interest in gardening. The person said, "I love my work. It gives me a chance to meet people and to do this work knowing I am also helping someone, just like I am helped here." The person had also planted-up many of the flowers and vegetables they grew at the service.

People had agreed at a tenants' meeting for potential new-staff to spend part of a day with them. For some people this was a huge step in being supported to overcome their anxieties with encouragement from staff. People wanted to see how these current members of the public interacted with each person without bias. People told us they were consulted and had participated in meetings and had signed their support plan as a method to confirm they had been involved in the development and review of their support. Staff were recruited based upon the people they cared for. This included language translations, computer games and board games.

Staff used their skills to promote people's independence, privacy and dignity and they welcomed the involvement of advocates. Advocacy was based on people's individual needs and this helped safeguard people's rights and helped ensure their views were found and acted on. One person told us, "Before I came to live here I didn't know anything about my rights. Now, I have all the support I need about them." As a result of advocacy support from staff the person now managed their own finances as this was an area they excelled at. Staff told us, "[Person] is very good at maths. They like to be involved as it gives them financial skills to live independently one day."

Is the service responsive?

Our findings

Staff were responsive to people's care needs and they received their care in a way they preferred it. For example, one person said, "I do need help. I am getting more independent and I may always need some help. [Staff] know precisely how to use my equipment. I get a say in how much help I have." Another person said that despite their health condition, staff had enabled them to access services which were helping them and their family to move on to the next stage of their care such as, living independently. They had also peer support and additional rehabilitation that included assistance to access occupational therapy and the wider community. This also gave the person the opportunity to participate in social events such as, a bar-be-cue and a view to being able to go swimming again.

People's care plans were detailed and held information about their abilities, aspirations, preferred routines, daily activities and care and support needs.

The service had used assistive technology to enable people to manage their own medication, and equipment for personal care. They also used assistive technology to assist people with sensory impairments. This alerted people when their medicines were due.

A complaints procedure was in place and access to this was enabled by staff so that people could raise their concerns. One person had written to the registered manager and their complaint about staff had been resolved. Another person told us, "I did have a moan about some staff and their behaviours are much better now. I haven't had to complain in ages." Another person was proud to tell us of the staff they now had that were of a similar age and shared interests. Staff told us how they listened to people's concerns and acted on them. For example, by gaining a person's permission to give the person the correct money to shop and not be able to buy items they didn't need.

People were supported with their end-of-life care and decisions about this were based on the latest guidance. The provider's Statement of Purpose (this is a document which tells people about the service and how it is provided) supplied people with information should they need end of life care or support to relatives and loved ones. People, where needed, had been supported in deciding what their end-of-life care needs including funeral arrangements.

Staff were provided with end of life care training. Staff had discussions with relatives, where appropriate, about people's preferences. Information about people's end-of-life wishes were shared with those organisations involved in the person's care such as a GP. People had been cared for with compassion in their final days and to have a dignified and pain free death. People's advanced decisions including those for resuscitation were respected. One staff member told us, "We have been offered bereavement counselling. You never expect it when people die but for some people this is an outcome we needed to prepare for." The registered manager told us that when external health professionals were needed, they came to the service. A health professional told us that staff knew exactly what to do for each person at a very important and sensitive time of people's lives.

Is the service well-led?

Our findings

The service had a registered manager, supported by the provider's regional manager. A registered manager 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.

The registered manager had notified the Commission about events that they are required to do such as safeguarding incidents. However, this was not always done without delay. The registered manager told us they would make sure that in future they did not delay reporting events to us that they were needed to do. The regional manager told us that they would make sure all the provider's services correctly reported incidents.

The registered manager split their time between supporting people in the best way possible and managing the service. They also undertook unannounced visits at a weekend. Staff told us that this was a helpful approach. One said, "You can never tell when the [registered] manager is going to turn up. Just like an inspection (by the CQC). You have to make sure you always work to the highest standards." These checks were to make sure staff understood the service's vision and values in providing safe high-quality care. This helped ensure that staff maintained the provider's values and a high standard of care. One person said, "Every member of the [staff] team is as good as each other. Yes, I have my favourites but that's only natural. They are equally good at helping me."

All staff we spoke with had a shared understanding of people's needs and a passion to make a positive difference to each person's life. For instance, working together to achieve a successful outcome for people such as, going to the cinema for the first time. One staff member told us, "It is much better now having consistent staff, new staff when we need them and a [registered] manager who continues to be there when we need them." Another staff member said that their induction had been a good starting point where their shadowing of experienced staff had taught them the right skills and how to use these to benefit people. They told us, "I can call the [registered] manager at any time. They are so knowledgeable and give me the support I need when I need it."

The provider enabled and encouraged open communication with people using the service or their representatives. This included a survey and bi-monthly tenants' meetings where people could comment about the quality of their care. One person had complimented the registered manager by stating, "[Registered] manager leads the team of support workers with the right approach." Another person had written a letter to the registered manager complimenting every staff member for the care they had provided including, shopping, getting the newspaper and "always helping with kindness".

The registered manager continued to be supportive of the staff team and treating them equally well. This support included staff team meetings and regular updates on staff's training. One person told us, "I love living here. I can trust the staff to help me. I speak with [registered manager] most days anyway." Team

meetings for staff were an opportunity to remind them of the standard of care expected as well as praising staff for the successful outcomes people had achieved. The registered manager had developed an open and honest staff team culture. They did this by involving people and the staff team in identifying the latest guidance and information about care for people using the service. For example, from national organisations including Skills for Care to share good practice including how to retain staff as well as recruiting staff with the right values. People had a say in which staff were recruited. Another person said, "I like to know who might be caring for me. I have to like them or it [care] won't work." The registered manager told us they valued people's views as it was people who were at the heart of the service.

Audits, quality assurance and governance systems were effective in identifying and driving improvements. For example, by contacting those involved in people's care when needed such as, a GP if there had been an incident involving medicines' administration. This was as well as liaising with the safeguarding authority to make sure people achieved the outcome they wanted. The registered manager took on board learning from incidents and implement effective actions to prevent recurrences. The registered manager had maintained the high quality of care people received. A social worker had complemented the registered manager on all the staff team's work in helping a person to no longer need support from staff and living a safer and healthier life in the community.