Mr Adrian Lyttle

Mr Adrian Lyttle - Sutton Coldfield

Inspection report

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West Midlands
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Tel: 01212405286

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 May 2016. This was an unannounced inspection.

Mr Adrian Lyttle Sutton Coldfield was previously registered by a different provider and therefore this was their first inspection under the new provider.

The home provides accommodation and personal care for up to nine people who require specialist support relating to their learning and physical disabilities. At the time of our inspection, there were nine people living at the location.

There was a registered manager in post. 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 service was not always safe, effective or well-led because the systems and processes in place used to assess and monitor the quality and safety of the service were not always effective in identifying shortfalls within the service. For example, people were not always supported by enough members of staff and the provider had not always ensured that safe recruitment processes had been followed. Furthermore, key processes had not been followed to ensure that people were not unlawfully restricted and therefore the service was found to be in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People did however, receive care and support with their consent where possible and were offered choices on a daily basis which included meal preferences. This meant that people had food that they enjoyed and any risks associated with nutrition and hydration were identified and managed safely within the home. People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

We also found that people received care from staff who had the knowledge and skills they required to protect people from the risk of abuse and avoidable harm and they knew what the reporting procedures were. People were supported to have their medication when they required it from staff that had the relevant knowledge and skills they required to promote safe medication management.

The service was caring because people were supported by staff that were friendly, caring and who took the time to get to know them, including their personal histories, likes and dislikes. People were also cared for by staff that protected their privacy and dignity and respected them as individuals.

People were encouraged to be as independent as possible and were supported to express their views in all

aspects of their lives including the care and support that was provided to them, as far as reasonably possible. People felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were actively encouraged and supported to engage in activities that were meaningful to them and to maintain positive relationships with their friends and relatives.

Staff felt supported and appreciated in their work and reported the home to have an open and honest leadership culture. People were encouraged to offer feedback on the quality of the service and knew how to complain if they needed to. They felt that the registered manager was responsive to feedback and staff reported the registered manager to be a positive role model who was dedicated to providing a high quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always supported by enough members of staff to ensure that they were kept safe in the event of an emergency.

People were not always protected from risks associated with their care needs because risk assessments and management plans were not always being followed.

People were not always supported by staff that had been safely recruited.

People were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People received their prescribed medicines as required.

Is the service effective?

Requires Improvement

The service was not always effective

People's rights were not always protected because key processes had not been followed to ensure that people were not unlawfully restricted.

People received care and support with their consent, where possible.

People received care from staff who had received adequate training and had the knowledge and skills they required to do their job effectively.

People's nutritional needs were assessed and monitored to identify any risks associated with nutrition and hydration and they had food they enjoyed.

People were supported to maintain good health because they had access to other health and social care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported by staff that were friendly and caring.

People received the care they wanted based on their personal preferences and dislikes because staff spent time getting to know people.

People were cared for by staff who protected their privacy and dignity.

People were encouraged to be as independent as possible and were supported to express their views in all aspects of their lives including the care and support that was provided to them, as far as reasonably possible.

Is the service responsive?

Good

The service was responsive.

People felt involved in the planning and review of their care because staff communicated with them in ways they could understand.

People were actively encouraged and supported to engage in activities that were meaningful to them.

People were supported to maintain positive relationships with their friends and relatives.

People were encouraged to offer feedback on the quality of the service and knew how to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

The management team had some systems in place to assess and monitor the quality and safety of the service; however these were not always effective in identifying shortfalls within the service.

The management team had ensured that information that they were legally obliged to share with us and other agencies, was sent.

Staff felt supported in their work and reported the home to have an open and honest leadership culture.

Mr Adrian Lyttle - Sutton Coldfield

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.

This unannounced inspection took place on 11 May 2016. The inspection was conducted by one inspector.

As part of the inspection we looked at the information that we hold about the service prior to visiting the location. This included notifications from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also requested feedback from the local authority with their views about the service provided to people at Mr Adrian Lyttle Sutton Coldfield.

During our inspection, we spoke or spent time with eight of the people who lived at the home, one relative and four members of staff including the registered manager, an acting deputy manager, a senior support worker and a support worker. Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also reviewed the care records of three people, to see how their care was planned and looked at the medicine administration processes. We looked at training records for all staff and at two staff files to check the provider's recruitment and supervision processes. We looked at records which supported the provider to monitor the quality and management of the service, including health and safety audits, accidents and incident records and compliments and complaints.

Requires Improvement

Is the service safe?

Our findings

The service was not consistently safe because people were not always supported by enough members of staff who had been safely recruited to ensure that they were kept safe. We also found that people were not always protected from risks associated with their care needs because risk assessments and management plans were not always being followed. For example, one member of staff identified three people who would need assistance to evacuate the home in the event of a fire and this was evident within their risk assessments and care plans. Some staff reported to use these tools to inform them of how to keep people safe according to their specific needs. However, we found that these risk assessments and management plans were not always followed because there was not always enough members of staff available to accommodate the recommendations. For example, one person's fire risk assessment stated they would require the assistance of two members of staff to evacuate the home safely. However, we saw that only one member of staff was deployed at night time. We also saw that one person was at risk of dizzy spells and seizures and their risk assessment stated that they should not be left alone. However, during our inspection we saw that this person was left unsupervised in their bedroom with the door closed. two members of staff we spoke with told us that this was for the persons own safety whilst the staff supported other people. We addressed this with the registered manager at the time of our inspection. They recognised that this was an area that needed to be addressed and assured us that people's care needs and risk assessments would be reviewed and that practices within the home would be adapted to accommodate people's needs and promote their safety, including staffing levels.

Whilst some of the people we spoke with told us that there was enough members of staff available to meet their needs, one person told us that the staff were always too busy to spend time with them and they got, "Fed up and lonely". They said, "I am fed up with staff keep coming and going" when referring to the retention and consistency of staff. A relative confirmed this and stated, "The main issue in the home is the staffing levels; [registered manager's name] has been trying to recruit new staff but they are finding it very difficult". We discussed this with the registered manager at the time of our inspection. They told us that they recognised that there was a shortage of staff and that they had been actively recruiting for a while. They told us that in the interim, they had been working on minimum staffing levels and that their own staff were doing additional shifts to cover staff shortages or they deployed staff from their other home. They also told us that they had recently recruited two new members of staff but one had not met the requirements of their probation period and had been asked to leave and the other staff member was ready to start.

We also found that staff had not always been appropriately recruited in order to promote the safety of people living at the home. On the day of our inspection we saw a new member of staff was working their first shift. We decided to look at their staff file to check the recruitment processes and we found gaps in their employment history which were unaccounted for and the provider had not yet received their references. This meant that the provider had not completed all of the necessary pre-employment checks to promote the safety of the people living at the home. We discussed this with the registered manager at the time of our inspection. They explained to us that this new member of staff was shadowing other staff members and was supervised at all times. However, we saw this member of staff had worked unsupervised and gave examples of when we had observed this during the inspection. The registered manager took immediate action and

informed the staff member that they could not return to work until all pre-employment checks were complete and apologised for the oversight. Other recruitment files we looked at showed that the providers recruitment policy and been followed which included a formal interview, two references and a criminal history check via the The Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. The registered manager told us, "There is also a probation period for all new starters and for staff who have recently changed roles; to make sure they are safe and well supported in their work" which we found had been used effectively.

Nevertheless, people we spoke with told us that they were happy with the care they received at Mr Adrian Lyttle Sutton Coldfield and that they felt safe. One person told us, "I like living here". Another person said, "I feel safe here, I trust the staff". A third person told us, "I am safe here because the staff look after me". Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff.

Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. One member of staff told us, "We have safeguarding training; it's our job to protect people and if we felt they were being abused we would inform the manager; but we have a number to call too which is on the posters downstairs". Another staff member said, "If I thought anyone was at risk of abuse, like, if I saw marks on their body or they seemed low or weren't sleeping properly, you know a change in them [that could not be otherwise accounted for]; I would report it straight away to the [registered] manager or to the number on the posters". We saw that the home had posters informing people, visitors and staff on how to recognise signs of abuse and how to report it. Records showed that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse. Staff knew how to escalate concerns about people's safety to the provider and other external agencies. The registered manager was also aware of their roles and responsibilities in raising and reporting any safeguarding concerns. Information we hold about the provider showed us that any safeguarding concerns that had been raised had been reported to the relevant agencies and had been investigated thoroughly with appropriate action taken.

People we spoke with told us they received their medicines as prescribed and when they needed them, one person said, "They [staff] always give us our medication when we need it". A member of staff we spoke with told us that all of the people living at the home required support to take their medication but some people liked to keep some of their medications in their own rooms in a safe. They said, "Only staff have access to the safe, but I think it makes them [person] feel like they have more independence". We were told that only staff, who had received training to do so, administered the medicines and that this duty was allocated in the morning to ensure consistency in the medication administration throughout the day. During the inspection we observed a senior member of staff completing the medication round. We saw that people were offered their medications and they were supported to take them safely and effectively. We saw medications were stored appropriately and staff were aware of the disposal policy for unwanted or refused medication. Processes were in place to identify missed medication early and there was a good rapport between the provider, GP and local pharmacy to ensure people received their medication on the day it was prescribed.

Requires Improvement

Is the service effective?

Our findings

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment in accordance with the Mental Capacity Act (MCA; 2005). The MCA 2005 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. This may include restricting a person's liberty in order to keep them safe and providers are required to submit an application to a 'supervisory body' for the authority to deprive of a person's of their liberty under these circumstances. However, despite having training, staff we spoke with including the registered manager were not always sure about their role and responsibilities with regards to DoLs. We found that DoLs applications had not been submitted, despite there being people living at the home that were potentially being deprived of their liberty in order to keep them safe. We discussed this with the registered manager at the time of our inspection and they recognised that this was an area that needed to be addressed and agreed to identify people who required a DoLs authorisation and submit applications as a matter of priority. Nevertheless, at the time of our inspection we found the provider to be in breach of Regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

Staff we spoke with were, however, able to give examples of how they promoted consent and independence as much as reasonably possible, in all other aspects of the day to day care and support they provided to people. One member of staff told us, "We encourage people to be as independent as possible and support them to make choices, like with what they want to eat, drink or wear, but we know that some of the people living here do not have the capacity to make their own decisions so best interest decisions have been made [in consultation] with their families to make sure we are doing what is best for them [people]". Another member of staff said, "It's important to listen to people and offer as much choice as possible. People communicate their needs in different ways, even if they can't tell us verbally, they can point or we just get to know what they like and need from their facial expressions and behaviours".

Staff we spoke with told us that they prepared all of the meals at the home and where possible, they encouraged people to get involved in some of the meal preparation in order to promote their independence. One member of staff told us, "Staff will cook [for people], but we get them [people] involved and encourage their independence as much as possible". On the day of our inspection we saw people preparing their own sandwiches, with the support from staff, and making their own drinks.

People we spoke with told us that they had a good choice about what they ate and they enjoyed the food the staff prepared for them. One person said, "They [staff] are good cooks; the food is nice". Another person said, "There's a menu on the board; we can have what we want". A relative we spoke with told us, "The food is excellent". We saw that there were not set meal times at the home, although most people chose to eat together. As part of our inspection we joined in with one of the meal times at the home and found that it was a relaxed and social event where staff ate with people and offered support and assistance as required. Staff

we spoke with told us, "Some people have special dietary requirements and need support from us with eating". We saw evidence of this at meal times and found that nutritional assessments and care plans were in place for people who were at high risk associated with their diet or fluids.

We found that people had access to doctors and other health and social care professionals as required. A relative we spoke with said, "I know [person's name] is safe and that [they] get medical assistance when [they] need it". Records we looked at confirmed that people were supported to maintain good health and to attend any medical appointments they were sent. We also saw that any health care concerns were followed up in a timely manner with referrals to the relevant services.

Everyone we spoke with, observations we made and records we looked at showed that staff had the knowledge and skills they required to do their job. One person told us, "The staff are very good here". A relative we spoke with said, "I think the staff are very skilled". One member of staff we spoke with said, "We do a lot of training when we first start and we do refresher training". We saw that the registered manager kept a training matrix which detailed the dates when staff had completed various training as well as a rolling programme of updates that staff were registered to undertake throughout the year. We also saw that the acting deputy manager had been liaising with the company who provided the training within the home on new and updated programmes to ensure that the training was based on current best practice. They told us, "Most of the training packages we do are valid for three years but we [provider] like to ensure that staff have refresher training every 12 months to keep them up to date with any changes or just to remind them and make sure they have the knowledge they need". This meant that the provider knew when staff were due any refresher or additional training and ensured that this was facilitated.

Staff we spoke with told us and records we looked at showed that staff received supervision from the registered manager to discuss any training needs or concerns with the staff. This allowed the registered manager to further monitor the effectiveness of the training and how staff were implementing their learning in practice. We were also told by staff and records showed that the registered manager offered regular team meetings alongside the supervision to staff and that staff felt supported in their jobs. One member of staff told us, "We are very supported here; [registered manager's name] is good, we can talk to him about anything".

Good

Is the service caring?

Our findings

People we spoke with were consistently positive about the caring attitude of the staff and the relationships that were formed between them and the staff team. One person we spoke with told us, "They [staff] are very nice, I like living here". A relative said, "There are lots of positives, it's very homely and the staff are very caring and friendly".

During our inspection we observed staff interacting with people with warmth and compassion. We saw that staff adapted their communication and interaction skills in accordance to the needs of individual people. For example, one person responded well to humour with staff, whilst another person required gentle reassurance and physical contact. We saw staff reciprocated people's requests for hugs appropriately and they appeared to have developed trusting relationships with people.

Staff we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. One person said, "The staff know I love Batman… you should see my room". Another person told us, "[staff member's name] is my key worker and knows I love fishing; so we go together and sometimes [registered manager's name] comes too". Records we looked at showed that people had care plans in place that were person centred and they included information about their life histories, hobbies and interests. People were encouraged to maintain their individuality and we saw bedrooms were personalised to their preference.

Almost everyone we spoke with told us and we saw that staff treated people with dignity and respect. One person said, "They [staff] are respectful". Another person told us, "Sometimes, I like my own space so I sit in my room". A relative we spoke with said, "When I visit, I sit with [person's name] in the bedroom, it's a lovely room and it gives us some privacy". Staff we spoke with told us it was important to respect people as individuals and that they promoted people's privacy and dignity. One member of staff said, "This is their [people's] home and we are only here to support them, so we respect their wishes. If they want some privacy, they can spend time in their rooms with the door closed as long as it is safe for them to do so and we knock every so often to check they are ok". Another member of staff told us, "We respect people's rights to make their own choices and decisions and to be as independent as possible; we mind their privacy during personal care". Records we looked at confirmed that the provider promoted dignity and respect at all times in person-centred care planning.

We also saw that people were supported to express their individuality and staff were aware of how they could promote equality and diversity within the home. A staff member we spoke with said, "Everyone is treated equally and fairly". Another member of staff told us, "Not all of the people living here are actively involved in religion. One person used to go to church a lot but now, they just go when the church has special events on". We saw that people were referred to by their preferred name, their autonomy was promoted as much as possible and they were able to express themselves as individuals.

Good

Is the service responsive?

Our findings

People we spoke with and records we looked at showed us that staff had spoken to people and/or their representatives (where required) about their care. One person told us, "They [staff] always ask us what we want and need". A relative said, "When [person's name] first moved in to the home I was involved in the assessment and a review with the social worker a few months later". We also saw that care plans were regularly reviewed by staff and people and those who are important to them were invited to contribute to care reviews, even if this was on an informal basis.

People we spoke with, including a relative, and records we looked at showed that the provider asked for feedback on the quality of the service and people were given the opportunity to suggest improvements. One person told us, "We have meetings where they [staff] ask us what we think". A relative said, "They [provider] have resident meetings although, it is a little unstructured and not always planned, but they [provider] do listen to residents and we do see changes being made". They gave us an example of how the people living at the home had negotiated with staff the times of different routines within the home to ensure they better suited their needs which had been accommodated. The registered manager told us that quality monitoring with regards to gaining feedback from people, relatives and visitors was done but not as frequently as they would like and this is an area that is currently being developed further.

Everyone we spoke with told us they knew how to complain. One person told us, "I would tell [registered manager's name] if anything was bothering me". A relative said, "I have raised concerns with [registered manager's name] about the issues with the staffing levels and he keeps me informed of his progress". They went on to say, "There is one other outstanding issue I raised with [registered manager's name] and I have not received any feedback yet, but I know they have been off work". We saw there was a complaints procedure in place and everyone we spoke with were confident that any issues raised would be dealt with quickly.

On the day of our inspection we saw people engaging in activities that they enjoyed. For example, we saw people going out to day centres and to the local shops independently. We also saw people were actively encouraged and supported to follow their own interests. One person was supported to go to the local shop with staff to get their favourite magazine. People we spoke with told us that they were looking forward to going on holiday in June and September as a group. Everyone we spoke with also told us that their friends and relatives were always welcome to visit them or they often went out to spend time with people that were important to them.

Requires Improvement

Is the service well-led?

Our findings

The service was required to have a registered manager in place as part of the conditions of their registration. There was a registered manager in post at the time of our inspection. However, people we spoke with including the registered manager themselves, told us and information we hold about the service as well as records we looked at during our inspection, showed that the registered manager was not always meeting the responsibilities associated with their role.

We saw that there were some systems in place to monitor the quality and safety of the service including audits of the environment and safety equipment maintenance checks, fire check audits and audits of care plan reviews. However, the implementation of such quality monitoring procedures had not been consistent across the service and the provider had failed to identify and manage some of the shortfalls we found during the inspection. These included concerns raised about the staff recruitment processes, the lack of applications which were required to lawfully deprive a person of their liberty (DoLs) and ineffective risk assessments and management plans. We also found that where quality monitoring had occurred, some of these were out of date and there was little evidence of data analysis to demonstrate how the provider had interpreted the information and what action had been taken or the lessons learned. This was fed back to the registered manager at the time of our inspection and they acknowledged that the quality monitoring processes needed to be updated and improved. They explained to us that they had recently sustained an injury which meant they had not been able to spend as much time at work and had subsequently fallen behind with some of these processes. They had recognised this independently prior to our inspection and had started to develop a team leader to an acting deputy manager position, in order to support them in maintaining and developing the quality monitoring systems and processes within the home. We saw evidence of this during our inspection.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice. Everyone we spoke with confirmed that the registered manager was approachable, open and honest in their leadership style. One member of staff told us, "[Registered manager's name] is approachable and we can go to him with anything; he is open with us about stuff [relating to the service] and tells us what we need to know". We found the registered manager to be open in their communication with us throughout the inspection, and information we asked for was provided to us if it was available. The registered manager also explained how the complaints procedure ensured that where issues had been raised, the service conducted a thorough investigation and feedback was provided on any areas of service deficiency identified with acknowledgment of accountability and recommendations to improve practice.

Staff we spoke with told us they felt supported in their work and that the service promotes an open and honest culture. One member of staff said, "It's a nice place to work, we all support each other and work as a team; any problems and we know [registered manager's name] will sort it out".

Staff we spoke with were also aware of the service having a whistle-blowing policy. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about risks to people's safety, malpractice or illegality without the fear of workplace reprisal. They may consider raising a whistle-blowing concern if they do not feel confident that the management of their organisation will deal with their concern properly, or when they have already raised a concern but the problem within the organisation or with the provider has not been resolved. One member of staff told us, "If I had any concerns I would report it straight to the manager and if nothing was being done or if the concerns were about the manager, I could raise it with you [CQC]; we have a whistle-blowing policy". Information we hold about the provider showed that we had recently received a whistle-blowing concern about infection control practices within the home. We followed up these concerns during the inspection and did not find any evidence to substantiate the issues raised.

Information we hold about the service showed us that the provider was meeting the registration requirements of CQC. The provider had ensured that information that they were legally obliged to tell us, and other external organisations, such as the local authority, was passed on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to comply with the Mental Capacity Act 2005 because key processes had not always been followed to ensure that people were not unlawfully restricted.