

The Lantern Community Willow End Office

Inspection report

Hurn Lane
Ringwood
Hampshire
BH24 2AG

Tel: 07954095960
Website: www.lanterncommunity.org.uk

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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

This inspection took place on 1 and 2 February 2018 and was announced. The inspection was undertaken by one inspector.

This service provides care and support to people living in three 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. People shared their homes with volunteer support workers called co-workers. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. There were 13 people being supported by this service at the time of the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy and other best practice guidance. These values include choice, promotion of independence and inclusion.

Not everyone using Willow End Office service received the regulated activity 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.

There was a registered manager in place. 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.

This was the first inspection of Willow End Office service provided by The Lantern Community.

People were safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly.

Staff understood how to prevent and manage behaviours that the service may find challenging.

Staffing levels ensured that people's care and support needs were continued to be met safely and safe recruitment processes continued to be in place.

Staff understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity. However assessments were not recorded. We have made a recommendation about the recording of mental capacity assessments and best interest decisions in line with the Mental Capacity Act 2005.

People's needs and choices continued to be assessed and their care provided in line with up to date guidance and best practice. They received care from staff that had received training and support to carry out their roles.

Risks continued to be assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff continued to support people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines were suitable for the people who used the service.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided.

Staff had a good understanding of people's needs and preferences.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

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

People and their relatives told us they had no concerns about the care and support they received from staff.

People's identified risks were managed and staff understood their responsibilities to report any concerns to keep people safe .

People were supported to take their medicines safely.

There were sufficient numbers of suitable staff to meet people's needs.

Staff were checked before they started work to make sure they were suitable to work in this service.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated a good understanding of The Mental Capacity Act 2005 and people were asked for their consent before support was given to them.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

The staff approach and values of the service was focused on people's individual strengths and abilities

Staff communicated with people in accessible ways.

Is the service responsive?

Good ●

The service was responsive to people and their needs.

Staff understood people's ways of communicating and responded to their verbal and non-verbal communication and gestures.

People were supported to pursue activities and interests that were important to them.

People knew how to complain or raise concerns about the service. Staff knew how to support people to do this.

Is the service well-led?

Good ●

The service was well-led. Observations and feedback from people, staff and professionals showed us the service had a positive and open culture.

Feedback was regularly sought from people, staff and relatives. Actions were taken in response to any feedback received.

There were systems in place to monitor the safety and quality of the service. There was learning from accidents, incident and into any concerns.

Willow End Office

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 inspection took place on 1 and 2 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was undertaken by one inspector.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four members of staff, the registered manager and the nominated individual. We spoke with four people and three relatives about their views on the quality of the care and support being provided. Some people using the service were unable to speak with us, therefore we observed interactions between staff and people using the service. We also spoke with two healthcare professionals.

We looked at care documentation relating to three people, five people's medicines administration records, three staff personnel files, 18 staff training records and records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People's relatives told us they did not have any concerns about the care and support their relative received. One person's relative told us staff knew how to keep their relative safe as they had a higher risk of falls. People's interactions and relationships with staff were friendly and comfortable. People laughed and joked with staff and the atmosphere was relaxed. All of the healthcare professionals told us they did not have any concerns about how staff supported people to keep them safe. One healthcare professional told us, "The staff had a sensible approach to keeping people safe".

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. Staff recorded and reported any concerns they had, including any changes in a person's behaviour so appropriate action could be taken. Staff told us they did not have any concerns but would not hesitate to report them to the registered manager or the safeguarding leads within The Lantern Community. Staff were aware of how to report to the local authority safeguarding team and whistleblowing procedures were in place.

Staff supported people to manage and reduce any risks to their safety. This included managing risks such as eating and drinking, accessing the community, and falls. Risk assessments were completed with input from health and social care professionals and promoted people's independence. For example, people who were at risk from choking were supported to eat and drink following guidelines from speech and language therapists. Staff were aware of these plans and risk assessments had been reviewed on a regular basis to make sure they remained up to date and reflected changes to people's circumstances. One healthcare professional told us, "Staff are very proactive in identifying things that cause difficulty."

Staff were aware of the process to follow if there was an incident or accident at the service. All incident records were reviewed by the registered manager. For example, for one person the analysis of a recent incident led to risk assessments being amended for how they were supported to go out using transport. This enabled the staff to minimise the risk of recurrence. The staff discussed any incidents to identify any learning for the individual involved or for the service as a whole.

There were sufficient staff to meet people's needs. People received support from staff to develop life skills, access day activities within the Lantern Community and to pursue interests in the community. All of the people using the service needed support from staff in the community and they received this support. Staff living within the supported living houses were available on call at night if people needed help or in the event of an emergency.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

Medicines were stored securely and at safe temperature. Accurate records were maintained of medicines

administered and people received their medicines as prescribed. Regular stock checks were undertaken, and the checks we undertook on the day of the inspection showed all medicines were accounted for. Protocols were in place instructing staff about when to give people their 'as and when required' medicines. There were systems in place to ensure safe disposal of unused medicines.

The provider had made arrangements for infection control. Staff had access to gloves and aprons and received guidance on their responsibilities for infection control. Staff told us they understood their responsibilities for infection control.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to meet their needs. People told us staff met their needs. One person told us staff supported them to go to a healthcare clinic and they really liked the member of staff. People's relatives spoke well of staff; comments included: "They are very good". All healthcare professionals told us staff made referrals to them when needed and generally communicated well to identify people's needs.

People's care was assessed to identify the care and support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. Assessments covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. Care plans contained clear instructions for the staff to follow so that they understood people's medical conditions and how to meet individual care needs, with input from relevant healthcare professionals and people's representatives. For example, one person's care plan detailed their health condition that affected their mobility at times and how staff should support them.

Staff had the knowledge and skills to undertake their role. Staff told us they felt supported by house co-ordinators and the registered manager to do their job well. Staff received training and support on areas such as safeguarding adults, epilepsy, and administering medicines. The provider and registered manager had systems in place to support staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers new to health and social care have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff were also supported to learn how to support people's individual needs by shadowing experienced staff, discussions at team meetings and observations of their competency. One member of the staff team had been supported to complete their level two apprenticeship whilst working in the service and attending college. Another member of staff told us they were being supported to study for a level four diploma in health and social care.

All staff told us they felt supported by the management team to carry out their role. Comments included, "I feel supported" and "Supervisions are every six weeks and they do happen". Staff received regular supervision and their approach and competence was checked by the registered manager and house co-ordinators. The provider shared with us during our inspection, that they were introducing an appraisal system to support how they identified professional development. This was not in place at the time of the inspection. However learning needs were discussed within supervision meetings.

Staff were given guidance about how to further improve their practice and support people using the service. One member of staff told us the registered manager checked their work to support them in their role. Another member of staff told us that staff were given guidance in team meetings and the agenda covered people's individual needs, safeguarding and communications aids to improve their practice.

Staff supported people to eat and drink well to meet their needs. People were supported to make choices about the meals they enjoyed. People's nutritional needs were reviewed and regular checks maintained on

their weight and any risks, such as swallowing problems. Staff followed guidance from healthcare professionals and the information was accessible to all staff.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. Staff supported people to have regular reviews with healthcare professionals. All healthcare professionals told us the service made referrals to them at the right time and followed their recommendations. One healthcare professional told us, "They respond well and always act on our recommendations". Healthcare professionals told us communication with the staff team was generally very good but they sometimes had to resend information and check it had been received.

Each person had a health action plan which was regularly updated outlining their healthcare support needs. Staff supported people to their health appointments, including any specialist appointments they required. Relatives told us staff kept them up to date with any changes in a person's health and that they also informed the service where they took the lead. People's health needs were assessed and planned for to make sure they received the care they needed. For example, one person required support to maintain their skin integrity. There was a clear plan in place that had been written with the person's input that staff followed to support this person.

People told us they were involved in decisions about their care. We observed staff working in this way, checking with people before providing any care or support and respecting their choices. One person told us, "They respect what I can do". Staff were clear where people had the mental capacity to make their own decisions, this would be respected. Throughout the inspection we observed consent being sought on regularly for all activities such as where people wanted to spend their time, and what they wanted for their lunch.

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. Everyone who works with or on behalf of an adult, who may lack capacity to make particular decisions must comply with this Act and have regard to its Code of Practice.

Where people did not have capacity to give consent, decisions were made in their best interest. However this was not recorded. Decisions had been made for people who lacked capacity regarding the care provided and being assisted with medicines. The registered manager told us those families who had power of attorney for health and welfare for had been consulted about specific decisions but this had not been recorded. This was confirmed by a relative who had power of attorney for health and welfare. The registered manager told us they would take action to improve the recording of these best interest decisions. All relatives told us they were involved in decisions relating to the relative's care.

We recommend that the provider considers good practice guidance to ensure that assessments of people's capacity and best interest decisions made are recorded.

Staff worked with staff in day services within the Lantern Community and outside agencies to deliver effective care and support to people.

People were supported to look after their home. This involved staff supporting people to clean, cook and report any housing issues to their landlord. People told us they were involved with deciding what household tasks they carried out in conversation with the people they shared their home with.

Is the service caring?

Our findings

People received good care from staff who knew them well. Staff had developed positive relationships with staff and were supported by the same staff on a regular basis. People told us staff supported them to do the things they enjoyed. Comments from people included, "I like going to yoga" and "I really like [member of staff]". One person's relative told us, "[The staff member] is excellent". Another relative told us, "Staff treated people with kindness and respect". Staff were aware of what made people happy and we observed people smiling when interacting with staff. Where people who not fully express their needs verbally, staff used their knowledge of people and communication cards to assist communication to identify what they enjoyed and if they were upset or worried.

The staff approach and values of the service was focused on people's individual strengths and abilities, interests and their positive roles. One member of staff told us the staff team received a lot of training on 'values' and how to support people's independence. People were empowered to make as many choices as they were able to, about the care and support they received. Staff were aware of people's preferences and their daily routine. Support was provided in line with this and there was detailed information in people's care records about how they liked to be supported and what was important to them.

People were encouraged to maintain relationships with friends and family members. Staff regularly communicated with people's family members and always welcomed relatives to visit the service. People were supported to invite friends to join them for a coffee or a meal, and to attend social activities.

Staff respected people's privacy and dignity. Staff supported people with their personal care in the privacy of their bedroom or bathroom.

Regular house meetings took place in the supported living houses, where people could discuss things that were important to them or resolving any issues. People told us they talked about what they wanted to do, their shared responsibilities in carrying out chores in their home and arranging food shopping.

Staff knew people's individual communication skills, abilities and preferences. Some people at the service had difficulties in communicating verbally. Staff were aware of people's communication methods and how they communicated their needs, wants and wishes. For example, one person had specific communication needs. Staff helped them to communicate with other people to increase their opportunities for social interaction.

The service was meeting the requirements of The Accessible Information Standard. The Accessible Information Standard is a law that aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff communicated with people in accessible ways that took into account any impairment which affected their communication. For example, staff used pictures to support people to express what household chores they did and did not want to do and what day activities they wanted to take part in. We observed staff following this practice.

Is the service responsive?

Our findings

People were able to make choices and staff respected their decisions. During our inspection we saw people chose how they spent time during the day. People spoke very positively about the activities they took part in and they told us about the social events they were planning on going to. People went out shopping with staff and attended events and activities they enjoyed. Staff explained that it was important for people to have choice and control over their lifestyle. Comments from relatives included, "They will respond and do listen" and "On the rare occasions I have raised any concerns, staff are happy to work together with me to resolve any matters. I have never had an issue which has not been dealt with appropriately".

People received personalised care. Staff were well informed about people's needs. There was a stable staff team, which had enabled them to get to know people and understand their needs and how they liked to be supported. Care plans were person centred and detailed how staff should support people's individual needs, including their communication, health and social needs. For example, one person's care plan detailed how staff should support them to maintain friendships, support the person to move safely and the signs they used to communicate. Care plans were reviewed on a regular basis. Throughout our inspection we observed that staff supported people in accordance with their care plans.

Staff supported people to engage in a wide range of activities and interests. People had a busy weekly programme of activities, which included regular scheduled activities. Activities included those relating to daily living skills, such as food shopping, as well as leisure activities, and workshops and work. One person and their relative told us they were very happy with their home and the support they received. Their relative said, "[My relative] has many opportunities to choose from which ensures they have a sense of purpose, belonging and value".

A complaints process was in place. People were supported to raise complaints using easy read forms and their complaints were responded to. Relatives told us they could contact the registered manager if they had any concerns. Staff said they also felt comfortable speaking to the registered manager if they had any concerns or wished to raise a complaint. Staff and relatives were confident that any concerns raised would be taken seriously and appropriately dealt with. One relative told us, "Any complaints are taken seriously".

The provider was aware of some people's end of life wishes. However no one was receiving care at the end of their life. The provider had started a piece of work to look how they could support everyone to communicate their future end of life wishes.

Is the service well-led?

Our findings

People, relatives and healthcare professionals spoke positively of the staff and management team. One person told us, "I really like [care worker]. I am pleased [the care worker] is back at work". Another person expressed that they were happy with the staff that supported them. Comments from relatives included, "Communication is very good" and "Twice a year there is a parents/carers forum where the house co-ordinations and management team provide a general update on things which might have happened or plans for the future". Comments from healthcare professionals included, "They value people" and "We have seen an improvement in how the service is managed". They told us they felt confident the registered manager would put any required actions in place. One healthcare professional told us some improvements were required as communication was not consistently good and sometimes they had to resend documents sent. However they told us they did not have any concerns about the care provided. Staff spoke highly of the support they received from the registered manager, and management team. Comments about the registered manager included, "would respond to any concerns", "supportive", "there to give advice" and "approachable".

There were systems in place to review, monitor and improve the quality of service delivery. This included a programme of audits and checks, reviewing any incidents and accidents, quality of care records, support to staff and meetings with people who use the service. For example the risks of paraffin based creams were highlighted to staff, care plans were updated following changes to people's needs or incidents and outstanding actions were followed up with staff. The registered manager had identified improvements to how people were supported to attend social events through reviews of the service. This included developing easy read literature for social events to support people. The registered manager had contact with people and staff on an almost daily basis to respond to any feedback or issues, provide support to the staff team and observe how staff supported people. Records with timescales were in place to ensure any required improvements were made.

An inclusive, positive culture had been developed at the service. People, relatives and staff felt able to express their opinions, felt their suggestions were listened to and felt able to contribute towards service delivery and development. People were able to provide feedback to staff about their experiences of the service. Feedback areas included how people wanted to be supported, celebration of individual achievements and new easy read support plans.

Relatives were asked to express their views of the service through completion of an annual satisfaction survey and attendance at a forum held twice a year. Feedback included, "Companions [people who use the service] are involved in decisions]", and "care is very good". Another relative told us the provider was looking at how the service needed to develop over the next five years to meet people's developing needs and they were contributing to this review.

Staff understood how to whistle-blow and told us they would raise concerns about people's practice with the safeguarding leads or contact the local authority or CQC. All staff told us they did not have any concerns about people's current practice and were clear about their responsibilities to keep people safe.

The registered manager submitted statutory notifications as required to notify us about certain changes, events and incidents that affect their service or the people who use it.

The registered manager shared with us local and national good practice initiatives they were involved with to improve outcomes for people. These included developing staff knowledge on supporting people with their wellbeing and person centred support. The registered manager and provider worked with other agencies. The registered manager kept up to date by attending training, local meetings with commissioners and partnership groups.