

Leading Lives Limited

Kesgrave Bungalow

Inspection report

11 Edmonton Close
Ipswich
Suffolk
IP5 1HD
Tel:
Website:

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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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection took place on the 23 September 2015.

Kesgrave Bungalow is a short break respite care service for people with a learning disability. The service has four beds and the length of stay can vary depending on the needs and choice of the people who use the service. At the time of our inspection there were three people using the service.

The registered manager had recently been transferred to manage another service. The new manager had been in post for one month having transferred from another

service. 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.

Summary of findings

The service had in place robust recruitment procedures which ensured that staff had the appropriate skills, background and qualifications relevant for the role they were to perform. There were enough suitably trained staff available to support people during our inspection.

The provider had effective, safe systems in place to ensure that medicines were stored safely and people received their medicines as prescribed.

People's health care and nutritional needs had been assessed and they were provided with enough to eat and drink. People had been supported to maintain a balanced diet according to their assessed needs

There was a lack of effective systems in place to monitor the quality and safety of the service. Internal peer management audits were ineffective because they failed to show how shortcomings in the quality and safety of the service would be addressed.

We were not assured that people and their relatives had been supported to give feedback on the service and suggest areas for improvement in line with the provider's policy. There was a complaints procedure in place and people did not know how to make a formal complaint.

Staff morale was low. Staff told us this was due to a lack of management presence at the service for a significant period of time alongside staff vacancies resulting in a high use of agency staff. However, staff expressed confidence in the newly appointed team leader. The regularity of team meetings had recently increased and some staff had received one to one supervision meetings which they found supportive in planning for their training and development needs.

During this inspection we identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe because health and safety monitoring of the service were not routinely carried out as required to keep people safe from harm.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system.

There was a shortage of staff with a high use of agency staff which impacted on people's ability to receive consistent care.

Requires improvement



Is the service effective?

The service was not consistently effective because staff had not received regular opportunities to meet with their line manager for supervision and annual appraisals. This impacted on their ability to have their training and development needs met.

Training had not been provided to all staff to enable them to understand their roles and responsibilities with regards to the mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Training including refresher training was out of date for some staff. This meant that not all staff had been provided with up to date knowledge and skills as is required to mitigate risk to people's welfare and safety.

People's health care and nutritional needs had been assessed and they were provided with enough to eat and drink. People had been supported to maintain a balanced diet according to their assessed needs.

Requires improvement



Is the service caring?

The service was caring as people were treated with respect, kindness and supported provided in a dignified manner.

People's dignity was considered and protected by staff and their rights to privacy respected.

Staff supported people to be involved in day to day decisions about their care and support regardless, of the limitations in people's ability to verbally communicate.

Good



Is the service responsive?

The service was not consistently responsive as we were not assured that people's care and support plans had been regularly reviewed with their involvement and their changing needs updated.

People and their relatives were not aware of any formal complaint's policy or process but would speak with staff at the service if they had concerns.

Requires improvement



Summary of findings

Is the service well-led?

The service was not consistently well led because people had not been actively consulted and their views considered in the review of their care and planning for improvement of the service.

There was a lack of effective systems in place to monitor the quality and safety of the service. Internal peer management audits were ineffective because they failed to show how shortcomings in the quality and safety of the service would be addressed.

There was an open and transparent culture where the manager demonstrated a willingness to work towards continuous improvement of the service.

Requires improvement



Kesgrave Bungalow

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 was a comprehensive inspection which took place on 23 September 2015 and was unannounced.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed the information available to us about the service, such as notifications. A notification is information about important events which the provider is required to send us by law.

We looked at records in relation to three people who used the service. We spoke with two support workers, a team leader and the manager. We looked at records relating to the management of people's medicines, staff training, staff rotas and systems for monitoring the quality and safety of the service.

During the inspection we were unable to speak with people due to their limited capacity to talk with us. We did however spend time observing interactions between staff and people who used the service.

Following our visit to the service we spoke with six relatives, three staff and one person who regularly used the service on the telephone.

Is the service safe?

Our findings

Relatives told us that they had no concerns about the safety and welfare of their relatives who used the respite service. They told us they could speak with the staff if they were concerned about anything and they were confident their concerns would be taken seriously and acted on. For example, one relative told us, “I think [my relative] is safe and I think I would know if they were not happy there. They always come back happy from their stay.”

The provider had developed safeguarding policies and procedures which provided staff with guidance in response to allegations of suspected abuse and steps for staff to take to protect people from the risk of harm. Support staff told us they had received training and demonstrated their understanding of the provider’s whistleblowing policy. They described what action they would be required to take and how they would refer any concerns they might have about people’s safety to the manager and if required directly to the local safeguarding authority.

There were records which evidenced that action had been taken by the manager to refer people to the local safeguarding authority in line with local safeguarding protocols. This demonstrated that they understood that safeguarding concerns should be raised in a timely manner and demonstrated their knowledge of the process to follow when they had identified risks to people’s welfare and safety.

Risks to people had been assessed and risk assessments developed. Risk assessments included areas such as guidance for staff in de-escalating distressed behaviour to situations or others safely and appropriately. There were also risk assessments with regards to supporting people with community based activities. The provider had also carried out comprehensive risk assessments in relation to the environment. These provided guidance for staff as action they needed to take in order to reduce or eliminate the risk of harm.

Incidents and accidents, such as falls, were monitored for trends so that methods for reducing incidents reoccurring could be identified. Where people had epilepsy, clear records were kept of when people had seizures and if there were any identifiable triggers which could be avoided in future. However, we found that health and safety monitoring checks were not always carried out as required.

For example, the fire safety checks and the monitoring of water temperatures to protect people from the risk of Legionella and scalding. These shortfalls along with a lack of cleaning schedules had been identified within recent management peer audits. However, peer audits did not identify any action plans that had been implemented as a result with timescales for compliance.

Staff and the manager told us there were emergency contingency planning systems in place. This included a duty manager rota which enabled staff access to a duty manager for advice and support out of hours.

There was an established team of staff in place who had worked at the service for a significant period of time. There were a number of staff vacancies which had resulted in the need for a high use of agency staff. Staff and relatives told us this had impacted on the continuity of care provided for people and the morale of staff. The manager told us that they were in the process of recruiting new staff and that regular agency staff were booked to help ensure consistency of support for people. They also told us that staffing hours had been determined according to people’s assessed health, welfare and safety needs. However, staff told us that there was a need to look at the compatibility of people allocated respite visits to ensure that the mix of people’s needs were reflected in the number of staff available. For example, when considering the needs of people who required two staff for moving and handling transfers and the needs of people who required constant supervision from staff. A review of staff meeting minutes showed us that this had recently been raised as an issue by staff and discussed.

Suitable arrangements were in place for the management of people’s medicines. We observed people receiving their medicines in a safe and appropriate manner. Medicines were stored securely in a metal cabinet secured to the wall. There was a system in place for the receipt and disposal of medicines. Staff had been provided with training before they handled medicines and maintained appropriate records to show when medicines had been given to people, which provided an audit trail. A check of stock against administration records indicated that people had received their medicines as prescribed.

Staff told us they had been provided with training in the safe management of people’s medicines. The provider had recently updated their medicines management policy and all staff had been booked to attend training within the next

Is the service safe?

month to update their knowledge and ensure compliance with the new policy and procedures. The manager told us this training would include an assessment of competency for all staff who attended.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system. This

included completion of an application form, a formal interview, previous employer references obtained and identification and criminal records checks. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills and had been assessed as safe to work within the care profession.

Is the service effective?

Our findings

People were asked for their consent before staff supported them with their care needs for example to mobilise or support them with personal care. It was evident from discussions with staff and a review of the provider's training matrix that not all staff had received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). It was also evident from discussions with staff, including the team leader responsible for the day to day management of people's care and treatment that they lacked understanding of the process where authorisation was required when a person's freedom of movement was restricted. Staff told us they had been informed that requirement to comply with applying for DoLS authorisations was not relevant to people who used respite care services. We saw from a review of people's care records and discussions with staff that where people's freedom of movement had been restricted to keep them safe or where people required constant supervision, action had not always been taken to refer to the local safeguarding authority as is required by law. This meant that people's best interests had not always been assessed by those qualified to do so with action plans produced and reviewed in accordance with the law.

This demonstrated a breach of Regulation 11(1)(a)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff told us they had not received regular opportunities to meet with their line manager for supervision and annual appraisals. This they told us impacted on their ability to discuss with their line manager their training and development needs as well as feedback on their performance and any concerns they might have. However, we saw that the new manager had put in place a planning schedule with dates for all staff to access supervision opportunities. We also saw that team meetings had been organised on a regular basis since March 2015 for all staff to attend. However, not all staff attended these meetings and a recent meeting was cancelled due to none of the staff

attending. Staff non-attendance at meetings had been identified by the manager as an area of concern and staff had been reminded of the requirement to regularly attend meetings.

Staff told us they had received a wide range of training relevant to their roles and we saw that training had been scheduled for staff in supporting and responding to people who may present with a distressed reaction to situations and others and learn strategies to mitigate risks. The manager told us that as a result of recent updates to the provider's medicines management policy all staff were scheduled to attend updated training in the safe management of people's medicines.

The training matrix identified gaps in required health and safety refresher training for staff. This was confirmed by the team leader. For example, not all staff had received refresher training in the safe moving and handling of people since 2012. This meant that not all staff had been provided with up to date knowledge and skills as is required to mitigate risk to people's welfare and safety. The team leader told us gaps in staff training to update their skills had been recognised and supervisions planned would address these shortfalls.

People's nutritional needs had been assessed and they were provided with enough to eat and drink. People had been supported to maintain a balanced diet according to their assessed needs. Where issues had been identified for example, with regards to allergies or difficulty with swallowing, guidance and support had been sought from specialist health care professionals, including dietitians. This information was reflected in people's care plans and provided staff with guidance in meeting people's nutritional and hydration needs appropriately.

People were supported to access health care services when required. Care and support plans reflected people's health care needs and guidance for staff to support people to maintain their health and wellbeing. Staff told us how they would support people should they need to access medical health support with temporary registration at the local surgery during their respite stay.

Is the service caring?

Our findings

Communication between staff and people was observed to be sensitive and respectful. We saw people being cared for and supported with consideration and staff calm and professional in their manner, which valued people as individuals. Relatives told us the staff were caring and kind. One person said, “It is a lovely place with all the staff so kind. They are truly excellent.” Another told us, “I have never had any concerns about the kindness of staff. [Our relative] is always happy to go there and staff approach her in a kind and sensitive manner.”

People’s care records made clear the support people required, providing guidance for staff as to what people could do independently and understanding their choice wishes and preferences as to how they wished to live their daily lives. People and their representatives were encouraged to discuss goals for what they would like to achieve whilst staying at the service and there was a dedicated care plan for the development of independent living skills.

People’s dignity was considered and protected by staff when entering rooms and when supporting people with personal care. We observed that staff respected people’s rights to privacy and took action to protect people’s dignity. For example, one person who required support from staff with personal care whilst in a communal area of the service, staff took action to close doors to ensure this person was supported privately and this promoted and protected their dignity. Care staff spoke sensitively and discreetly to people about their personal care needs. Where people had difficulty communicating verbally to staff, staff recognised changes in body language and demeanour. Staff maintained appropriate interactions with people.

Discussions with relatives and one person who used the service who was able to verbally communicate with us showed us that staff supported people to be involved in day to day decisions about their care and support regardless, of the limitations in people’s ability to verbally communicate. Care records recorded people’s wishes and preferences including their goals and aspirations for how they wished to live their lives.

Is the service responsive?

Our findings

One relative told us, “I think they are responsive to [my relative’s] needs, I have not had any concerns.” Another told us, “They do not give us feedback about what [my relative] has been doing during their stay. There is very little communication with us. They used to ask for feedback but this has not happened for some time. I have to take the initiative to tell them if I have any concerns.”

A recent provider peer audit highlighted shortfalls in the reviewing and updating of people’s care and support plans. For example, it had been identified that some people’s care and support plans had not been updated since 2012. Only one of the relatives we spoke told us they had been invited to be involved in the review and update of their relative’s plan of care. The manager told us that this had been identified as an area of concern. They also told us that new care and support plans were in the process of being introduced across all the provider’s services. They showed us one support plan which had recently been updated following a care review meeting with the person who used the service and their relatives.

The majority of people who used the respite service also attended day services throughout the week. The manager told us that staffing levels supported people to access a range of activities on a one to one basis and within the community during the evening and weekends. One relative told us, “I am not convinced they are doing as much as they used to do with [our relative]. They do not communicate with you what they have done and so we have no idea.” Another relative told us that they personally funded one to one activities for their relative during their stay so that their

relative had the one to one access to the community with someone they were familiar with. This enabled them to attend their choice of activities which they would regularly attend and enjoy whilst at home. One person who was able to tell us their views about the service said, “When I stay there I go out shopping or for walks and my relatives who live close by come and see me.”

All of the relative’s we spoke with told us they were not aware of any formal complaint’s policy or process but would speak with staff at the service if they had concerns.

We asked the manager how they dealt with complaints. They told us the provider had a complaints policy and procedure which was followed. We reviewed the complaints log which did not contain any complaints. However, when reviewing one person’s care records we found evidence of a recent complaint which also included a recorded response from the provider to the complainant following the provider’s investigation. The response from the provider contained confidential information with reference to action they planned to take in response to the performance management of named staff. This report was attached to a person’s daily notes and available for all staff to read. We discussed with the manager and team leader our concerns that the confidentiality of staff had been compromised and that this complaint had not been logged in accordance with the provider’s policy and procedural guidance.

This demonstrated a breach of Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Is the service well-led?

Our findings

Minutes of staff meetings showed us that staff had been encouraged to consider where shortfalls and improvements to the service were needed. Staff were encouraged to share learning and take responsibility where mistakes had been made and consider a team approach to improvement of the service. Staff told us they found team meetings useful, and staff meetings were now taking place more regularly. We saw from a review of a recent staff meeting the manager had stated, 'We are drawing a line under what has gone on before. We are having a fresh start and making sure that things are sorted and we are doing what needs to be done to run the service effectively. We have had a few audit reports completed and although there were positives on there, there were also negatives and we need to ensure we focus on improving this.' We were assured that there was open communication, transparency with recognising mistakes and an openness to making improvements where required.

Some management monitoring of the service had taken place through peer management audits carried out by managers of other services. The audits we viewed had identified shortfalls in the quality and safety monitoring of the service including safety checks and a lack of reviews and updates of people's care and support plans. These shortfalls were also identified during our inspection. However, the peer audits had failed to identify any action plans considered in response, with robust analysis and timescales in planning for continuous improvement of the service.

The provider's policy was for people who used the service, their relatives and carers to be provided with opportunities to express their views at the end of their respite stay. Staff when asked were unable to locate any completed surveys and were unsure as to whether or not these had been regularly provided for people. All of the relatives we spoke with told us they had not been offered the opportunity to

complete the 'how was my stay' satisfaction questionnaire at the end of each respite visit. We were therefore not assured that people had been actively consulted and their views considered in the review of their care and planning for improvement of the service.

This demonstrated a breach of Regulation 17(1) (2)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

All of the staff we spoke with told us the morale of the staff team was low. This they told us was due to a lack of management presence at the service for a significant period of time alongside staff vacancies resulting in a high use of agency staff. This they told us had led staff to feeling isolated and un-supported. One staff member told us, "I have not had supervision for years. Where we used to have a manager who managed the one service they now manage several services and are rarely around. We have a team leader who is in charge on a daily basis but they are rarely here as they are often out training or at meetings. We just manage as best we can but it is not easy."

The current manager had been transferred within the last month to manage this service from another area within the organisation. Their current role also included the management of additional services. A team leader had been employed since February 2015 for 18 hours per week. Their role was to manage the day to day service including the performance management and supervision of the staff team. All of the relatives and people's carers we spoke with told us they had not been notified as to the recent changes in management of the service.

All staff we spoke with expressed confidence in the newly appointed team leader. They told us the regularity of team meetings had recently increased and some staff had received one to one supervision meetings which they found supportive in planning for their training and development needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>Need for consent.</p> <p>How the regulation was not being met:</p> <p>The provider did not make sure that staff who obtain consent of people were trained and familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005 and DoLS.</p> <p>Regulation 11(1)(a)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes were not established and operated effectively to assess, monitor and plan for improvement of the service.</p> <p>Regulation 17(1) (2)(a)(e) of the Health and Social Care Act 2008 (Regulated Activities) 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Receiving and acting on complaints

How the regulation was not being met:

The provider did not operate an effective system which logged complaints received in accordance with their policy and protect the confidentiality of people involved in the process.

Regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.