Hereward Care Services Ltd

Lyons Gardens

Inspection report

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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

Lyons Gardens is registered to provide personal care for up to 11 people. People living at the service live with a learning disability or with autistic spectrum disorder. The service specialises in offering short term care, respite care and temporary care for people requiring an emergency admission. There were ten people being supported with the regulated activity of personal care at the time of our inspection.

The service had 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.

This inspection was carried out on 30 October 2017 and was an unannounced inspection. At the last inspection on 14 December 2015, the service was rated as Good. At this inspection we found the service remained Good.

There were enough staff available to support people's individual needs. Staff were knowledgeable about how to report suspicions of harm and poor care practice. Pre-employment checks were in place to make sure that new staff were deemed suitable to work with the people they were supporting. People were assisted to take their medicines as prescribed and medicines were safely managed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff were able to demonstrate an adequate understanding of the MCA to ensure that people did not have their freedom restricted in an unlawful manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had individualised health, care and support plans in place which recorded their needs. These plans prompted staff on any assistance a person may require and how they would like the support to be given. Individual risks to people were identified and assessed by staff. Plans were put into place to minimise these risks as far as practicable to enable people to live as safe and independent a life as possible.

People were assisted to access a range of external health care professionals and were supported to maintain their health and well-being. People's health and nutritional needs were met.

People who used the service were cared for by staff in a kind and respectful way. Relatives were given the opportunity to be involved in the setting up and review of their family members' individual support plans. Staff supported people to maintain their interests and links with the local community.

Staff were trained to provide effective care which met people's individual support and care needs. Staff were supported by the registered manager to maintain and develop their skills through training. The standard of

staff members' work performance was reviewed by the management through supervisions and appraisals. This was to make sure that staff were competent and confident to deliver the care required.

The registered manager sought feedback about the quality of the service provided from people and/or their relatives. There was an on-going quality monitoring process in place to identify areas of improvement required within the service. Where improvements had been identified, actions taken to reduce the risk of recurrence were recorded.

The registered manager confirmed that since they had been in the role, the CQC was informed of the majority of incidents that the provider was legally obliged to notify them of.

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.

The service remains good.

Is the service effective?

Good

The service was effective.

The service remains good.

Is the service caring?

Good

The service was caring.

The service remains good.

Is the service responsive?

Good

The service was responsive.

The service remains good.

Is the service well-led?

Good

The service was well-led.

The service remains good.

Lyons Gardens

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 inspection took place on 30 October 2017. The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is somebody who has had experience of a family member using this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we asked for information from a fire safety officer; representatives of a local authority quality improvement team; a local authority contracts monitoring team; the psychology team at an NHS trust; a community learning disability nurse; social workers; and Health watch. This helped us with planning this inspection.

During the inspection we spoke with three people and two relatives of people who used the service, the registered manager; two senior support workers; and a support worker. We also spoke with a visiting community learning disability nurse. We looked at two people's care records and records in relation to the management of the service; management of staff; and the management of people's medicines. We also looked at compliments and complaints received; staff training records; and two staff recruitment files.

Good

Is the service safe?

Our findings

People and their relatives told us that they or their family member felt safe because of the support they received from staff. One person said, "Yes I do [feel safe], they have staff here. I think they make me feel safe at night time."

Staff confirmed to us and records showed that they had had safeguarding training. Staff explained how they would identify and report any suspicions of harm. This included the reporting of any concerns internally and to external agencies. One staff member told us, "I would report a concern to the [registered] manager and record it." Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. A staff member said, "I would whistle-blow [to the registered manager] if concerned because I have a duty of care." This showed us there were processes in place to reduce the risk of poor care practice.

Staff told us that they had time to read people's support plans to get to know the people they were supporting. They said these records contained enough information for them to deliver safe care. Staff said that if they felt that the support plans needed updating they would contact the registered manager and this would be actioned. People's risks had been identified and assessed to provide detailed prompts and guidance for staff to support people and reduce the risk of harm.

We looked at records for checks on the service's utility systems and building maintenance. These showed that the registered manager made checks to make sure people were, as far as possible, safely cared for in place that was safe to live in, visit and work in. The service had had an inspection by the local fire safety team since the last CQC inspection. They found minor deficiencies only, which the service was acting on. Staff told us that fire drills happened and that they practiced mock evacuations with people living at the service. People also had personal emergency evacuation plans in place to assist people to evacuate safely in the event of an emergency.

Staff said that the provider carried out pre-employment safety checks prior to them providing care. Records we looked at confirmed this. These checks were to make sure that staff were of a good character. This showed there were measures in place to help ensure that only suitable staff were employed.

People and their relatives had no concerns on how their/their family members' prescribed medicines were managed by staff. People's care plans detailed the level of medicines support required. One person confirmed to us that, "The staff look after [medicines] for me. They give it to me when it's time." Staff who administered medicines told us and records confirmed, that they received training and that their competency was assessed.

Staffing numbers were established based on people's care and support needs. We saw that staff were busy but supported people in an unrushed manner. The majority of people and their relatives had positive opinions over whether there were always enough staff to safely provide the required care and support. One person said, "There is always someone [staff] here if you need them."

Good

Is the service effective?

Our findings

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At this inspection we found that people who lacked mental capacity to consent to arrangements for necessary care or treatment were only being deprived of their liberty when this was in their best interests and legally authorised under the Mental Capacity Act (MCA). Staff spoken with demonstrated an adequate knowledge of the MCA. A staff member said, "It is about not taking away somebody's liberty or choices…but some choices are made in a person's best interest." This meant that staff acted in people's 'best interest' where appropriate.

People, were supported by staff with their meal and drinks preparation. We observed that snacks and drinks were available to people during our visit. A person told us, "Staff have made a rota and a plan [for eating]. We are sorting it out at the moment. They [staff] are helping me and prompting me to eat...They [staff] like you to be healthy and happy."

Staff were supported with supervisions and appraisals undertaken by the registered manager. Records we looked at confirmed this. Staff said that when new to the service they had an induction period which included training and shadowing a more experienced member of staff. This was until they were deemed competent and confident by the registered manager to provide effective care.

Staff described to us the training they had completed to make sure that they had the knowledge and skills to provide the individual care people required. Records confirmed this. This showed us that staff were supported to provide effective care and support with regular training.

When staff were concerned about people using the service, external health care professionals were contacted for guidance and support. Support plans recorded external health care input when needed. These included, but were not limited to; GP visits; physiotherapist visits; and visits to the optician. Records showed and people told us that staff supported them to visit external health care appointments. One person said, "The staff take me to the doctors." Another person told us, "I went to the doctors; [staff] came with me."

Good

Is the service caring?

Our findings

People's and their relatives made very positive comments about the support and care provided by staff. One person told us, "They're lovely. If there is a problem they do like me to talk to them." A relative said, "Absolutely brilliant. It is not an institution, it is a family."

Care records prompted staff to assist people to maintain their independence. These records were written in a personalised way and included social and personal information about the person. This included people's individual needs, their likes and dislikes and any interests they had. Sometimes people were admitted to the service at very short notice, as a safe place for them to stay. Staff told us that they got to know these people's likes and dislikes and care and support needs as quickly as possible, whilst they resided at the service. One person on an emergency placement told us, "I have told them [about myself] today in the meeting with the social worker. [Staff] know I like [named interests] and they're going to do something about it." Relatives told us that they were involved in decisions about their family members' care. They said that they were informed by staff or the registered manager of any concerns about their family member.

People told us, and we saw that staff promoted and maintained their privacy and dignity when supporting them. Care records had clear prompts for staff to respect people's privacy and dignity at all times. A person confirmed to us that, "One hundred per cent, [staff] always knock [on my bedroom door]." Another person told us, "They close the curtains [when supporting personal care]."

Advocacy was available for people if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Prior to living at the service, people's support and care needs were planned and assessed to make sure that the staff at the service could meet their needs. Records showed, and relatives told us, that people's support plans were agreed by the person and/or their relative and reviewed. These reviews were carried out to make sure that people's current needs were documented as information for the staff that assisted them. From these assessments an individualised care and support plan was developed in conjunction with the person, their family and the relevant health and social care professionals. A relative said, "They [staff] came to the home, they went to the school, they tried to find out as much as possible [about family member]."

Daily notes were completed by staff detailing the care and support that they had provided. We noted details in place regarding the person's family contacts, doctor, external health care professionals and assigned social worker (where appropriate), as guidance for staff. Individual preferences also were recorded and included how a person wished their care to be provided and what was important to the person.

The support that people received included assistance with personal care, assistance with their prescribed medicines, preparation of meals and drinks, social activities, household chores and health appointments. We noted that staff also supported people with their interests and links with local communities. One person told us, "[Staff] have been taking me to places like the doctor's and shopping and going to the building society with me." Another person told us, "We've been out this weekend, we went shopping, [and] we got some craft stuff to do some arts and crafts." The registered manager told us that one of the areas they had highlighted for improvement, and they were working on, was to increase the activities available for people within the service.

People and their relatives told us that that they knew how to raise a concern. One relative told us of how they had raised a recent concern and that it had been resolved to their satisfaction. A person said, when asked if they knew how to make a complaint, "Yes, report it to the boss [registered manager]." Another person told us, "Yes, I would speak to the lady [registered manager] or one of the staff." During this inspection a relative had made a complaint about the service directly and then with the CQC. A representative from the provider was investigating the concerns raised in line with their complaints policy.

People and their relatives were asked to give feedback on the service provided. One relative said, "Yes, we get a questionnaire when [family member] comes home and we give a comment. Sometimes we didn't know who was who and now there are pictures up so we can put a face to the name. Menus are up now as well." Another relative told us, "I can bring up anything with [registered manager] and feel listened to."

Good

Is the service well-led?

Our findings

The service had a registered manager and they were supported by a team of support staff. Relatives of people we spoke with had positive comments to make about the registered manager and the staff. One relative said, "[The registered manager] is the best manager they have had."

The registered manager was aware that they were legally obliged to notify the CQC of incidents that had occurred within the service. The registered manager informed us about one notification that had not been submitted to the CQC since they had been in post. They told us that this notification would be sent. They also confirmed to us the improvements they would make to ensure that CQC would be made aware of all notifiable incidents going forward.

The rating of the previous CQC inspection was not displayed in the service using the correct template. This was corrected during this inspection.

Staff told us that an "open" culture existed and they were free to make suggestions and drive improvement. They said that the registered manager was supportive to them and held meetings to update them on the service. Staff told us that the registered manager had an "open door" policy which meant that staff could speak to them if they wished to do so. One staff member said, "It's nice to be able to go to [registered manager] and her act on what you say."

We noted that people and relatives were able to give feedback on the quality of the service provided. They told us that communication with the registered manager and staff was good. One person said, "Yes, [registered manager] is very understanding and she always helps you with advice." A relative told us, "Every week they send home a questionnaire for me to fill in." Results of the most recent questionnaire gave positive feedback. Areas for improvement included families to be more involved in their family members' support planning.

The registered manager had a system in place to monitor the quality of the service provided. This on-going process was in place to identify areas of improvement required within the service. Where improvements had been identified, we saw that actions taken to reduce the risk of recurrence were recorded.