

Lenore Specialist Care Ltd

Siena Court

Inspection report

Waterville Road
North Shields
NE29 6UR

Tel: 01916910685

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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

About the service

Siena Court is a supported living service providing personal care to people living in their own homes. The service supports a range of people, including people who have a learning disability and/or autism, and people with physical disabilities. At the time of our inspection the service supported 15 people with personal care.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. For instance, people led meaningful lives that included control, choice, and independence. Support was person-centred support, appropriate and inclusive, with people accessing and playing a part in their community.

People were safeguarded from the risks of abuse. Staff understood their safeguarding responsibilities and knew how to raise concerns. Medicines were managed safely and lessons were learned from incident and accidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had opportunities to gain new skills, independence and build friendships.

Relatives told us staff were kind, caring and went out of their way to ensure people were safe and well supported. People were involved in the care planning process and achievements were celebrated.

There was a positive culture at the service; staff worked well together and ensured the service did not have to rely on agency staff at times of sickness, annual leave or in recent instances of self-isolation. Where people wanted and were able they played a part in how the service was run.

There were systems in place to assess, monitor and improve the quality of care being provided. Where these could be improved to focus more on ensuring good practice was in place, the registered manager was responsive to feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our approach to inspecting newly registered services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Siena Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector and an Expert by Experience carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 24 hours' notice of the inspection. This allowed the provider time to let people know we would be visiting and provide us with records for review as part of the inspection.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

We sought feedback from the local authority and a range of professionals who work with the service.

During the inspection

We spoke with one person and seven relatives about their experience of the care provided.

We reviewed a range of records. This included four people's care records. We spoke with four members of staff, including the registered manager and deputy manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We telephoned another four members of staff for their feedback, and emailed five further health and social care professionals. We reviewed training information, recruitment information, policies, surveys, newsletters, and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- The service had systems in place to safeguard people from the risk of abuse. The registered manager played an active part in ensuring people were safe and staff understood their safeguarding responsibilities.
- People felt safe. They consistently told us the high levels of continuity contributed to them feeling protected from any risks. One relative said, "Without a doubt, there's a very strong bond. The staff who have been there a while particularly. Some are new but they are careful about introducing new staff."
- Risk assessments had regard to people's goals and aspirations. They helped to ensure people could take positive risks to increase their independence. Staff demonstrated a good knowledge of risk assessments and associated actions in place.

Staffing and recruitment

- The provider had appropriate systems in place to ensure staffing levels met people's needs. Rotas were well planned. Staff worked hard and worked flexibly to ensure people did not have to receive support from agency staff. They understood the importance of continuity of care for people who used the service. One relative said, "I've no concerns about staffing ratios and the team is always consistent."
- Staff were safely recruited, with a range of pre-employment checks in place. This ensured that only people who were suitable to work with vulnerable adults were employed.

Using medicines safely

- Staff administered medicines safely. They had received appropriate training and were subject to competency checks.
- Monthly audits were in place to ensure any instances of poor practice in terms of recording were identified and improvements made. Medicines audits would benefit from a greater focus on specific areas of practice, such as the administration of patches and 'when required' medicines. The registered manager agreed to review and improve medicines audits.
- People received their medicines as prescribed. Where 'when required' medicines were prescribed, this was supported by detailed guidance for staff, including non-medicinal strategies prior to any usage. One staff member told us, "We would only ever use it as a last resort – we can identify triggers."

Preventing and controlling infection

- Staff helped people keep their homes tidy and clean, with a greater focus on household skills during lockdown. People were regularly tested and had been supported to remain well informed regarding the pandemic and to help keep themselves safe.
- Staff were regularly tested, had appropriate training and ample PPE when this was needed. Staff ensured

relatives understood the impacts of the latest guidance in relation to the COVID-19 pandemic. One relative said, "Whenever there were changes in the rules, that was communicated immediately."

Learning lessons when things go wrong

- The provider had a record of reflecting on incidents and when things could have gone better. The registered manager reviewed specific incidents and changed procedures to make people safer.
- The culture was an open one in which staff felt supported to raise concerns, confident they would be dealt with as a learning exercise. For instance, regarding a new electronic care records system, one staff member said, "With the new system they've sent me supportive texts when I've done well and given us space to play around with the system and make mistakes before going live."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and deputy manager worked closely with people, relatives and external clinicians to understand people's needs before they began using the service. People's use of the service was phased in a way to ensure they were comfortable with any changes. Relatives gave positive feedback about how staff had helped people feel at home and get used to their staff teams and surroundings.
- People's needs and choices were fully taken account of when planning care teams and delivery. Health action plans and communication passports were in place.
- The registered manager was aware of CQC guidance, Right Support, Right Care, Right Culture. They were able to demonstrate how they were meeting the underpinning principles of this guidance. For instance, people led meaningful lives that included control, choice, and independence.

Staff support: induction, training, skills and experience

- Staff received training and support to ensure they were confident and competent in their roles. Staff consistently praised the ad hoc support they got from the registered manager, deputy and other experienced staff.
- Staff received regular refresher training to ensure they had the knowledge and skills to meet people's needs. Some staff felt online training made it more difficult to retain information and the registered manager acknowledged it had been difficult to facilitate face to face training recently due to the pandemic. They confirmed face to face training for first aid and moving and handling was planned.
- The provider was rolling out a new electronic records system at the time of inspection. Staff had received training and were positive about the support they received. One said, "I'm not very techy and they've been very aware of that – we do everything on paper still until we get the hang of it and it is all up and running smoothly. They've been really patient and helpful."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to try or maintain healthy diets and to increase their own awareness of and involvement in meal preparation. People enjoyed baking, shopping, and playing a part in this aspect of their support. One relative said, "They bake, it's all about life skills there."
- Care plans gave staff clear information about people's dietary preferences and staff were aware of these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had supported people to access a broad range of healthy leisure activities prior to lockdown and some of these had started again. For instance, people were walking, playing football and swimming again.

One relative said, "He does an awful lot more than I ever thought he would do."

- Staff ensured people had timely access to healthcare services to maintain their health and wellbeing. Links with clinicians were well established and the majority of the feedback from external health and social care professionals was positive in this regard.

Ensuring consent to care and treatment in line with law and guidance 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. 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff obtained people's consent in line with the principles of the MCA.
- Staff understood their responsibilities under the principles of the MCA and ensure people's rights were protected. They actively considered people's best interests and involved the right people in these considerations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the service and how it was run. Prior to lockdown people had taken part in recruitment interviews. The registered manager planned to reintroduce this process so that people could continue to play a part in which staff joined the service. One person actively helped staff with administration tasks when their college placement was inaccessible.
- People and relatives were involved in the care planning process and in deciding how staff would support them. Staff used pictures and videos to help people make choices. The registered manager and deputy manager agreed to see if the new electronic care record platform could record photos and videos as part of the care planning and delivery process. One relative said, "They are always in touch – we have a group set up so we can have updates and calls."
- Staff respected people's choices about their care and other things, such as how they wanted to spend their time and where they wanted to go.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were patient with people and treated them with respect and warmth. One relative said, "Absolutely. They're calm, caring, they know [person]. [Person] is happy and content." Staff turnover was low and people benefitted from receiving support from stable teams of staff they knew well.
- Staff were knowledgeable about the people they supported. They were proactive in identifying what activities might help people feel more involved and empowered, to increase their levels of independence. For instance, taking the time to help one person with their handwriting.
- People's equality and diversity needs were respectfully considered and met.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One relative said, "You can tell from their demeanour – we've never known them as settled and calm as at Siena. That's because staff know what [person] needs and adapt. It's just fantastic actually."
- Staff respected and encouraged people's right to be independent. They also supported people to develop friendships. One relative said, "They have made really good friends. It's all just brilliant."
- People's confidential information was stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social needs were met before, during and after the national lockdown due to the COVID-19 pandemic. People had enjoyed a range of local activities prior to lockdown, including swimming, using the local sports centre, cinema passes, boccia, walking groups. Some of these groups were back up and running again and people were regaining their confidence.
- People had formed positive bonds with staff and other people. One relative said, "It's like a family." Staff encouraged people to maintain relationships with friends and family. They actively supported this through regular messaging and video calls.
- Staff encouraged people to pursue their hobbies and interests. People used public transport to access things they were interested in. The metro system and bus stops, as well as the town centre, were within short walking distance. One relative said, "Their independence is promoted all the time." Another said, "They've got them doing things I would never have thought of them doing."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care, which respected their choices, met their needs and gave them control. People's care plans were detailed and in a format that was accessible for staff and visiting professionals. They were supplemented by people's own journals and photographs about their achievements and goals.
- With staff support people set their own goals and aspirations. These included sporting, recreational, educational and vocational activities.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff gave people information in a range of formats to help them understand. Assessments of people's needs and care plans included people's communication needs. Care plans reflected how staff should communicate with people and staff followed these plans.
- Staff used a range of methods of communication to help people explain their choices and feelings where needed, such as photos, videos and other visual prompts. The registered manager acknowledged easy-read newsletters had been limited recently and was keen to ensure they contained more positive information.

Improving care quality in response to complaints or concerns

- There was an effective system in place for managing complaints and feedback.
- Relatives felt comfortable raising any concerns with staff and told us they were always resolved promptly and to their satisfaction. One relative said, "If I've mentioned something like getting [person] to the dentist or optician, I've mentioned it to the manager and they are straight onto the care team and they will confirm when it's done."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first inspection for this newly registered service.

This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and deputy manager took a hands-on approach and were integral to the effective running of the service on a day to day basis. They were supported by team leaders who undertook some auditing and other governance work. The registered manager agreed there was scope to improve medicines auditing and to identify core 'champion' roles for senior staff, so the service was better able to continually improve and share learning.
- The registered manager understood their obligations in relation to notifying CQC of significant events which occurred.
- Some policies and procedures would benefit from review as the review dates on them had elapsed and a small amount of content was reflective of a care home setting, rather than a supported living service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- Systems were in place to oversee people's individual support and ensure it was up to date and safe. There was a detailed and person-centred approach to care planning.
- There was a positive culture. Staff worked well together, with people who used the service and with relatives and external professionals. They had worked hard during the pandemic to ensure people were safe. They were consistent in their understanding of the service's key aims of supporting people to increase their independence and live full lives.
- The registered manager understood their responsibilities regarding the duty of candour. They worked openly with families and kept them updated. Staff and relatives told us they felt comfortable raising any queries with the registered manager, and that the culture was an open one.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback was used to monitor and improve the service. People, relatives and visitors were able to give feedback about their care and support through formal surveys and ad hoc conversations with management. The registered manager hoped the new electronic care management system would allow them to include more feedback from people, for instance using photos or brief videos.
- Staff were well supported and positive about the registered manager, deputy manager and other senior staff. The registered manager acknowledged the service had had to deal with eighteen months of unexpected challenges due to the pandemic, but they were keen to now ensure the service could progress

plans for ongoing improvement.

- The provider had systems in place to monitor, assess and improve the quality of service being provided. These were effective in identifying errors and risks. The registered manager agreed to review the use of audits to ensure they were more focussed on ensuring good practice was in place. They were keen to utilise the potential of the new electronic care system to conduct more audits, and audits offsite and without unnecessary paperwork.

Working in partnership with others

- Staff worked with other health and social care professionals to ensure people's health and wellbeing was maintained. The majority of feedback from these professionals was positive. Some experienced difficulties in terms of getting in touch with the service. The registered manager confirmed they were planning a new administration role in September to help with this.
- The registered manager had developed and maintained a range of positive relationships with local businesses and groups, to the benefit of people who used the service.