

Alliance Home Care (Learning Disabilities) Limited

Lingfield

Inspection report

Lingfield House
Lowdells Lane
East Grinstead
West Sussex
RH19 2EA

Tel: 01342301782
Website: www.alliedcare.co.uk

Date of inspection visit:
19 January 2016

Date of publication:
25 February 2016

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

The inspection took place on 19 January 2016 and was announced. Our last inspection of this service took place on 18 August 2014 when no concerns were identified.

Lingfield provides accommodation and personal care for a maximum of six adults with learning disabilities. The home is located in a residential area in East Grinstead. At the time of our inspection there were five people living in the service.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff we spoke with were aware of their role in safeguarding people from abuse and neglect and had received appropriate training. We saw risk assessments had been devised to help minimise and monitor risk, while encouraging people to be as independent as possible. Staff were very aware of the particular risks associated with each person's individual needs and behaviour.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I'm happy and safe". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People's needs had been identified, and from our observations, people's needs were met by staff. There was a lot of emphasis on observations, especially for signs of any discomfort, as people could not always communicate their needs verbally. Staff used touch as well as words and tone to communicate with some people in a positive way.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet. One person told us, "It's nice food. There's fish and chips and spagbol and a nice chicken dinner on Sunday". People were supported to maintain good health, to have access to healthcare services. We looked at people's records and found they had received support from healthcare professionals when required. A relative said, "[My relative] does suffer from some health conditions and the staff take a lot of notice".

There was very positive interaction between people and the staff supporting them. Staff spoke to people with understanding, warmth and respect and gave people lots of opportunities to make choices. The staff we spoke with knew each person's needs and preferences in great detail, and used this knowledge to provide tailored support to people.

People's individual plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the home and in the community.

The service had a complaints procedure, which was available in an 'easy read' version to help people to understand how to raise any concerns they might have. There was evidence that people were consulted about the service provided. We saw that house meetings took place for people to comment on their experience of the service.

The service regularly asked other stakeholders to fill in surveys about the quality of the service and people's feedback was included in plans for future improvements. There were effective systems in place for monitoring the quality and safety of the service. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

The staff members we spoke with said they really liked working in the service and that it was an exceptionally good team to work in. The staff told us staff meetings took place and they were confident to discuss ideas and raise issues with managers at any time.

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.

Care and support was planned and delivered in a way that ensured people were safe. We saw people's plans included all relevant areas of risk.

The service had arrangements in place for recruiting staff safely and there were enough staff with the right skills, knowledge and experience to meet people's needs.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good 

The service was effective.

The staff training showed that staff received training necessary to fulfil their roles along with other, relevant training specific to people's needs.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, and to have access to healthcare services that they needed.

Is the service caring?

Good 

The service was caring.

There was positive interaction between people and the staff supporting them and staff used touch, as well as words and tone to communicate with people, to good effect.

People were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual

personal care.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual plan.

People's individual plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the home and in the community.

The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an easy read version.

Is the service well-led?

Good ●

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Lingfield

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.

The inspection took place on 19 January 2016 and was announced. 48 hours' notice of this inspection was given, which meant the provider and staff knew we were coming. We did this to ensure that appropriate staff were available to talk with us, and that people using the service were made aware that we would wish to talk with them to obtain their views. Our last inspection of this service took place on 18 August 2014 when no concerns were identified.

Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We had requested a provider information return (PIR) and the provider had completed one. The PIR 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 observed care in the communal areas and saw some people's rooms. We spoke with people and staff, and observed how people were supported. Some people had complex ways of communicating and some had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including three people's care records, three staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with two people living at the service, five care staff and the registered manager. After the visit we spoke with two people's relatives by telephone, to gain their views about the service.

Is the service safe?

Our findings

Some people at Lingfield could not communicate verbally, however people we could speak with said they felt safe in the service. One person told us, "Yes it's safe". A relative said, "I'm sure [my relative] is very safe. I have no concerns at all". During the inspection we saw staff providing care and support to people and we observed that people were kept safe.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. One member of staff told us, "I would recognise abuse, we have received training on this".

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as accessing the community and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The registered manager said, "We risk assess, so that people can make choices. One person sometime overloads their plug sockets in their room, we work with him to be safe. We had the fire officer come in to give service users training around fire drills and keeping safe". We were given an example of how one person liked carrying out DIY in their room and we saw the corresponding risk assessment in place for this. A member of staff added, "We keep people safe, but they can do the things that they want".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff and we would use agency staff if required. We have recently got funding for one service user to have one to one care". We were told agency staff were occasionally used and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. A relative told us, "There always seems to be enough staff when I visit". Another added, "[The registered manager] recently obtained funding for extra staff for my [relative]". A member of staff said, "We have enough staff. We provide safe care". Another member of staff added, "I think

we have enough staff. We've always got something to do and we share the tasks. I feel safe working here".

In respect to staffing levels and recruitment, the registered manager added, "We are continually recruiting at the moment as we want to get more permanent staff. We have an interview checklist that is values based. This draws out their values and whether they match our expectations". Documentation in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. All care staff were trained in the administration of medicines. The registered manager described how they completed the medication administration records (MAR). We saw these were accurate. We saw that three people had been risk assessed to self-medicate. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. One person told us, "The staff give me my medicine, it keeps me well. They tell me what they are". Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

Is the service effective?

Our findings

People and their relatives told us they received effective care and their individual needs were met. One person told us, "The staff help me. They've all had training of course". Another person said, "They know the things that I want". A relative added, "I think the staff are very well trained".

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example in Makaton. Makaton is a language programme using signs and symbols to help people to communicate. A relative told us, "The staff know [my relative] very well. They sit with her and understand her". The registered manager told us, "New staff have a two week supernumerary induction programme to look at paperwork, values, safety and to meet the service users and read their care plans". The registered manager added, "We also access specific training from the Local Authority around positive behaviour support, learning disabilities, mental health and communication". Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, such as National Vocational Training (NVQ). One member of staff told us, "I asked for first aid training and the manager got it for me. I now feel more confident". Another said, "I would be supported to do the NVQ2". A further member of staff added, "There is good training, if we are not confident, they help us. I had extra training around recording".

Staff received support and professional development to assist them to develop in their roles. Feedback from staff and the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. One member of staff told us, "I can have a supervision at any time".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff told us they explained the person's care to them and gained consent before carrying out care. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu based on people's choices and people could eat at their preferred times and were offered alternative food choices depending on their preference. People were complimentary about the meals served. One person told us, "It's nice food. There's fish and chips and spagbol and a nice chicken dinner on Sunday". Another said, "I like the food, but I don't like peas". A relative added, "They support [my relative] to control what she eats to help lose some weight. [My relative] does like her food".

People had clear healthcare plans and staff told us that people had regular health checks. The registered manager described how people were observed in relation to their general wellbeing and health. Each person had a profile detailing how they communicated their needs. This included how they expressed pain, tiredness, anger or distress. This helped staff to know when to seek support from health care services, when people were unwell. Care records demonstrated that when there had been a need identified, referrals had been made to appropriate health professionals, such as dieticians and GP's.

Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their well-being. We saw that if people needed to visit a health professional, such as a GP or psychiatrist, then a member of staff would support them. A relative told us, ""[My relative] does suffer from some health conditions and the staff take a lot of notice". Another added, "[My relative] is well known to the health services. I know that the staff at Lingfield would definitely support her to go to the doctor or hospital".

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they or their relative were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff are very kind". Another person added, "The staff are nice. I'm happy here". A relative said, "All the staff are brilliant they are so patient. They take the time to sit with [my relative] and get to know her"

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication. For example, one person would often make a bleeping noise as part of their communication. Staff would routinely respond to the bleeping noise with a similar bleeping noise of their own. This interaction pleased the person and you could see that staff were aware of this and incorporated it into their daily interactions. Staff appeared to enjoy delivering care to people. A member of staff told us, "We understand what people want. We get to know people and it's a bit like solving a puzzle. We get there in the end and that lets us build good relationships".

Staff demonstrated a strong commitment to providing compassionate care. From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. We spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what they liked to do, the activities they took part in and their preferences in respect of food. Most staff also knew about peoples' families and some of their interests. A member of staff told us, "We have a person here who is non-verbal, but we get to know everyone well. Just because they can't talk to us, it doesn't mean we can't understand them. This person likes to listen to good music, very loud. That's fine, it's like a family here".

People looked comfortable and they were supported to maintain their personal and physical appearance. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs. One person told us, "Yeah they knock on my door first, yeah they do". A member of staff told us, "We respect privacy, I know about pulling curtains back and closing doors".

People's care plans included information that demonstrated how they were supported with making day to day decisions about their care. The people who lived at Lingfield had learning disabilities and complex needs. Some used non-verbal communication to articulate their likes and dislikes. Staff told us they used their observational skills and the knowledge of the person to determine whether they were happy with the care provided. A relative told us, "They involve [my relative] in all his care. Everything is up to him, they offer choice and always ask him". We saw staff were meeting people's needs and protected their rights to be involved.

Staff supported people and encouraged them, where they were able, to be as independent as possible. The

registered manager told us, "We encourage people's independence and improving their skills, for example around shopping and counting money. People make personal shopping lists and we guide them, but it is their choice". We saw examples of people assisting to lay the table, and people took it in turns to devise the weekly menu and visit the shops to buy food for the house. Care staff informed us that they always encouraged people to carry out tasks for themselves. One member of staff told us, "One person is really slow at making tea. We are patient and we take our time, so they can take thing step by step. It doesn't matter if it takes them 10 minutes to get a spoon and a mug, we want to let them be the best they can be".

Is the service responsive?

Our findings

An assessment of people's needs was carried out prior to them moving into the home to make sure their needs could be met. Individual care and support plans, risk assessments were then set up. The plans were person centred, in that they were tailored to meet the needs of the person.

People's plans covered areas such as their communication, health care, personal care, mobility and activities. Each person had workers assigned to them. There was evidence that people had had been involved in their reviews as much as possible and the plans and reviews included pictures to assist with people's engagement and understanding. People who were important, such as members of their families, friends and advocates were invited to review meetings and we saw that people's wishes were at the centre of the review process.

People had very detailed assessments and care plans, so there was good quality information to help staff to meet people's needs and to understand their preferences. The staff focussed on people's individual needs and it was evident that a lot of time and effort had been taken to get to know people's likes and dislikes and how they liked things to be done. For example, one person's care plan stated, 'I don't like being rushed. I don't like it when I don't know what is going on'. Another care plan stated, 'I like having my photo taken. I like listening to loud music in my room. I don't like waiting around for food'. A member of staff told us, "The care plans are really good and we have discussions with the service user's and their families to get to know them and review and update the information".

There was evidence that people engaged in activities, in the service and out in the community. On the day of the inspection some people were out in the community doing activities and attending day services. One person told us, "I'm not bored. There's games to play and things to do". A relative added, "They always seem to be doing this and that. There was a party recently and it was lovely". [My relative] needs to be occupied and she gets that at Lingfield with trips out". A member of staff said, "There are activities every day. People go out and we also play puzzles, do painting, go out for walk and cook". We saw evidence of people enjoying lots of trips and activities in photographs and detailed in people's care plans. The service also supported people to maintain their hobbies and interests and achieve specific goals. For example, one person was a fan Mickey Mouse. We saw that with support from staff, people from the service had taken a trip to Disneyland in Paris. Whilst showing us their room, one person told us, "Here is a picture of us at Disney". They went on to show us souvenirs they had acquired from the trip". A relative added, "When [my relative] went to Paris, her keyworker was fantastic. I can't fault the staff, I admire them all". A further person was supported to attend church weekly.

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. A relative told us, "If I phone the service or they phone me, they always keep me up to date with things and take the time to ask if I think everything is alright". One person said, "They ask me if I'm happy here". Another added, "[Staff member] and [registered manager] ask me if I'm happy". There was a suggestions box, and regular meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the meetings and surveys was on the whole positive, and suggestions were received from people about the

Christmas party, holidays and activities.

Staff told us that some people would raise concerns through non-verbal communication. From talking with staff it was evident that it was important that they got to know the individual's preferred communication method and body language. This determined if a person was happy with the care provided. For example, one person wished to be communicated with via the use of Makaton, and we saw that staff were trained in this. Additionally, individual details around people's recognised behaviours were available to staff to guide them on their satisfaction with the service. One person's care plan stated that if they were 'pacing' this could mean that they were uncertain about what was happening and that staff should communicate with them to determine any issues and explain what was going on.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed by the manager. One person told us, "I'd speak to [the registered manager], to complain". Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. For example, in light of a complaint, staff were instructed not to routinely check on a person as this occasionally woke them up at night. Staff told us they would support people to complain. The procedure for raising and investigating complaints was available for people. The procedure was displayed in an 'easy read' version. We asked people's relatives if they were aware of the procedure and they confirmed that they were.

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and felt the service was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "[The registered manager] is good at managing. She works all day very hard and makes sure we're all happy". A relative said, "[The registered manager] is very on the ball. Things have really improved". A further relative added, "I think it's absolutely brilliant. [The registered manager] especially is excellent". Other positive comments around the quality of the service included, "I'm lucky to be here" and "I like it here, I'm happy. [The registered manager] is good, she listens".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that people had been involved in choosing colour schemes and themes for their rooms and decorating. They had also chosen furniture and curtains for the service. We saw that one person was the Health and Safety representative for the service and had received training for this role. We saw that from recommendations from people, the service had bought a swing seat for the garden.

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "I believe in what we do and I believe in the service users. There are no secrets here, I am very open. If things are wrong, we deal with it. What drives me is the service users". A member of staff said, "I have found my place here and so have the service users. I am happy, they are happy, we all do an amazing job". Another said, "I would be happy to have a relative live here. The home is going very well. We enjoy it here and so do the service users. They know us and we know them and if they are happy, then we are doing a great job. We plan the care really well for people".

Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "[The registered manager] is really good and knows what she is doing". Another said, "The manager is brilliant". A further member of staff added, "The managers have really helped. I am well supported and we feel comfortable to speak up. We can always talk about anything". The registered manager added, "We support staff in a goodwill and supportive way. I am around at key times to be available for staff and service users".

Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The registered manager told us, "We keep staff practice under review and we learn and question each other. I question the staff and they question me". They added, "My staff are accountable. I don't have any fear of them not reporting information. There is a transparent culture, staff will come to me and raise concerns". A member of staff said, "There is great teamwork and a real attention to service user needs and what we need to do". Staff told us that meetings took place regularly and they were confident to discuss ideas and raise issues, both with the registered manager individually and at staff meetings. One member of staff told us, "I can approach the manager at any time. We have a good team". Another said, "It's really good. I can approach the manager and she listens. The managers provide support and guidance".

Management was visible within the service and the registered manager took a hands on approach. The registered manager told us, "I'm very much hands on and service user focussed. I know what is going on out on the floor. The staff know I am around for them". The service had a strong emphasis on team work and communication sharing. Information sharing was thorough and staff had time to discuss matters relating to the previous shift. One member of staff said, "Communication between the staff is good". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We're a great team. We support each other and there is great teamwork".

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. For example, after one incident, changes were made to the way that the emergency 'on call' system was managed. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medication and care planning. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. For example, we saw that in light of one internal audit, that a 'lone worker' policy was displayed in the office to guide staff working at night.

The registered manager informed us that they were supported by the provider and attended regular management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. Up to date sector specific information was also made available for staff, including guidance around positive behaviour support and updates on available training from the Local Authority. We saw that the service also liaised regularly with the Local Authority, in order to share information and learning around local issues and best practice in care delivery.