

Lench's Trust

William Lench Court

Inspection report

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Date of inspection visit:
26 April 2017

Date of publication:
22 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 7 July 2016. During that inspection we found that although the provider was not breaching any regulations the service required improvement. This was because we had concerns about how staff were supported to manage the risks associated with people's conditions, how staff were deployed to support people in line with their care plans and how the quality of the service was monitored and improved upon. As a result we undertook a focused inspection to check whether the provider had made those improvements. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection in July 2016, by selecting the 'all reports' link for William Lench Court on our website at www.cqc.org.uk.

This focused inspection took place on 26 April 2017 and was announced. We gave 48 hours' notice of our inspection to ensure that staff were available to provide the information we needed and we could make arrangements to speak with people who use the service.

William Lench Court provides personal care to 28 people in their own homes within the provider's housing scheme. At the time of the visit the service had a registered manager although they had stopped working at the service in February 2017. We were accompanied during our inspection by the new manager who had worked at the service since February 2017 and was in the process of applying to become the registered manager. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had not ensured that systems to monitor the quality of the service had been sustained prior to the registered manager's departure in February 2017. However the new manager and team leader were taking action to address this issue and had reintroduced some quality monitoring systems to the service. Insufficient checks had not enabled the provider to regularly monitor the quality of the service.

All the people we spoke with told us they were pleased with the support they received and some people told us that they felt the service had improved. Staff told us that the manager and team leader were supportive and led the staff team well. The manager was aware of their responsibilities to the commission and could explain the principles of promoting an open and transparent culture in line with their required duty of candour.

People told us that they felt safe using the service. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. The manager had assessed and recorded the risks associated with people's medical conditions and environments. The manager was supported by the provider's human resources department to ensure staff were suitable to support people who used the service.

The manager had taken action to ensure people were supported by sufficient numbers of staff who knew them and could promptly respond to their needs. Medicines were administered safely by staff who were trained to do so. There was a training programme to refresh staff knowledge about how to meet people's specific care needs.

People told us they were regularly involved in commenting on how their care was to be delivered and choosing how they wanted to be supported. People were supported in line with the Mental Capacity Act 2005.

There were processes in place if needed to monitor and improve people's health when they were felt to be at risk of malnutrition. There were clear records of communications with other health and social care professionals when people's conditions changed to ensure their health needs were met.

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.

Staff were aware of the action to take should they suspect that someone was being abused.

The manager had assessed and recorded the risks associated with people's medical conditions.

The manager had taken action to ensure people were supported by sufficient numbers of staff who could promptly respond to their needs.

Medicines were administered by staff who were trained to do so.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew their specific needs.

People were regularly involved in commenting on how their care was to be delivered and choosing how they wanted to be supported.

When necessary people were supported to receive sufficient nutrition to meet their needs and preferences.

People were supported to make use of the services of a variety of health professionals.

Is the service well-led?

Requires Improvement ●

The service was not consistently well- led

The provider had not ensured that systems to monitor the quality of the service had been sustained since our last inspection

Staff told us that the manager and team leader were supportive and led the staff team well.

The new manager was aware of their responsibilities to the commission.

William Lench Court

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.

We undertook an announced focused inspection of William Lench Court on 26 April 2017. This inspection was done to check that the provider had made improvements after our 14 June 2016 inspection. We inspected the service against three of the five questions we ask about services: is the service safe, effective and well-led? The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The registered provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to ensure there were care records available for review had we required them.

As part of planning the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We sent questionnaires to people who used the service and staff in order to obtain their views of the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection we visited the service's office and spoke with the manager and team leader who had both recently started working at the service. We spoke with the nominated individual for the service, four members of care staff and an administrator. We spoke with three health professionals who were visiting to support people who used the service. We also spoke with seven people in their own homes. We sampled the records, including five people's care plans, four staffing records and quality monitoring documents

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe using the service. One person told us, "I would say that I do feel safe." Another person said, "We feel very safe here."

Staff we spoke with demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. One member of staff told us, "We are always being told what to look out for. Looking out for people is what it is all about." The manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions and we saw there was a safeguarding training event planned for staff a month after our visit.

The manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment which may have posed a risk to people using the service. The records which we sampled contained clear details of the nature of risks to people and any measures which may have been needed in order to minimise the danger to people. Staff we spoke with were knowledgeable about how to protect people from the risk of harm. One member of staff told us, "You should always have another member of staff to hoist with. If not, it's a dismissible offence." The manager told us there were updating care records with further details about people's specific conditions so they could be assured staff could recognise if people's conditions were deteriorating. As people lived within the provider's housing complex the manager had developed individual evacuation plans for each person. This would help staff to evacuate people as quickly and safely as possible if necessary.

The manager was supported by the provider's human resources department to conduct a robust recruitment process. Staff told us and a review of four staff records confirmed that staff had undergone interviews and checks had been carried out before staff started work. These included Disclosure and Barring Service (DBS) checks to identify if applicants had criminal convictions and obtaining suitable references. When necessary further action was taken to assess any potential risks identified during the recruitment process. This ensured staff were suitable to support people who used the service.

People who used the service told us that there were enough staff to meet their needs. Although we found that staff were not always deployed to attend calls at the time specified in people's care plans, all the people we spoke with said they received support when they wanted. Comments included; "They visit several times a day and it suits me from a time point of view;" "They are okay on their times;" "They always turn up and are usually on time," and "They get me up at the same time every day and the service has been flawless throughout." One member of staff told us, "I always try to attend on time. You can always call for back up [if running late]."

People said there were enough staff to respond promptly when their needs changed or they were at risk of harm. One person told us, "When I had a fall, they came very quickly and stayed with me whilst arranging an ambulance." Another person said, "The buzzer is a godsend and I can call anytime which helps me feel secure."

The manager had taken action to reduce the number of agency staff used at the service by recruiting additional bank staff. At our last inspection staff told us that they did not always have enough time to support people who used the service because they were busy informing teaching agency staff about people's care needs. Staff told us and a review of the previous two months rotas confirmed that less agency staff were required to work at the service as additional staff had been recruited. This meant that people were supported by sufficient numbers of staff who knew them and could promptly respond to their needs.

People who required support to receive their medicines safely said they were happy with how they were supported. Comments included; "I deal with my own medication, they just remind me and check that I have taken it;" "The staff come in a morning to give me a shower and check that I have had my medication," and, "I tend to forget to take my tablets so it helps that they visit to give it to me."

The medicines were administered by specific staff who were trained to do so. The manager told us that all staff would be undertaking medicine administration training to ensure they were competent to support people safely when necessary. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about how to support people to take them as prescribed. We sampled the Medication Administration Records (MARs) and found that they had been correctly completed, this indicated people had received their medication as prescribed.

The registered manager had not maintained regular medication audits however the new manager had re-established a new medication audit process to check people were being supported to take their medication as prescribed. The manager had conducted a recent review of medication practices and was in the process of changing the pharmacy supplier to ensure people's prescriptions were delivered promptly and they always had access to medication when required. It was planned that the new supplier would conduct regular audits of medication management at the service. People were supported to receive their medication appropriately.

Is the service effective?

Our findings

People told us they were well supported by the service and felt the service was good at meeting their needs. Comments included; "All that I need is provided for here. They are accommodating and have respect for my wishes;" "I have everything I need here. It is just as good at a weekend;" "All our needs are catered for really. ... It has made a real difference to us," and, "They help me with all of my needs but still encourage and support me to stay independent which is important."

At our last inspection we were concerned that staff were not receiving support to attain and maintain the skills and knowledge they needed to meet people's care needs. We found the new manager had taken action to address this. One member of staff reflected, "I used to ask for training but nothing got done. They promised it but nothing happened." Another member of staff said, "I've [recently] asked for training in Parkinson's disease and multiple sclerosis. They are willing to set it up." The manager confirmed they were planning training in these conditions. The manager had resourced an external provider to deliver a training programme over the next year which would refresh staff knowledge about how to meet people's specific care needs. We saw that when necessary the manager had employed regular agency staff who had worked at the service before so that people were supported by staff they were familiar with and who knew their specific needs.

Staff told us, and records confirmed that all staff had received induction training when they first started to work at the service. This covered the necessary areas of basic skills. A member of staff confirmed that it had been planned that new staff would shadow them when they started working at the service. The manager had established personal development plans for each member of staff. These enabled the manager and staff member to reflect on their practice and identify any support they required to improve their performance and the quality of care people received.

We saw that staff attended regular shift handovers and meetings to share their knowledge of people's latest support needs and preferences. One person who used the service told us, "They [staff] seem to be well trained." Another person said, "They are very good here. They are on the ball."

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. We checked whether the service was working within the principles of the MCA.

People told us and records showed that they were regularly involved in commenting on how their care was to be delivered and choosing how they wanted to be supported. One person told us, "They always ask my consent to do things." Another person said, "They are accommodating and have respect for my wishes." Staff told us how they endeavoured to support people in line with their wishes. One member of staff said, "Sometimes people who have requested a shower may change their mind. You respect this." Staff told us and records confirmed they had recently received training on how to support people in line with the MCA.

People's mental capacity had been assessed when they joined the service to identify if there was any aspects of their care they needed support to make decisions about. When necessary the service had involved other health professionals and advocates to help people express their views and ensure decisions made about their care and welfare were in their best interest. Records contained details for staff about how people wanted to be supported and there were reminders for staff to seek consent and support people in line with their wishes.

Not everyone who used the service required support to eat and drink. However those people who required support said they were happy with the assistance they received from staff. Staff told us of foods people enjoyed and we saw some staff collect meals from a restaurant in the housing complex for the people they supported. Although no one who used the service required their meals prepared in specific ways the manager and team leader demonstrated they were aware of the various ways in which meals could be prepared when necessary to reduce the risk of choking. There were processes in place if needed to monitor people's health when they were felt to be at risk of malnutrition. When necessary people were supported to eat and drink sufficient amounts to promote their wellbeing.

People were supported to make use of the services of a variety of health professionals. One person told us, "A GP visits weekly and you can see him here [the housing complex] at other times too if anything is a problem as he is on call." Another person told us, "One day I had chest pains and they came straight away when I buzzed. They arranged an ambulance." There were clear records of communications with other health and social care professionals when people's conditions changed which enabled staff to respond to their latest advice and guidance. We spoke with two district nurses who were visiting to support people who use the service. They both said they felt staff sought guidance appropriately and carried out their instructions competently. This meant that people would receive the appropriate care promptly when needed.

Is the service well-led?

Our findings

At our last inspection we identified that the registered manager had introduced a range of systems to monitor the quality of the service. However we found that the provider had not ensured that these systems were sustained prior to the registered manager's departure in February 2017. The new manager and team leader were taking action to address this issue and had reintroduced some quality monitoring systems to the service in the past two months. A lack of consistent monitoring had not ensured that the provider could recognise adverse trends or actions which may have improved the quality of the service.

During our inspection the provider was unable to present us with evidence that prior to February 2017 quality checks had been routinely and widely undertaken. This had put people at risk of not receiving the support they needed to stay safe or which was in line with their needs and preferences. The nominated individual for the service told us that they had recognised quality checking processes had not been sustained as they had expected and was making arrangements for themselves and other trustees to undertake their own quality checks in the future. This would ensure the quality of the service was regularly monitored independently of the manager's own checks.

The manager told us that they had introduced systems to conduct regular quality checks and we saw these were working well. The manager had recently undertaken medication, staff training and care records checks. People told us and a review of records confirmed that the manager had taken action when these checks had identified aspects of the service which required improvement. Examples included the establishment of regular staff training, change of medication supplier and reviewing working practices so people were supported by consistent staff who knew their specific needs and preferences. We saw that the manager had introduced a process to ensure checks would be regularly undertaken.

All the people who used the service told us they were pleased with the support they received. Comments included; "It feels like part of a family;" "It is well run;" "It is well run, I could not suggest any improvement," and, "Everything is well run and I have no problems at all." People told us they had met the new manager and team leader and felt they were approachable and would respond appropriately to any concerns. One person told us, "I know the manager and I can always go to any of them if I have a problem." People had the opportunity to influence and develop the service they received.

Several people told us that they felt the service had improved. One person told us, "It is better run than it was a year ago." One member of staff told us, "The paperwork has improved, there's clear [care] plans and clear tasks." Another member of staff told us, "They are bringing in changes which should have been done ages ago."

Staff told us that the manager and team leader were supportive and led the staff team well. Staff told us they felt valued and listened to. One member of staff told us, "It's a lovely place. We all get on together. It's nice to be part of a team." We saw that the manager held regular meetings with staff so they could express their views and comment on the quality of the service. One member of staff told us, "I think it's going really well. No one likes change but any changes have been for the best." Staff were regularly involved in reviewing how

the service operated and the quality of the care people received.

The manager was aware of their responsibilities to the commission and they demonstrated knowledge of the type of events they were required to notify us of. Their latest inspection ratings were displayed appropriately and the manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour.