

Bright Futures Care Limited

Lakenheath

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

About the service

Lakenheath is a care home providing accommodation and personal care to adults who are autistic and / or have a learning disability. The home is set out over two self-contained domestic semidetached properties within a residential area of Warrington. The service can support up to four people, at the time of our inspection four people were living in the home.

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

People living at the home were treated with respect and dignity. People showed us by their actions that they liked the staff members caring for them, were very comfortable in their company and enjoyed interacting with them. Staff were creative in involving people, dignifying them and promoting their independence. People enjoyed using the home to relax and we saw people choosing how they spend their time in the home and being empowered to make choices and take the lead. People's relatives told us that staff had a culture of listening to people at the home.

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.

The homes environment was safe, the administration of people's medication was safe, and people were safeguarded from the risk of abuse. People were provided with information and support to help keep themselves as safe as possible. When needed staff effectively used the systems in place to help them identify and reduce risks in people's lives. Staff enabled people to take positive risks and have new experiences as safely as possible.

The service took action to respond to the COVID-19 pandemic. People's family members told us that they were happy with the support provided during this time. One person's family member told us, "They have worked so hard during COVID." Another person's relative told us, "They really care about them. We have all been well supported through this."

We have made a recommendation about testing for COVID-19.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and the accommodation maximised people's choice and control, independence and promoted opportunities for inclusion. Lakenheath care home was set out across two semidetached houses that operated as two separate households. Each person's accommodation was thoughtfully designed and adapted in partnership with them and their family to ensure it met their needs and preferences.

The model and style of accommodation promoted people having an ordinary lifestyle within their community and having control over their environment. The home provided support and accommodation close to people's families who lived in the local area.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human Rights. People were supported to make their own decisions and take the lead in their lives, staff respected people's decisions and promoted people making as many choices as possible. Each person had a detailed personalised care plan that focused on their needs, preferences and what was important to them. Care plans were written in partnership with people and those that are important to them, such as their family members.

Right culture:

- There was a positive, person centred culture amongst the staff team. It was clear that this approach had helped people to have positive outcomes even during difficult times. The provider worked collaboratively and in partnership with people using the service and a range of stakeholders. Amongst staff there was a culture of trying new things and trailing new ways of working based upon their learning about people, along with their communication and 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 11 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection following the registration with CQC.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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.

Lakenheath

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Lakenheath is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 a short period of notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with three people who used the service and four people's relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, safe recruitment records and quality assurance records. We spoke over the telephone with four people's relatives about their experience of the care provided.

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

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

- People were safeguarded from the risk of abuse. People's relatives told us they felt their family members were safe living at Lakenheath and they had confidence in the organisation. People showed by their actions and body language that they were confident and relaxed in the home. In their interactions with staff people were empowered to take control and took the lead around the home.
- Staff told us that they felt confident speaking up and knew what they would do if they suspected that somebody was at risk of abuse; they told us the registered manager was approachable, and they had confidence in their response to any concerns.
- The organisation had a safeguarding lead and guidance for staff members on how to raise any concerns. Some staff had not completed safeguarding training; this was booked to take place in the near future.

Assessing risk, safety monitoring and management

- People were provided with information and support to help keep themselves as safe as possible. When needed staff effectively used the systems in place to help them identify and reduce risks in people's lives. Staff enabled people to take positive risks and have new experiences as safely as possible.
- Any interventions by staff or restrictions in place to help people stay safe were well thought out and respected people's rights. Any interventions were used only as a last resort, using the least restrictive option and were planned in partnership with others. One person's family member told us that staff intervention with their relative had greatly reduced. They said, "Staff step back now rather than intervene... they use time and space... I witnessed this and I was very impressed; they were very calm and kept [Name] safe."
- A series of adaptations, assessments and checks had taken place which ensured the home's environment was safe.

Staffing and recruitment

- There were enough staff to meet people's needs safely. Staffing numbers had been determined by people's support needs, lifestyle choices and risks. This had been regularly reviewed and there were occasions when staff deployment had been changed to ensure people's needs and wishes were met safely.
- Some family members told us of times the service had been short staffed and had a high turnover of staff. There had been some recent improvements in this. Some staff told us of occasions when there was not as many staff on duty as planned. Whilst this did not make the service unsafe it at times prevented people doing what they wanted to do. Staff members also told us that this had recently improved.
- New staff had been recruited safely using appropriate checks that helped ensure that the person was suitable for the role.

Using medicines safely

- The administration of people's medication was safe. Each person had a personalised medication book, this contained all the information that staff needed to administer people's medication safely. Recording systems in place ensured that people's medication was administered as prescribed.
- Guidelines were available for staff on the use of as and when required (PRN) medication and for the use of homely remedies available over the counter.
- Staff received training in the safe administration of medication and had their competency assessed following this training. The administration of medication was regularly audited by senior staff.

Preventing and controlling infection

- The service took action to respond to the COVID-19 pandemic. People's family members told us that they were happy with the support provided during this time. One person's family member told us, "They have worked so hard during COVID." Another person's relative told us, "They really care about them. We have all been well supported through this." Relatives told us that they were able to visit people at the home in accordance with the current guidance.
- The home was very clean, regular cleaning of the home took place which was recorded. Each 'household' operated independently and had its own staff team to help stop the spread of any infections. Regular infection control audits took place and we were assured that staff were using PPE effectively and safely.
- Checks were in place to help prevent visitors to the home spreading the COVID-19 infection; such as a health questionnaire, along with a check of vaccination status and a test for COVID-19 prior to entering the home. Visitors and staff temperatures were taken on each visit.
- People living at the home had been supported to receive a COVID-19 vaccine. All staff had also taken part in the vaccination programme. The service made use of COVID-19 (PCR) testing for both staff and people living at the home. However, staff were not consistently using Lateral Flow Device (LFD) tests that give a rapid result in line with government guidance. This meant that some opportunities to identify COVID-19 infections could be missed.

We recommend the provider consider current national guidance on the use of COVID-19 LFD tests for staff and take action to update their practice.

Learning lessons when things go wrong

- There was a culture of candidly recording, reviewing and learning from times when something went wrong, or an unexpected event occurred. Staff recorded in detail any accidents and incidents that took place. There was a low threshold for recording, which meant that information was captured and reviewed by senior staff.
- When needed, people's care and support plans and risk assessments were amended following any learning from reviewing an incident. Staff response to incidents was respectful and proportionate, they were able to fully explain their actions and how they helped people to remain safe.

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

- There was an effective system in place for an initial and ongoing assessment of people's needs, preferences and choices. People and their family members were at the centre of this. Staff used this information to put together people's care plans and plan their day to day care and support to ensure it is in line with their needs and wishes.
- Each person had some connection with the others they were sharing their accommodation with. This was a significant consideration when planning their support with people.

Staff support: induction, training, skills and experience

- Staff received the support and training they needed to help them be effective in their roles. The provider had a programme of training and worked in partnership with other organisations to provide additional training and ongoing coaching for staff; including using a recognised model of support, that helped staff listen to people and take notice of their actions. One staff member told us that this support "Made a big difference."
- People's relatives praised the approach and skills of staff members. One family member told us about staff members, "They have the skills to support our family."
- Staff told us that they were well supported in their roles. One staff member told us, "I feel equipped for my role." Another staff member told us they work effectively together as a team.
- The team communicated regularly and had team meetings. One staff member told us these meetings focused on practical things but also on the ethos and values of the team. Another staff member told us about them, "The team meetings are helpful, they are good to get us thinking."

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

- Each household had a separate well-equipped kitchen; these facilities enabled staff to support people to eat a fresh and healthy diet of their choice. People were encouraged to get involved in meal planning and setting a menu of food that they enjoyed; staff told us that the menu was only a plan, people didn't always stick to this as at times they change their minds. The home was well stocked with a variety of food.
- Some people received the support to enjoy an adapted diet that met their needs. When needed staff supported people to follow the advice of a dietician.

Adapting service, design, decoration to meet people's needs

- Lakenheath is based across two semidetached houses. Each house is self-contained with a fully equipped kitchen, dining area, lounge and a private garden and patio area. Each person's accommodation was thoughtfully designed and adapted in partnership with them and their family to ensure it met their needs

and preferences.

- The model and style of accommodation promoted people having an ordinary lifestyle within their community and having control over their environment. One person's relative told us, "The accommodation is perfect... [Person's name] loves the house. It has a lovely, homely and has a family feel." Another relative said, "The accommodation is fantastic, [name] is really happy with it."

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

- People received effective support to ensure that they were as healthy as possible and were supported to use community-based healthcare services. Each person had a health care plan and as a minimum had an annual health check with their GP.
- Staff were supported to work effectively with health care professionals and people's families. Staff were knowledgeable about any health conditions people had, knew the advice from healthcare professionals, knew what needed to be recorded and what appointments were coming up.
- Staff supported healthcare professionals by being observant and keeping detailed records of people's wellbeing. This partnership working helped refine the support offered to people and to work out strategies to support people better.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- The service was working within the principles of the MCA. If needed staff had arranged for an application for a DoLS to be completed.
- For significant decisions, the principles of the MCA had been applied. Documents showed how people had been supported to make their own decisions as much as possible; and if they were unable to, how the decision made was in the person's best interests.

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.

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

- People were well treated and supported. We saw many examples of staff having a respectful and empowering approach towards people, promoting their status as equal citizens. People showed us by their actions that they liked staff and were very comfortable in their company and enjoyed interacting with them.
- In their speech, actions and approach, staff members showed that they genuinely cared for the wellbeing of the people living at the home. Staff described having very positive relationships with people, this was important to them. One staff member told us about the person they were supporting, "I love to see him do well."
- People's relatives told us that their family members were well treated. One family member said, "The staff are absolutely brilliant and have gained our trust... they have a great ethos." Another family member told us what they found reassuring, "When [name] gets back he runs straight into the house with no hesitation. He loves all of his carers."

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

- People were supported to make their own decisions and take the lead in their lives, staff respected people's decisions and promoted people making as many choices as possible. Staff took care to ensure that they really listened to people and their views.
- People's relatives told us that there was a culture of staff listening to people at the home. One person's family member told us that staff really listen to their relative when introducing new staff members to their team. They described a step by step process that empowered the person supported to take the lead in helping to choose staff.
- Staff members had recorded and learned from key information about people and how they communicate their decisions. Care records included guidance for staff on indicators of when people were communicating, they were happy, content and when they were anxious. Staff used their experience of listening to people to understand their body language and other signs in order to listen to their decisions.
- Staff used a system of 'now and next', this helped people by communicating what was happening now and what was planned next. This helped people plan and express their views about planned future events.

Respecting and promoting people's privacy, dignity and independence

- People living at the home were treated with respect and dignity. Staff were creative in involving people, dignifying them and promoting their independence. For example, one person had a mobile phone and staff used this to pass on information to the person or the staff member supporting them another person had started turning out their own bedroom light as an indicator to staff they wanted to sleep.
- People's care plans and records written about them were very respectful using everyday language.

People's care plans and staff guidance promoted people's choice and autonomy. One senior staff member told us, "We have chosen to value kindness, if we are kind to somebody, we would not write things about them in a negative manner. We use kindness to challenge each other."

- People enjoyed using the home to relax and we saw people choosing how they spend their time in the home and being empowered to make choices and take the lead. The accommodation afforded people dignity, there were private spaces that people could use to relax and have their possessions.

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.

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

- Each person had a detailed personalised care plan that focused on their needs, preferences and what was important to them. Care plans were written in partnership with people and those that are important to them, such as their family members. People's family members told us they felt included in this process.
- People led busy lives doing things that were meaningful to them. They were supported by staff to follow their diverse interests. Some people liked to be out and about and always busy, others liked to do quieter things at home. Due to the design of the service each person was supported and enabled to live a lifestyle of their choice.
- People's family members told us that care planning had been effective. One person had a plan split into three areas that were very important to them to focus on during the COVID-19 pandemic another person had a plan that they had made for when restrictions were eased. One person's family member told us, "During the pandemic it was a difficult time, but staff took steps as much as possible to keep his routine; this really helped."

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.

- There was a focus on ensuring that staff took all possible steps to help ensure that communication between people supported and staff was effective. This had been maintained as a priority in people's care and support. It was important to staff that this effective communication promoted positive relationships and helped them to support people to maximise the choices they made.
- Each person had a communication support plan, this included details of how people processed information visually and audially. Some people used easy read documents, some used a picture or image-based communication system, other people used reference points and physical objects. Some people had communication about decisions broken down into smaller timeframes. We saw staff using these variety of systems to communicate with people very effectively.
- People were supported to communicate feedback in different ways that were meaningful to them. For example, one person gave feedback by gluing images that they had chosen in an order of their choice.

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

- Everybody received bespoke support to help them maintain relationships that are important to them, build new ones and be active members of their community.
- Before the COVID-19 pandemic people were supported to use the home to host visits from friends; during the pandemic people were supported to keep in touch with people on other ways as safely as possible.
- People were supported to keep in touch with their family members, staff made note of important family events and supported people to celebrate them. People's family members told us that they felt welcome and comfortable visiting and spending time with their loved ones. One person's family member told us, "The staff are lovely people; it feels like a second family home now."

Improving care quality in response to complaints or concerns

- The provider had a up to date policy on complaints, suggestions and compliments in place to help ensure appropriate responses were made.
- People supported and their family members were encouraged to raise any concerns that they may have. People's relatives told us that they felt confident doing so if the need arose. One person's family member told us that they had a positive experience after raising a concern; they told us, "We felt like we are listened to."

End of life care and support

- Nobody needed end of life care at the time of our inspection.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person centred culture amongst the staff team. It was clear that this approach had helped people to have positive outcomes even during difficult times. Staff spoke very positively about their relationships with people living at the home. It was important to staff members that they supported people to maximise their choice and have a good quality of life. One staff member told us, "I enjoy seeing people achieve things." Staff told us that they consider themselves guests in another person's home and act in line with this, empowering people to take control.
- Staff members told us they really enjoyed their roles and described the registered manager and other managers as very responsive in providing them with the support and recognition they needed to do a good job. One staff member told us, "There is a really positive culture and really good team working."
- The registered manager told us that the aim was to provide a homely environment for people that promotes them having as much control as possible. Each person had personalised space that they used to relax and host visitors, for their hobbies, to play music and games.
- People's family members praised the approach of staff members and managers, they told us about positive outcomes people had achieved during their time at the home. One family member said, "We are delighted. We trust them completely. The whole ethos is good, they are honest and upfront and if anything goes wrong, they tell you." Another person's relative praised the homely atmosphere at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their obligations in line with the duty of candour. There was a culture of staff being open and honest with people and their family members.
- People's family members described a trusting relationship between them and the registered manager and their team. One person's relative said about the registered manager, "They are always helpful and honest." Another relative told us they were reassured because, "If there are any incidents, I always get a phone call."

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

- The service had a registered manager. The registered manager was in the process of handing over the running of the service to a new manager before taking up a new role with the provider. The new manager was in the process of making an application to be registered with the CQC.
- The provider undertook regular audits and detailed quality checks of the accommodation and support

being provided at Lakenheath. These demonstrated the steps being taken to ensure the service remained safe and effective.

- A focus of these audits was upholding people's rights and their experience of living at the home. These audits included monitoring the use of as and when required medication looking for patterns, the use of any restrictive practices, including minor infringements and an audit of any physical intervention. This was reviewed by a senior staff member to look for trends and pattern and to ensure that staff were providing the most appropriate response. There was a focus on making sure people were respected and staff were not overreacting or intervening unnecessarily. There had been a noticeable reduction in the use of physical restraint and other interventions at the home.
- The provider had a Workforce Plan that reviewed staff numbers and their skills and qualifications. An aim of the plan was to improve the consistency of staff members. Staff and people's family members told us that there had been an improvement in the consistency of staff members.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider worked collaboratively and in partnership with people using the service and a range of stakeholders. They had sought feedback from people in creative ways; for example, people had been consulted using a pictorial system to show what they liked and did not like.
- People's family members told us that they were fully involved in the care and support of their relative. One person's family member told us the registered manager and other managers meet with them and involve them and their family member's in decisions. Another person's relative told us, "They really work in partnership with us as a family."

Continuous learning and improving care

- Managers and senior staff ensured there was a culture of asking questions about and looking for improvements in the care and accommodation provided for people. There was a culture of trying new things and trailing new ways of working based upon their learning about people, along with their communication and feedback.
- People's family members told us that this culture had led to significant improvements in the lives of their relatives. They also told us about problems that had been resolved, or areas where ongoing improvement was taking place. They were positive about how these had been acted upon.
- Each person had a keyworker from the staff team. Each month the keyworker reviewed the person care and support. Family members told us how this had been effective, and the keyworker was a main point of contact for them. These reviews focused on what the person is looking forward to and what they had recently enjoyed.