

Community Integrated Care

119 Little Lane

Inspection report

Little Lane
Wigan
WN3 6GT

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19 October 2021

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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

119 Little Lane is an extra care housing scheme for people aged 55 and over, comprising of 39 individual flats and several communal areas in one large building, within landscaped gardens. People who lived at the service had a separate care and tenancy agreement. At the time of our inspection, the service supported six people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risks where possible. Risks to people's health and well-being were identified and monitored. Guidance was in place for staff on how to support people with these risks.

People's needs were comprehensively assessed before starting to use the service; people and their relatives had been involved in the care planning process. Staff had developed supportive relationships with people and knew them well; people received person-centred care as a result. Staff supported people to access healthcare professionals when required and supported people to manage their medicines safely.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively and received regular supervisions, competency checks and appraisals; staff we spoke with confirmed this. Systems were in place to recruit staff safely.

Staff promoted people's independence and treated them with dignity and respect. People were involved in making decisions about their care and involved in reviews to ensure their care plans met their needs and supported them to achieve outcomes. Staff supported some people to access the community. People and their relatives were complimentary about the staff and their caring attitude.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People knew how to make a complaint. There was an effective complaints process in place to deal with any complaints that might be raised in the future. The registered manager and staff were committed to providing high quality care and support for people.

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of

care delivered. There was evidence of improvement and learning from any actions identified.

The provider and manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes were robust and identified areas of the service where improvements were needed.

A range of audits were done to ensure the support provided to people was safe and effective and to drive improvements in the service.

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 29 June 2019 and this is the first inspection to provide an overall rating. The last rating for this service was Inspected but not rated (published 20 November 2020); this was a planned focussed inspection in line with our inspection programme due to COVID-19. We do not look at all the five key questions during a focussed inspection. During the inspection we looked at two key areas of safe and well-led. Therefore, the service was not given an overall rating.

Why we inspected

This service was registered with us on 29 June 2019 and this is the first inspection to provide an overall rating.

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.

119 Little Lane

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

119 Little Lane provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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. Shortly before this inspection, the registered manager had applied to de-register from this location to take up other duties and the service leader had submitted a timely registered manager application to CQC, which had been validated.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to review documentation remotely and make arrangements, where possible, to speak with people, relatives and staff by telephone after our site visit. This helped minimise the time we spent in face to face contact with the staff and people who used the service.

Inspection activity started on 15 October 2021 and ended on 20 October 2021. We visited the location on 15 and 19 October.

What we did before the inspection

We reviewed information we had received about the service since registering with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection

During the inspection-

We spoke with three relatives and one person about their experiences of the care provided. We spoke with five members of staff including the service leader, the head of operations (North West) and three support workers. We also spoke with the housing scheme manager.

We reviewed a range of records. This included three people's care records and 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, service evaluation information and quality assurance records. We received additional feedback from the local authority.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and staff knew how to identify and report abuse.
- Staff received training in safeguarding and there was a safeguarding policy and procedure for in place staff to follow.
- Staff told us they would act if they were concerned about people's safety. One staff member said, "If I suspected a person was being abused psychologically, financially or physically I would tell the manager and they would make a safeguarding referral. I know about whistleblowing if I was concerned about any staff practice."
- A relative said, "Staff do all they can to help keep [my relative] safe; we had an incident the other month and staff were on the ball in getting a falls alarm for [my relative]."

Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risk of people coming to avoidable harm.
- People told us they felt safe using the service and with the staff providing support to them. One person told us, "I feels safe in staff hands, I've never had a bad staff member and I get the same staff mostly. I have an alert pendant and I have used this in the past and staff have responded to me quickly."
- Relatives told us they felt their family members were safe. One relative said, "I can't praise the service enough; staff are wonderful and will talk to you about anything and I am happy [my relative] is here."
- Risk assessments provided clear instructions to staff on how to protect people in their home and to live in the least restrictive way.

Staffing and recruitment

- Robust recruitment processes were in place to ensure staff were recruited to the service in a safe way. Staff had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people.
- Staff completed an induction, shadowing other staff and getting to know people before starting to work alone. One staff member told us, "I had a period of induction for three weeks before I started working on my own." A second staff member said, "When I started, I did shadowing for two weeks with another staff and got to know the people using the service and read care plans and watched other staff members giving care. I didn't start working alone until I was assessed as being competent. I read policies and procedures in this time. I was assessed by the registered manager."
- Enough staff were available to provide safe care to people using the service.

Using medicines safely

- People's medicines were managed safely. People received their medicines in a safe way and systems ensured timely administration of medicines. One relative told us, "I have never had any concerns about medicines."
- Staff completed medicines training before they could administer medicines and received regular competency checks to ensure they administered medicines safely. Records we saw confirmed this.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had ensured there was sufficient stock of personal protective equipment (PPE) in place and staff testing kits which we saw in the office premises. Staff we spoke with understood the protocols for wearing PPE appropriately when supporting people, and when visiting the office premises.
- People and their relatives confirmed staff followed appropriate infection control measures, such as hand washing and wearing protective equipment when supporting people with personal care.
- Additional training had been done in the donning and doffing of PPE and government updates had been communicated to staff, which they confirmed.
- The service had an up to date business continuity management plan which included the loss of staff. Regular updates and key facts about COVID-19 were passed on to people, families, and staff.

Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents.
- Data analysis was used to help identify useful themes and trends to minimise risks and reoccurrences.

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 of this domain. 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

- People's needs were assessed and regularly reviewed as and when required if a change occurred. The assessment process was thorough, holistically assessing all aspects of the person's needs. People's expected outcomes were identified, and care and support was regularly reviewed.
- Staff and management applied best practice principles, which led to good outcomes for people and supported a good quality of life. People's preferences likes and dislikes, past life histories and background information were recorded in their care documentation.
- People's relatives commented positively about the service and told us they were involved in discussions about their family members care. One relative told us, "We always have care reviews at least every six months, and as things have changed, we have also held meetings and updated [my relatives'] care plans. We had a meeting a few weeks ago about a best interest decision."

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and had the skills and training to meet their needs. Staff completed a wide range of training, which equipped them with the skills to carry out their role.
- Staff told us they had received appropriate training, support and induction to enable them to meet people's needs. One staff member told us, "I've done lots of training and have just requested two new training courses and the regional manager has agreed to put these into place. We've had two staff meetings in the last two months but there have been more since I first joined the company."
- There was a programme of training which was on-going throughout a staff members' employment and the manager kept a detailed record of all staff training.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported some people to maintain a diet of their choosing; support was provided dependent on the person's requirements, whether this be support with shopping, eating and drinking or preparing meals.
- Detailed records were kept of the support provided to people each day. Staff had received training in nutrition and hydration.
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were

providing care which met people's health needs.

- A person told us, "Staff always talk to me about my needs. They take their time and go at my pace."
- Feedback we received about the service from a partner agency was positive; they told us, 'I have a good relationship with the leadership team at Little Lane and they are always responsive and positively address any concerns when raised with them. They show a genuine commitment to the people they support and are always striving for improvements in quality and people's lived experiences.'

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The service worked within the legal requirements of the MCA.
- Staff had completed training in this area and those we spoke with demonstrated an understanding of the principles of the MCA.
- Consent was sought for issues such as care, support and administration of medicines. If people lacked capacity, this was recorded, and consent sought in line with the principles of the Act.
- Care plans were developed with people. People had agreed with the content, had signed to receive care and treatment, and gave their consent. People were encouraged to make decisions for themselves and were provided with sufficient information to enable this, in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- Where people had an appointed Power of Attorney for health and welfare or finances this was recorded in their care plans. At the time of the inspection no-one was being deprived of their liberty in their own home.

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 of this domain. 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us their views and opinions were valued and listened to.
- The service had an appropriate equality and diversity policy and procedure in place. Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met. Care plans included relevant information about people's diverse cultural, spiritual or other requirements.
- Staff treated people equally and without discrimination. Staff had received training in equality and diversity and people's individual needs, hopes and aspirations were recorded in their support plans.
- The easy read service user guide included information about the service's standards and values, and the standards of care people should expect.
- People's views were encouraged and considered when setting up their care package and there was evidence of people's involvement in reviews of care and support. A relative told us, "At reviews we look at what we can do to keep [my relative] as independent as possible. If I was not happy [my relative] would not be in there and I would look after her myself."
- People were encouraged to contact the manager at any time if they wished to make changes to existing support arrangements. We saw evidence of people's relatives contacting the manager about potential changes in their relative's care needs and being responded to without delay.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Staff were mindful of this, especially when assisting people with personal care. Staff had completed training on how important it was to ensure people's privacy and dignity was maintained at all times. One person said, "Staff are always respectful, they talk to me when helping me and do all they can to protect my dignity."
- Discussion with staff showed they knew the people they supported well, how they wanted to be supported, and how to ensure dignity when providing care.
- Staff supported people in maintaining their independence by encouraging them to do what they could for themselves, for example, daily living tasks and support with hobbies and interests.
- People told us they were well treated. One person told us, "Staff tell me when they are going to do something, and they are very kind." A relative said, "I can't praise them [staff] enough. They will work outside of the set times and will support [my relative] anytime." Another relative told us, "[My relative] would not be so independent if not living here. The manager has said we will do all we can to keep [my relative] living independently as this is her wish."

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 of this domain. 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

- Care plans were person-centred and contained specific individual details about people, how they wanted to be supported and the outcomes to be achieved. Staff we spoke with demonstrated they knew people well.
- People's care plans detailed their strengths and areas of independence. For example, where people could complete elements of their personal care independently, this was clearly recorded in their care plan.
- The service regularly reviewed care plans to ensure all information was accurate and up to date; this ensured any changing needs were captured so that the care provided to the person was meeting their assessed needs.
- People and relatives spoke positively about staff. One person said, "Staff are always on time and stay the full length of time; if I call them with my pendant, they will come even though it may be out of my planned support time." A relative told us, "Staff listen to [my relative] and also to me, and they do what [my relative] says. Staff all love [my relative] and they make a fuss of him."

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.

- The service followed the principles of the AIS. People's communication needs were explored as part of the care consultation, planning and review process, during which the service continually looked at how to support people to have access to information.
- Documentation was available in large print with pictures for people with sight problems, for example, the complaint procedure and individual written agreement.
- People's communication needs were clearly identified in their care planning information; this helped staff understand how best to communicate with each person. People's communication care plans included information on individual abilities and needs and the staff support required.

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

- Feedback we received about the service from a partner agency was positive; they told us, 'In terms of the support they [staff] provide, they are very knowledgeable about the people they support and will engage them in activities as much as possible.'
- There was a 'memories' large folder, written in large print with large photos for people to clearly see which

recorded events that had happened in recent months, these included; one person visiting [their spouse's] grave, which was very important to them, McMillan coffee mornings, people enjoying the garden and doing gardening, charity bingo and dancing fund raising events, for example to raise money for children in need, pizza party, indoor curling, shopping trips, dominoes, cake decorating.

- We observed the regular Tuesday morning breakfast club taking place during the inspection, and overheard lots of lively chatter and interaction between people.
- Relatives told us they always felt listened to and could contact the office without any problems at any time.

Improving care quality in response to complaints or concerns;

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this, for example through comments and suggestions, care plan reviews and the complaints process.
- The service had a complaints policy in place; we saw complaints were minimal and any issues had been responded to in a timely way. People received a customer handbook which held details of how to make a complaint.
- No one we spoke with had had cause to make a formal complaint and everyone told us they would be comfortable raising concerns with the staff or management.
- Quality assurance systems ensured a planned and systematic approach to monitoring, assessing and improving the quality of care services on a continuous basis. This included setting standards, measuring and comparing performance with standards, and identifying the need for and implementation of change.

End of life care and support

- At the time of the inspection no-one was at the end stages of life. People had supportive care records, which identified if people had a 'do not resuscitate' order in place. End of life care was supported by district nursing teams, doctors and relevant other professionals. Where people had been willing to discuss their end of life care wishes this was recorded. A person told us, "I've discussed this with staff and I'm happy with what is in place." A relative said, "I am confident staff would be in touch if anything went wrong. I can leave [my relative] knowing she is being cared for and staff are here for her."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Shortly before this inspection, the registered manager had applied to de-register from this location to take up other duties and the service leader had submitted a timely registered manager application to CQC, which had been validated.
- Staff at all levels understood the importance of their roles and responsibilities and their performance was monitored. The provider recognised and valued the hard work and commitment of staff and operated an employee of the month scheme.
- Effective governance systems ensured the registered manager, current manager and provider had clear oversight of the service. Auditing systems were in place to monitor and maintain a high standard of care for people.
- Staff we spoke with felt valued and supported by the registered manager and current manager; they were clear about the culture of the organisation and what was expected from them. One staff member told us, "[Registered manager name] was really helpful with understanding and supporting changes to my personal circumstances. Now I feel managers are fine and I feel confident in talking to them."
- Records showed the registered manager and current manager were aware of their regulatory requirements and knew their responsibility to notify CQC and other agencies when incidents occurred which affected the welfare of people who used the service.

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

- Staff had close contact with people and their relatives. Relatives felt staff were always open and honest with them about everything, including if things had gone wrong. One relative told us, "When I have been concerned the manager has acted upon it. Staff were onto me straight away when [my relative] fell and they kept me up to date even when [my relative] returned home from hospital to put my mind at rest."
- People's care plans were comprehensive, which helped ensure people, with support, could reach their identified goals and achieve a better quality of life.
- Staff said the registered manager and current manager were approachable and available should they need to raise any concerns.
- Spot checks of staff practice were undertaken to ensure staff were working to the required standards.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Working in partnership with others

- Each person being supported had a small number of familiar and regular staff who ensured as far as they were able, that the person's views were considered.
- The staff team worked continuously to improve and develop the quality of the service provided to each person. A relative told us, "I feel I am involved in care planning and in all discussions. I work alongside staff to ensure [my relative's] food is as he likes it, and they follow advice and never ignored me."
- Records showed a multi-disciplinary approach in meeting people's needs and responding to any changes.
- People and their relatives were provided with a range of easy read information about the service, including regular newsletters and social event details, and a COVID-19 survey had been carried out to ensure staff had the necessary resources and information available to help them deliver safe care.