Liaise Loddon Limited

Timaru

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

Overall summary

Timaru is a residential home for people with a learning disability, autism and complex behaviours that challenge. The home is split in to two separate areas which inter-connect through a kitchen and staff area. Each area has communal living accommodation and bedrooms.

The home had a 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 in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was on annual leave at the time of our inspection so we were assisted with the inspection by the two deputy managers.

Staff showed a good understanding of the needs of the people they supported. Referrals to health care professionals were made quickly when people became unwell. Care was provided with kindness and compassion. Relatives and care professionals told us they

Summary of findings

were happy with the care people received and described the service as good, although we were told that more external activities would improve some people's quality of life.

Records showed people's hobbies and interests were documented and staff accurately described people's preferred routines. People were supported to take part in activities both within the home and in the community, although the frequency varied depending on people's support needs and behaviour patterns. People were offered a choice of food and drinks which were sufficient for their needs and that met their dietary requirements.

There were sufficient numbers of staff on duty to support people safely and meet their assessed needs. The provider had appropriate systems in place to recruit staff and to monitor their performance. Staff were appropriately trained and skilled to deliver safe care and received an induction before they started work which included shadowing other staff. Safeguarding people was understood by staff who knew about their responsibilities to report any concerns of possible abuse.

Care plans had been reviewed regularly and people's support was personalised and tailored to their individual needs. There were robust systems in place to manage the ordering, storage and administration of medicines.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people's freedoms were not unlawfully restricted and staff were knowledgeable about DoLS. Applications for DoLS had been made to the local authority when appropriate.

There were systems in place to monitor the effectiveness and quality of the service. Incidents and accidents were recorded and analysed, and lessons learnt were communicated to staff to reduce the risk of these happening again. Complaints procedures were in place although the home had not received any complaints.

Staff were actively involved in improving the service and were clear about their responsibilities. The provider understood their responsibility to inform the commission of important events and incidents that occurred within the service, such as safeguarding concerns and DoLS authorisations.

Summary of findings

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 could identify the different signs of abuse and knew the correct procedures to follow should they suspect someone was being abused. Risk assessments were carried out and plans were in place to minimise people experiencing harm.

The home had sufficient numbers of suitably skilled and competent staff to keep people safe. Staff were subject to safety checks before they began working in the service.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medications safely.

Is the service effective?

Good

The service was effective. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). The provider had effective arrangements in place to ensure people's liberty was not restricted without authorisation from the local authority.

People were offered a variety of food and drinks which were sufficient for their needs. Referrals to health care professionals happened when needed when staff felt people became unwell.

Staff had received effective induction, training and on-going development to support them in their role and that related to people's needs.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted choice and independence.

Care professionals and relatives told us Timaru provided good care. Care plans were personalised and contained detail about people's hobbies and interests.

Is the service responsive?

Good

The service was responsive. Staff communicated with professionals to make sure people's health care needs were properly addressed and regularly reviewed.

Staff responded appropriately to people's changing needs. Records associated with people's health were updated regularly to provide accurate information to meet people's needs.

The provider had arrangements in place to deal with complaints.

Is the service well-led?

Good

The service was well led.

The provider had quality assurance systems in place to assess and monitor the quality of the service.

Senior staff and management were approachable and took any concerns raised seriously.

Timaru

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.

This inspection took place on 22 July 2015 and was unannounced.

The inspection was conducted by one inspector.

Before the inspection the provider completed 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. We reviewed the information included in the PIR along with information we held about the service such as previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with two deputy managers, three support workers, an administrator and the area manager. Following the inspection we spoke with three relatives and three care professionals by telephone to gain their views of how the provider delivered care to people.

We pathway tracked three care plans for people who lived in the home. This is when we follow a person's experience through the service. This enables us to capture information about a sample of people receiving care. We looked at staff duty rosters, staff recruitment files, the home's incident records, safeguarding records, staff training records, internal quality assurance audits, medication records, staff feedback records and support and supervision records. We also observed interactions between staff and people.

We last inspected the home on 9 April 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

Relatives and care professionals told us the service provided safe care. One relative said "I have no worries at all. I'm really; really pleased [my relative] is there". Another relative told us "I think [my relative] is safe. They've got all their protective stuff in place. Safety doesn't concern me at all".

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. Staff had received training in safeguarding people and accurately described the home's safeguarding policy including the different forms of abuse that could take place. The policy provided guidance about how to raise a safeguarding concern and contact information about who to contact to report abuse. Staff told us they would not hesitate to contact CQC or the local authority if they felt abuse had taken place.

Staff were knowledgeable about how to protect people who displayed behaviours that challenge others and explained the risks associated with people's care. People's risk assessments were detailed and contained strategies for staff to follow should behaviours become challenging. Staff responded appropriately to particular behaviours and followed the guidance detailed in people's plans. Care reviews showed incident records were used to monitor and identify any patterns or triggers in people's communication or behaviour changes.

The deputy manager told us staffing levels were reviewed to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. They told us the amount of staff on duty was dictated by the care and support needs of people. Each person had been assessed as requiring one to one support and sometimes two to one support if required and we observed this level of staffing was in place.

The service had employed sufficient and suitably skilled staff to meet people's needs. Records showed staff had received training that supported them in their role and to help them keep people safe. For example; training had been provided on non- physical interventions, understanding people's mental health needs, learning disabilities, autism and epilepsy.

There were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment references were reviewed as part of the pre-employment checks. Staff were required to complete a Disclosure and Barring Service (DBS) check. DBS checks enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

Arrangements were in place for the safe storage and management of medicines, including controlled drugs (CD). CDs are medicines which may be misused and there are specific ways in which they must be stored and recorded. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly. Two staff administered people's medicines and each checked the details of every person, their medicine and dosage before it was given. Both staff signed the medicine administration charts to confirm each medicine had been given correctly or that it had been refused.

Arrangements were in place to protect people if there was an emergency. The emergency plans included important information to guide staff in what action to take in different emergencies, such as short, medium and long term loss of the building or gas supply failure. Contact details of senior staff as well as on call and utilities companies were included in the plan. The fire equipment tests were up to date and staff were trained in fire safety.

Good

Is the service effective?

Our findings

Relatives and care professionals told us staff provided effective care and were well trained to meet people's needs. A relative said "The staff are great. [A staff member] has an excellent relationship with [my relative] and knows them well". Another relative said "[My relative] can do a lot of things now that they couldn't do at home". A care professional told us "Incidents of hitting out are much reduced as staff certainly have strategies in place". Another care professional told us "They are as well cared for as they can be".

Staff received an effective induction. Each member of staff had undertaken an induction into their role which included a period of time shadowing other staff before taking on their care responsibilities. Staff told us the induction and ongoing training provided them with the skills and knowledge that helped them support people appropriately. We observed staff interacting effectively with people, using hand gestures, tone of voice and facial expressions to provide reassurance and understanding.

Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff consistently told us they felt supported in their role and had access to help from their manager and their seniors when they needed it. One staff member said: "We can speak to the managers anytime, they have an open door and are approachable".

A relative told us the staff "Have been taught very well. They do a lot of training". Staff received training specific to people's needs. This included strategies for crisis intervention and prevention (PROACT SCIPr). The registered manager and both deputy managers are PROACT SCIPr instructors and provided in-house training for their staff. This aims to support staff to identify triggers and recognise early behavioural indicators, so that non-physical interventions can be used to prevent a crisis from occurring. When necessary, staff completed documentation such as body maps, daily care notes, incident records and reported any concerns to the manager or senior staff.

People were referred to healthcare services quickly when needed. Staff regularly made contact with GP's and the speech and language therapist to discuss specific behaviours and health needs. Due to people's behaviours, healthcare professionals, such as the dentist and optician, visited people at the home to check on their health and wellbeing. Advice was sought from the community team for people with a learning disability to develop strategies, such as the 'Now and next' system which helped staff to support people with their communication more effectively.

People were provided with choice about what they wanted to eat. One relative told us the food was good and their relative had put on weight. The chef offered a menu that took account of people's preferences and dietary requirements and told us that no-one had any known food allergies. Staff were knowledgeable about people's dietary needs and accurately described people's requirements, including if they needed dietary supplements to help with weight gain. We observed people enjoying their food at meal times and they were supported to eat safely. People were encouraged to make decisions about what they had to eat and drink by being shown choices, such as a banana or grapes.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about people's safeguards and why they were in place. These were kept under review to ensure they were applied for in a timely way.

Decisions made in people's best interests were properly assessed. Staff told us people using the service did not have capacity to make some decisions. Relatives and care professionals were involved in making decisions about people's care. Staff were knowledgeable about the requirements of The Mental Capacity Act 2005 (MCA) The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. These principles were applied.

Good

Is the service caring?

Our findings

Relatives and care professionals told us the staff were caring. One relative told us "How they cope with [my relative] is fantastic. They all enjoy looking after them". Another relative said "Staff are great". Staff told us "I fell in love with the job" and they were "Proud" that people were "Known in the community".

The atmosphere in the home was positive and staff engaged people in conversation and choices about what they wanted to do. Staff spoke with people in a friendly and courteous manner, this included communicating by using hand gestures, pictures and symbols. Staff spoke gently with people, smiled, encouraged and provided reassurance when helping to deliver care. Staff consistently supported people in a calm, friendly and respectful manner.

Staff knew people well and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. People made decisions about whether they wanted to receive care by gesturing and body language which staff understood well and responded to appropriately. Staff spoke sensitively and enthusiastically about the people they supported.

We consistently observed positive interactions between staff and people. For example, we saw one member of staff assisting a person with their lunch meal. The staff member was smiling, spoke calmly and was mindful of the person's dignity. Staff promoted dignity and people were treated with kindness and compassion. We observed another member of staff interacting with someone who had become anxious and very distressed when they were about to receive their medicines. The staff member was visibly upset and made the decision to withdraw and try again later to help reduce the person's distress at that time.

People's rooms were personalised as much as possible, dependent on their individual needs and behaviours. For example, two people had personal items in their room that they could access and use because it was safe for them to do so. Other people were not able to have free access to their belongings because there was a risk they would use them to harm themselves or others. However, staff had respected people's dignity by providing cupboards with shatterproof Perspex doors so they could still see their belongings and point to things they wanted without the risk of being harmed.

Good

Is the service responsive?

Our findings

Relatives and care professionals told us staff were responsive to people's needs. A relative told us "It is such a good home. They let me know if anything is wrong" and "[Our relative] doesn't understand how to use the phone so we can't talk to him. The [deputy manager] has explained about Skype so we are looking into that". A care professional told us "We had a positive review. Behaviour plans are up to date and risk assessments are all okay. The morning and afternoon routines seem to be working. There has been a reduction in behaviours".

Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person and included information about each person's ultimate goals, unique gifts and personal story. They also recorded what each person's 'nightmare' might be which guided staff in what to avoid. Records gave clear guidance to staff on how best to support people, for example a person's daily routine was broken down and clearly described so staff were able to support people to complete their routine in the way that they wanted. Staff had signed to say they had read each care plan and felt the care plans were informative and provided clear guidance in how to support people.

Care plans were up dated and reviewed on a regular basis to ensure they reflected people's changing needs and any recommendations provided by healthcare professionals. Care plans recorded people's specific behaviours. For example, one document listed hitting, biting, throwing objects and shouting as behaviours that challenged others. There were robust strategies in place to identify the possibility of these behaviours happening, support techniques to be used and guidance on what should be recorded and reported once interventions had been used.

Care plans of each person living at the service had daily records which were used to record what they had been doing and any observations regarding their physical or emotional wellbeing. The provider had recently implemented a new tool for staff to use to record people's daily activities and care they had received. These were completed regularly throughout the day and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty.

Records also identified people's likes/dislikes and interests which the home then attempted to accommodate. People were able to take part in a range of activities which suited their individual needs. On the day of the inspection all of the people who lived at the service were taking part in various individual activities. Care records showed people had been supported to take part in or attend their chosen activities most of the time. Staff explained that if a person was unable to attend their planned activity in the community, for example due to their unsettled behaviour, they would offer something to do in the home, such as music, games or a walk in the garden.

People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example people regularly walked to the local shop, visited the garden centre and went swimming.

The organisation had a complaints procedure which provided information on how to make a complaint. It also included details for the Care Quality Commission for people to contact if they wished. The home had not received any recent complaints but one relative told us "I have no complaints but I would call head office or the manager if I did. I would feel listened to". Another relative told us they had raised an issue with the provider and it had been dealt with. The home had received a 'thank you' email from a relative explaining how pleased they were with the progress being made by their son since moving in to the home.

Good

Is the service well-led?

Our findings

Staff and relatives told us the service was well-led. Staff said there had previously been a high staff turnover, but things had improved and settled down and now they had almost a full staff team. One staff member said “The manager is doing a lot of training. Staff are more motivated now”. A relative told us “Timaru are very good. The staffing is more consistent now”. Relatives told us they felt involved and were kept up to date with important information at reviews or when they visited.

The deputy managers were able to demonstrate their understanding of people’s individual needs, knew their relatives and were familiar with the strengths and needs of the staff team. They had a good understanding of the running of the home and were able to assist the inspector, answering questions and providing documentation on request.

Staff were complimentary about the registered manager and area manager and told us they could access support when needed. One staff member said ”The area manager is very supportive and interacts with you. He has professional boundaries and is accessible. He always asks how we are. We have a good team of managers working together”. Another staff member said “The managers are very open and approachable, much more so than I’ve seen before”.

The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff and reviewed by one of the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service.

As part of the provider’s drive to continuously improve standards, regular audits were conducted to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety.

New ways of recording had been implemented using technology and we were shown some of the analysis of information in graphs and charts. This information would help the managers to identify the care people had received and trends in their behaviour and mood.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.

Staff were actively involved in improving the service and were clear about their responsibilities. One staff member said: “There is an open culture and we are encouraged to share ideas. Anything that will improve the quality of life for service users”. Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service.

The provider understood their responsibility to inform the commission of important events and incidents that occurred within the service, such as safeguarding concerns and DoLS authorisations.