Lifeways Community Care Limited

1 & 2 Flax Cottages

Inspection report

1 & 2 Flax Cottages
Fernlea Drive, Scotland Gate
Choppington
Northumberland
NE62 5SR

Tel: 01670530247

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18 March 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 18 March 2016 and was announced. We gave the provider 48 hours' notice because staff and people were frequently out in the local community and we wanted to make sure someone would be in.

We last inspected the service in September 2014 where we found that they were meeting all the regulations we inspected.

1 & 2 Flax Cottages are a purpose built bungalow complex with an adjoining access corridor and shared laundry facilities. They provide places for up to nine people with learning disabilities who need care and support.

There was a registered manager in place. She had moved from one of the provider's other services several weeks before our inspection. Relatives, staff and health care professionals spoke highly of her management skills and dedication to people and the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives did not raise any concerns about their family members' safety. There were safeguarding policies and procedures in place. Staff had completed safeguarding training and were knowledgeable about what action they would take if abuse was suspected. A local authority's safeguarding officer informed us that there were no organisational safeguarding concerns with the service.

People's bedrooms were personalised to meet their individual preferences. The manager told us that a range of environmental checks were carried out by the landlord who owned the property. She did not have access to the results of some of these tests at the time of the inspection. She sent us copies of the electrical installations test, Legionella risk assessment and asbestos report following our inspection. No concerns were noted.

We found some concerns with the storage and recording of medicines. The manager told us that she would address these issues immediately.

Relatives did not raise any concerns with staffing levels at the service. On the day of the inspection, we saw that people's needs were met by the number of staff on the day of the inspection. There was a training programme in place. Staff told us that dementia care training would be appreciated. In addition, training in equality and diversity had not been completed. The manager told us that she was in the process of organising this training. We have made a recommendation that the provider sources training to meet the needs of all people who used the service.

Staff told us that they were a small supportive team. All staff told us that they felt well supported by the manager. Supervision and appraisals were carried out.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. The manager was unclear whether any DoLS applications had been submitted to the local authority to authorise in line with legal requirements. She was also strengthening the service's records with regards to the documentation of any decisions relating to mental capacity to ensure that it was clear how the MCA was followed.

People were supported to receive a suitable nutritious diet. We observed that people were cared for by staff with kindness and patience.

Support plans were in place which aimed to meet people's health, emotional, social and physical needs. They gave staff information about how people's care needs were to be met.

People were supported to access the local community, go on holiday and pursue their individual hobbies and interests. An enabler was employed to help meet people's social needs. Some relatives told us that not having a vehicle sometimes restricted people's access. The manager told us that she was raising this issue with people's care managers.

There was a complaints procedure in place. Some relatives told us that it was not always clear what action had been taken in response to certain issues they had raised. The manager told us that she was strengthening the records relating to any feedback to ensure it was clear what action had been taken in response to all concerns, complaints and feedback

We found that improvements were needed in certain areas of the service. The manager had already identified many of these issues herself. She had not however, had time to address these issues due to the short period of time she had been in post. She assured us that they would all be actioned.

We found one breach of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. This related to safe care and treatment [medicines management]. You can see what action we told the provider to take at the end of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Not all aspects of the service were safe.

We found shortfalls with the storage and recording of medicines.

We found the premises were clean. Checks and tests were carried out on the premises.

Safeguarding procedures were in place and staff were knowledgeable about what action they would take if abuse was suspected.

Safe recruitment procedures were followed. Relatives and staff informed us that there were sufficient staff deployed to meet people's needs.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Specific training to meet the needs of people who used the service had not all been completed. Staff told us that they felt well supported. Supervision sessions and appraisals were carried out.

The manager was unsure whether any DoLS applications had been sent to the local authority to authorise and was strengthening the service's records with regards to the MCA.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

Relatives told us that staff were caring. We observed that support was provided with patience and kindness.

Staff were knowledgeable about people's needs and could describe these to us. Support plans detailed people's likes and dislikes. This helped enable staff to provide more person centred

care.

People were treated with privacy and dignity.

Is the service responsive?

Good

The service were responsive.

People were supported to access the local community, go on holiday and pursue their individual hobbies and interests.

There was a complaints procedure in place. The manager was strengthening records to ensure that all concerns, complaints and feedback were documented.

Support plans were in place which aimed to meet people's health, emotional, social and physical needs. The plans we examined enabled us to gain an overview of people's needs and preferences.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

We found that improvements were needed in certain areas of the service. The manager had already identified many of these issues herself. She assured us that these would all be actioned.

Staff told us that morale was good and they enjoyed working at the service.

1 & 2 Flax Cottages

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector. We visited the service on 18 March 2016. The inspection was announced. We gave the provider 48 hours' notice because people were often out with staff in the local community and we wanted to make sure someone would be in.

Most of the people who lived at the service were unable to communicate their views verbally. We therefore spoke with relatives and observed staff practices to determine how care and support were provided.

We spoke with the registered manager, a team leader, three support workers and an enabler. We examined three support plans and records relating to staff including recruitment and training files. In addition, we checked records relating to the management of the service such as audits.

We consulted with a local authority safeguarding officer and a contracts officer. In addition, we spoke with a speech and language therapist and two care managers from the local NHS trust. We used their comments to support this inspection.

We checked information which we had received about the service prior to our inspection. We did not request a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

We looked at the management of medicines. The manager told us and records confirmed that there had been several medicines errors. The manager told us that these were always investigated fully. Medicines administration was carried out by two staff to help minimise any errors.

We checked the storage of medicines. We saw that medicines in the second bungalow were stored in a cupboard where the boiler was also housed. We noticed that temperatures were very warm at 29 degrees Celsius. High temperatures can affect the efficacy of medicines. The manager told us that she was looking to fit lockable medicines cupboards in people's bedrooms which were in keeping with the décor and people's preferences. She said that this would promote a more individualised and person centred approach to medicines management.

We checked medicines administration records (MARs) and noticed that there were some omissions with the recording of medicines. The reason why certain medicines had not been administered by staff at the service had not always been recorded and medicines dosages were not always recorded on the MAR. In addition, we noted gaps in the administration of certain topical medicines such as creams and ointments.

Not all medicines which had been prescribed for people were recorded on the MAR. One person was prescribed a controlled drug for pain relief and although this was in stock at the service, it was not recorded on the MAR to ensure that staff were aware that it was prescribed. Specific instructions regarding the administration of medicines were not always included on the MAR. We read one medicine label which stated the medicine should be administered 30-60 minutes before food. This information however, was not included on the MAR. This meant that there was a risk that medicines may not be administered as prescribed.

We saw that one person received their medicines covertly. This procedure involved disguising medicines in food or drink to help ensure that the person refusing medicines as a result of their condition had access to effective medical treatment. Although the GP and speech and language therapist had been consulted; there was no evidence that the pharmacist had been contacted to ensure that this form of medicines administration was safe. One member of staff told us that two people found it easier to take their medicines with yoghurt. This information was not included in people's care plan.

This was a breach of regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. Safe care and treatment in relation to medicines management.

Following our inspection, the manager contacted us and told us that a new medicines system had been introduced. She told us that any handwritten entries were now double signed and they were requesting medicines reviews with people's GP's. She also told us that a new form was being used to confirm that the pharmacist had approved any special methods of administration such as mixing medicines with food.

We checked the premises. The service consisted of two bungalows. We saw that people's bedrooms were

personalised to meet their individual preferences. The manager told us that a range of tests and checks on the premises were carried out by the landlord who owned the property. She did not have access to some of the reports which had been produced following these checks and tests at the time of the inspection. She sent us copies of the electrical installations test, Legionella risk assessment and asbestos report following our inspection. No concerns were noted.

A fire safety audit had recently been completed by Northumberland Fire and Rescue Service. No deficits were noted. Personal evacuation plans were in place which documented how people should be evacuated in the case of an emergency.

Staff informed us that personal protective equipment was available such as gloves and aprons. We saw that all areas appeared clean. The manager told us however, that infection control audits were not carried out to ensure that staff were following the correct infection control procedures. Following our inspection, the manager told us that there was now an infection control lead at the service. This meant that there would be an identified staff member who would oversee infection control procedures at the home.

We checked staffing levels at the service. All relatives told us that there were sufficient staff on duty to support people. One relative said, "There is enough staff -they need to get the skill mix right though. Now that [name of manager] is in charge she will get the skill mix right and make sure that they have the right skills and are equipped to manage." The manager told us that she was already looking at staff rotas to make sure there were experienced staff on duty to support newer staff. She said, "I make sure that there is a balance of knowledge and tailor the staff to ensure they can meet the residents' needs. Some staff like to be in the home and doing activities, others like taking service users out into the community. First and foremost it's about making sure we can meet service users' needs." During our visit we saw that staff carried out their duties in a calm unhurried manner. Staff were also available to support people to access the local community.

Four relatives informed us that there had been a relatively high turnover of staff in the last two years. One relative said, "We have been alarmed with a high turnover of staff over the past couple of years." Another said, "There's quite a lot of new staff and some of the staff have left." We spoke with the manager about these comments. She told us that there had been a relatively high turnover of staff because of a change in their terms and conditions which occurred when the current provider Lifeways Community Care Limited took over the service in 2013.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to starting work at the service to help ensure that staff were suitable to work with vulnerable people. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. We were unable to check the records of staff who had recently been recruited since these were at the provider's head office.

There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. No concerns were raised. The safeguarding adults officer informed us that there were no organisational safeguarding concerns regarding the service.

Risk assessments were in place which had been identified through the assessment and care planning process. This meant that risks had been identified and minimised to help keep people safe. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction such as risks relating to traffic safety.

Requires Improvement

Is the service effective?

Our findings

The manager provided us with information about staff training. She told us that she was in the process of booking further training. Staff had completed specialist training in Percutaneous Endoscopic Gastrostomy (PEG) feeding. This is a form of specialist feeding where a tube is placed directly into the stomach and by which people receive nutrition, fluids and medicines. The manager told us that she was the only staff member that now needed to complete this training.

Some staff told us however, that training in dementia care would be appreciated. This was confirmed by a relative who told us that she had requested staff complete dementia care training over a year ago because her family member had a dementia related condition. She told us, "Everything is documented, but sometimes the staff don't know the reason why things are happening – behavioural and physical changes. Dementia training would significantly help." We spoke with the manager about this feedback. She told us, "I have emailed the training department to request this training. I would like it to be linked to Down's Syndrome. What we are looking for is making sure that staff have an understanding of what [name of person] is going through and how they can deal with it…I have asked for input from the behavioural team to get them on board."

We spoke with a local contract's officer. She told us that she had recently carried out a monitoring visit and found that staff had not completed Equality and Diversity training. This was confirmed by the manager who told us that she was going to organise this training.

We recommend that the provider sources training to meet the needs of all people who use the service.

Staff told us and records confirmed, that they undertook induction training when they first started working at the service. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

All staff told us that they felt well supported by the manager. Supervision sessions and an annual appraisal were carried out. The manager told us that more informal "job chats" and "debriefs" were undertaken following any incidents. She said, "It makes sure that staff have the opportunities to talk and discuss any issues." Supervision and appraisals are used to review staff performance and identify any training or support requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Although checklists were in place to ascertain whether people's plan of care amounted to a deprivation of liberty, it was not clear whether any DoLS applications had been sent to the local authority to authorise. The manager told us that she would look into this issue. We spoke with a member of staff from the local authority's DoLS team. They told us that one application had been submitted. This had not yet been authorised. We informed the manager of this application and she said that she would be submitting more applications in line with legal requirements.

Following our inspection the manager told us that information about DoLS applications had been available on their computerised system. She told us that copies of any DoLS applications and subsequent authorisations would now be stored in a manual file for ease of access.

We saw that some mental capacity assessments had been carried out and best interests decisions documented for areas such as covert medicines administration. The manager was strengthening the service's paperwork with regards to the documentation of any decisions relating to mental capacity to ensure that it was clear how the MCA was followed.

We checked whether people's nutritional needs were met. Some people required assistance with eating and drinking and this was provided in a calm unhurried manner. Staff sat and ate with people which they said helped encourage people to eat and ensured meal times were a social occasions.

We spoke with a speech and language therapist [SaLT] following our inspection. She told us that staff involved her appropriately and contacted her if there were any concerns. She said however, that the previous manager had contacted her for the most recent eating and drinking guidelines which she had written for people. She told us that she had already sent these to the service and was concerned that these were not already in place. We spoke with the new manager about this issue. She told us that the most recent SaLT guidelines were now in place in people's support plans.

People were supported to access healthcare services. Records showed details of appointments with healthcare and social professionals and we saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. The manager told us that she was organising further reviews with people's GP's, occupational therapists, SaLT and care managers to ensure everyone's needs had been assessed and reviewed.

Good

Is the service caring?

Our findings

Relatives were complimentary about the caring nature of staff. One relative said that staff supported their family member to write a post card to them whilst they were on holiday. Other comments included, "They generally do care. The other day when I came in staff were sitting with people, everyone looked clean and comfortable and one staff member was brushing one of the resident's hair. It's just touches like that which are calming and soothing," "From what I've seem they are caring, he seems happy," "They sit and chat with them, it's not just all about the necessary duties [personal care] they take time to be with them" and "They provide comfort and caring. They care for the residents, markedly so now."

Staff spoke with pride about the importance of ensuring people's needs were met. Comments included, "Everything we do is for them [people]," "We treat them as we would like to be treated or how we would treat our own family," "If you don't have that drive, that passion for the individuals, you could not work here" and "We look after them great."

Interactions between staff and people were patient, friendly, respectful, supportive and encouraging. We saw that staff sat with people over lunch time which encouraged people to eat and made it a more social experience.

Staff were knowledgeable about people's needs and could describe these to us. Staff explained that one person loved karaoke and enjoyed wearing her pink fluffy scarf. They said that another person enjoyed looking at the birds on the bird table and the squirrels and a third person loved chocolate.

People's privacy was promoted by staff. Personal care interventions were discreet and staff spoke respectfully to people. Staff were able to give examples about how they promoted people's privacy when they were providing personal care.

The manager told us that no one was currently accessing any form of advocacy. She said that people were supported by relatives who were actively involved in their care. She said that advocates would be contacted on an individual basis when the need arose. Advocates can represent the views and wishes for people who are not able express their wishes.

We spoke with relatives who told us that they generally felt involved in people's care. One relative said, "Yes – I feel involved. They have meetings, there wasn't one for quite a while, but now the new manager is in charge, there's been meetings." One relative told us that although staff contacted them with any issues or concerns; they had not been invited to any review meetings recently. The manager told us that she would look into this issue.

Most of the people who used the service were unable to communicate their views verbally. Communication support plans were in place which gave staff guidance on how people communicated. We read one person's records which stated, "I communicate my feelings [happy] by smiles." This information helped staff to interpret non-verbal communication so they could assess and evaluate whether individuals were happy

with the care and support provided.

Good

Is the service responsive?

Our findings

Relatives told us that people were supported to access the local community and pursue their individual hobbies and interests. One relative said, "There's enough going on. [Name of enabler] is a life line - if you can heap praise on anyone it's her. She is really good, she sits and talks and also plays dominoes and does baking [name of person] loves to bake." Some relatives told us that not having a vehicle sometimes restricted people's access. The manager told us that she was raising this issue with people's care managers.

An enabler was employed to help meet the social needs of people who used the service. We spoke with the enabler who said, "I help to get the clients out and see what they like to do…We've been all over, we've been to Woodhorn colliery [a local colliery museum], garden centres and we do sensory activities."

The manager told us that she wanted to promote social inclusion and their presence in the local community even further. She said, "The one key thing I want to drive forward is social inclusion. For example, instead of getting the hairdresser to come here, it's about visiting the hairdresser in Morpeth. It's about getting people out. It's not just [name of enabler's] responsibility, it's everyone's responsibility and I'm promoting that everyone does that.

Support plans were in place which aimed to meet people's health, emotional, social and physical needs. They gave staff information about how people's care needs were to be met. The plans we examined enabled us to gain an overview of people's needs and preferences. One page profiles were in place which gave staff an overview of people's likes and dislikes. We read that one person didn't like change or being around new people. Another person was not a "morning person" but enjoyed listening to music and appreciated hand and foot massages. This information helped enable staff to deliver more person-centred care and support.

Hospital passports were in place. These contained details of people's communication needs, together with medical and personal information. This document could then be taken to the hospital to make sure that all professionals were aware of the individual's needs.

One person was in hospital at the time of the inspection. Hospital staff phoned to say that the person was ready for discharge. The manager sent a member of staff to the hospital to ensure that their needs could be met at Flax Cottages. She said, "It's so important that we do this, for one thing we get the information first hand and the second thing is that we get information about any new medication." This meant a system was in place to ensure that people's needs were assessed and reviewed when they had been in hospital to ensure staff could support people effectively and be aware of any changes in their condition.

There was a complaints procedure in place. Following our discussions with relatives, some told us they had raised issues in the past and were not always clear what actions had been taken in response to their feedback. We spoke with the manager about these comments. She told us that she was strengthening the records relating to any feedback so it was clear what action had been taken in response to all concerns, complaints and feedback. The manager also told us and two care managers confirmed that she was organising reviews for people with their care managers and other health and social care professionals who

were involved. Relatives would also be invited.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place. She had moved from one of the provider's other services several weeks before our inspection. She was supported by two team leaders who she said were "excellent."

Staff, relatives and health care professionals were very complimentary about the appointment of the new manager. Comments from relatives included, "Since the new manager has arrived the level and standard and consistency of care will be better," "From what she has demonstrated in the past month, she has a handle on things and she will work to make sure everything is as it should be" and "We will work well with [name of manager]" and A health and social care professional told us, "I work well with [name of manager]." Comments from staff included, "[Name of manager] is really on the ball. She has only been here a little while, but she is excellent – very competent," "[Name of manager] knows her job – she is very good" and "[Name of manager] is the best news Flax Cottages has had – she is dedicated to her job and very good to the staff and the residents. There is nothing she doesn't know about and she's approachable. I have a lot of faith in [name of manager]."

The service had been taken over by Lifeways Community Care Limited in 2013. Due to a change in terms and conditions, there had been a relatively high turnover of staff. Staff told us that morale was good now at the service and they enjoyed working there. One staff member said, "I enjoy my job – they [provider] seem to be a good company, really professional." Another staff member said, "I just love it here."

The manager was very open and transparent with regards to where the service was and the direction she wanted to take it. She said that promoting social inclusion and becoming an active part of the local community was one of her main goals.

We received mixed comments from relatives about feedback and communication systems at the service. One relative told us that meetings were being held more regularly now since the new manager had started. A second relative said, "Sometimes I think that's why I don't go to meetings anymore, because they're just a lot of hot air with empty promises." A relative also commented that they had not been notified of a medicines error which had occurred in 2015. She told us that the correct procedures had been taken with regards to notifying health care professionals; however, staff had not contacted her to inform her of the incident. The manager was unable to find the results from the previous satisfaction survey. Following the inspection, the manager stated that surveys were carried out by an external company and the results of the 2016 survey had not been collated as yet.

The manager carried out audits to monitor the quality and safety of the service. A computerised management system was used to record these audits. We found that improvements were needed in certain areas of the service. These included medicines management; mental capacity and DoLS; training; the maintenance of records such as those relating to the safety of the premises and feedback processes. The manager was very proactive and had already identified many of these issues herself. She had not however, had time to address many of these issues due to the short period of time she had been in post. She assured us that these would all be actioned.

The manager told us and our own observations confirmed that the provider had a "Quality Information Line." She said that staff could use this telephone line to seek advice about any issues relating to the provider such as policies and procedures. The manager said, "It's a new system that has come into place. I have used them a lot and they are a really good reference point."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed safely. There were shortfalls with the storage and recording of medicines. Medicines administration records did not always document the reason why certain medicines had not been administered. Medicines dosages were not always included and not all medicines were recorded on medicines administration records. Regulation 12 (1)(2)(g).