PLUS (Providence & Linc United Services)

Liverpool Grove

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Liverpool Grove provides accommodation and support for up to five adults who have a learning disability. At the time of our inspection three people were using the service.

At our last inspection on 2 December 2013 the service met the regulations we inspected.

The service 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 2008 and associated Regulations about how the service is run. They were not available on the day of the inspection but we spoke with them after our inspection. The service had an additional manager in post managing the day to day running of the service who was available on the day of our inspection.

An appropriate environment was not provided to people who used the service. There were ongoing concerns regarding the premises and we saw that work and maintenance was required to provide an environment that met people's needs. We found a breach of the regulation relating to the safety and suitability of premises. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

There were sufficient numbers of staff to support people. Staff had the skills and knowledge to meet people's needs, and these were regularly reviewed and updated through attendance at training courses, supervision sessions and appraisals.

Staff were knowledgeable about people's support needs and the information contained in people's support plans. Staff were aware of people's communication methods and took the time to support people to express their wishes and make decisions about their care. People were happy and relaxed at the service and told us they appreciated the support provided to them by the staff.

Staff were knowledgeable about safeguarding procedures. Any concerns regarding a person's safety was escalated to either their manager or the person's social worker so that appropriate action could be taken to maintain the person's safety and welfare. Management plans were in place to address any risks identified to the people using the service.

People were supported to access healthcare appointments. Staff followed the guidance and advice provided by healthcare specialists about how to meet people's physical health needs.

There had been a number of changes in management of the service over the last year. However, the staff and other health and social care professionals involved in people's care felt the current manager provided stability and leadership at the service. Processes were in place to support staff to express their views and opinions, and they were encouraged to speak up if they felt areas of service delivery could be improved. There were systems in place to check the quality of the service provided and action was taken as required when areas requiring improvement were identified.

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?

Requires Improvement

Some aspects of this service were unsafe. The service did not provide safe and suitable premises for people. There was water damage from an ongoing leak, damage to the floor in the kitchen, and problems with the water supply and heating in one person's flat.

There were sufficient numbers of staff to meet people's needs and provide them with the support they required at the service and in the community. Staff were knowledgeable about safeguarding procedures and reported any concerns about a person's safety to their manager and the person's social worker. Risks to people's safety were identified and plans were in place to reduce the risk occurring.

Medicines were securely stored and people received their medicines as required.

Is the service effective?

Good

This service was effective. Staff had the skills and knowledge to meet people's needs and these were updated through regular attendance at training courses.

Staff were aware of their responsibilities under the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards were used when appropriate to maintain people's safety.

People were supported to manage their health and attend healthcare appointments. People received support around meals in line with their needs, and staff liaised with healthcare professionals as required to ensure people had their nutritional needs met.

Is the service caring?

Good

This service was caring. People were happy and relaxed at the service. Staff were polite and respectful when speaking with people and took the time to listen to what people were saying.

Staff were aware of people's communication methods and how they communicated what they wanted to do. As much as possible, people were involved in decisions about their care.

Some information was available in audio format for people that had visual impairments, and the manager was looking to provide further information in this format.

Summary of findings

Is the service responsive?

Good

This service was responsive. People's health, care and support needs were identified and plans were developed identifying how people wished to be supported. People's support plans included information on their likes, interests and hobbies. People using the service participated in a range of activities specific to their health needs and in line with their interests.

There was a process in place for recording and responding to complaints. Staff often dealt with people's concerns informally and immediately before they escalated to a formal complaint.

Is the service well-led?

Good

This service was well-led. A new day-to-day manager was in post. This provided stability and leadership at the service. Staff were encouraged to express their views about the service and identify ways to improve the service provided.

Processes were in place to check the quality of service provision. The provider reviewed information relating to the quality of the service annually to identify any trends and ensure the required action was completed to improve the quality of care provided. The service was looking into ways of formally obtaining the views and opinions of people that used the service about the support they received.

Liverpool Grove

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 5 November 2014 and was unannounced. The inspection team included an inspector and the Care Quality Commission's Head of Surveys and Qualitative Intelligence.

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 also reviewed the information we held about the service.

Before the inspection we spoke to the contract monitoring officer from the local authority about their opinions of the service.

During the inspection we spoke with one person using the service. We spoke with the manager of the service, two support workers and a volunteer. We looked at three people's care records and three staff records. We reviewed records relating to the management of the service, management of people's finances and management of medicines. We undertook general observations and observed interactions between staff and people using the service. We undertook a tour of the service and looked in people's rooms with their permission.

After the inspection we spoke with the registered manager of the service and requested they send us some information relating to training and internal quality checks, which they did. We also spoke with two social workers, and a visual impairment officer involved in the care provided to one person.

Requires Improvement

Is the service safe?

Our findings

One person using the service told us they would like their flat redecorated and their curtains replaced. We completed a tour of the service and saw it was in need of general redecoration and required some urgent maintenance. In the kitchen the floor was damaged creating a trip hazard, especially for the two people using the service who were visually impaired. We noted one person's bedroom had a leak with water damage on the ceiling and dripping onto the floor. The bathroom also required maintenance and the water from the shower was leaking into the room downstairs. One person using the service had their own self-contained flat. They informed us and we observed that there was no cold water supply to their bathroom and no hot water available in their kitchen. We felt that on the day of the inspection the flat was cold, and on checking the radiators in their bedroom and kitchen were not working. Although the service was liaising with the housing association we felt the concerns had not been addressed and there were significant delays in getting the required work completed. The service did not provide safe or suitable premises for people. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

One person told us they felt safe. The social workers we spoke with told us they had no concerns regarding people's safety at the service. Staff were knowledgeable in recognising signs of potential abuse. Any physical marks or changes in a person's behaviour were reported to the manager of the service in case they were signs that they were unsafe. Staff were aware of the formal reporting process and were aware of who to contact if their manager was unavailable. At the time of our inspection there were no safeguarding concerns.

There were processes in place to protect people from the risk of financial abuse. Records and receipts were kept of all financial transactions. These were checked as part of the service's quality checks. On the day of our inspection we checked the records for two people using the service. We saw that one person's money was down by a small amount. This was corrected immediately and the staff were apologetic for the oversight.

Assessments were undertaken to identify any risks to people using the service. Management plans were in place to address any risks identified. This included any risks to the person's health and how their healthcare was managed, as well as how the person was to be supported when out in the community and participating in activities, such as sailing, to ensure their safety and welfare. People had personal evacuation plans to identify how they were to be supported if there was a fire at the service. We saw that risk assessments and management plans were updated as people's health changed and in response to any incidents at the service.

Equipment was in place to support one person with moving and transferring around the home. Information and training was provided to staff about how to use the equipment to safely transfer the person. This information was specific to the individual and their physical health needs. Another person wore a personal alarm. They told us if they pressed the button the staff came to find them and check they were ok.

All incidents that occurred were reported and staff were aware of the reporting procedures. The incident report recorded details of the incident and the action taken. The manager of the service reviewed all incident forms to ensure appropriate action was taken and to identify any further support the person required. Incidents were reported to the person's social worker as required.

The service ensured they had sufficient staffing available to meet people's needs. For example, one person required the support of two staff to maintain their personal care, and another person required support of a staff member when out in the community. The service ensured there were sufficient staff on duty to accommodate this. One person told us there were always staff around to take them out. As a minimum there were two staff available in the day and one staff member at night. In addition the service had a full time volunteer available in the day. The number of staff on duty was increased when required to support people to attend healthcare appointments and activities.

Sickness and annual leave was covered using the service's own bank staff. This ensured the shifts were covered by staff that knew the people using the service and what support they required. An on call system was in place to access a member of the provider's management team out of hours if further support or advice was required.

People's medicines were stored securely in a locked cabinet. The person using the service we spoke with was aware of what medicine they were required to take and

Requires Improvement

Is the service safe?

when. They told us staff supported them to make sure they had their medicines. We looked at the medicine administration records (MAR) for the three people using the service for the two weeks prior to our inspection. We saw that these were completed correctly and people received their medicines as required in line with their prescription. We noticed that one person's MAR recorded a different time for the medicine to be given than what staff were aware of. Staff told us there had been a discussion with the team involved in this person's care and the time had been adjusted to accommodate the person's activities so that they received their medicines at the same time each day. They said the MAR had not been updated to reflect this but they would ensure that it was.

Good

Is the service effective?

Our findings

New staff were supported through an induction process. This included shadowing more experienced staff and reading people's care records to get to know the people that use the service and the support they require. New staff were also required to complete mandatory training before supporting people unsupervised. This ensured staff had the knowledge and skills to meet people's needs. A training programme was in place consisting of both online and classroom based courses. A central process was in place to monitor staff's completion of training courses and staff were reminded which courses they were due to attend and when refresher courses were required to be completed. Staff had completed courses including; safeguarding adults, food hygiene, first aid, equality and diversity, administration of medicines. Staff also completed additional training in topics specific to the needs of people using the service, including epilepsy and autism.

A training needs analysis had been undertaken for the team to identify any further training they required and a training programme was being developed to deliver this.

Staff received supervision and appraisal in which they discussed their roles and responsibilities, and identified if any further training was required. Since the new manager was appointed staff received regular monthly supervision.

The service was aware of their requirements under the Mental Capacity Act 2005. Staff were knowledgeable about what decisions people had the capacity to make. People's care records contained detailed information about people's level of understanding and how they communicated their decisions. We saw that for people that did not have the capacity to make a decision 'best interests' meetings were held with the professionals involved in their care to make a decision on their behalf. Two people did not have the capacity to manage their finances and this was managed through court appointed deputyships. They were also subject to the Deprivation of Liberty Safeguards to ensure their safety whilst using the service. Staff were aware of what this meant and how they were to be supported.

People at the service had individual mealtime routines and each had their own requirements for the support they required from staff. One person was able to help in the preparation of their meals and staff encouraged this to help the person to maintain some independence. This person had their own kitchen where they had their meals. Another person required staff to do their meal preparations for them.

One person required specialist help with their feeding, and required the use of a percutaneous endoscopic gastrostomy (PEG) feeding tube. The staff had been trained to support the person with the care and management of their PEG feeding tube. They liaised with a Speech and Language Therapist and the Home Enteral Nutrition (HEN) Team to ensure this person received the specialist care they required. This person was particularly fond of and had much enjoyment from a cup of tea. The staff liaised with the specialist healthcare professionals involved in their care as to how this could be provided to the person whilst still maintaining their safety.

Drinks and snacks were available throughout the day. One person using the service was able to help themselves to snacks and request when they wished support from staff to make drinks. Staff regularly offered drinks to people who were unable to ask for them to ensure they were hydrated. We saw the service had adapted cups so people were able to hold drinks themselves and maintain their independence, whilst still maintaining their dignity and safety.

People were supported to maintain their health. This included ensuring they were registered with a GP practice and a dentist. One person told us staff supported them to go to the dentist and told them about the importance of maintaining good oral hygiene. People were supported to attend hospital appointments when specialist support was required. 'Hospital passports' were available for each person to provide hospital staff with information about the person's needs and what support they required. One person was having ongoing appointments at the hospital and they told us the staff went with them to their appointments. We saw that other healthcare professionals were involved in people's care when further support or advice was required, including liaison with physiotherapists, speech and language therapists, dieticians, and visual impairment services. This ensured people got the support they required to meet their health care needs. We spoke with the visual impairment officer working with the service. They told us staff were open to

Good

Is the service effective?

suggestions about how to improve the service to further support people. They also said staff listened to advice about how to make the service more accessible and appropriate to meet people's needs.

Good

Is the service caring?

Our findings

One person using the service told us they liked the staff and were happy there. They said they liked the support provided by the staff and that they "help me out."

We observed people were relaxed and happy around staff. Staff were polite and respectful when speaking with people. They allowed people to speak and took the time to listen to what the person had to say. We observed staff being patient and working at people's own pace when supporting people who did not communicate verbally. Staff were knowledgeable about people's preferences and engaged them in conversations about their interests and hobbies. People's records included information about "things that cheer me up and things that upset me." Observations of interactions on the day of our inspection showed that staff were aware of this information.

Staff respected people's privacy and dignity. Staff ensured as much as possible personal care was delivered by same gender staff, particularly for the woman living at the service.

Staff were aware of people's communication methods and supporting people to communicate. This included understanding people's means of communication for those that were unable to communicate verbally or had limited verbal communication. People were supported to express their views and make decisions about their care, when able to. Staff were knowledgeable about what aspects of their care people were able to make decisions about and how they expressed that decision. This was particularly important when supporting people who did not communicate verbally. We observed staff giving a person an option about what they would like to do and allowed the person to guide the staff as to where they wished to go, indicating what they wanted to do. For example, the person was being supported and moved towards the sofa and took their shoes off indicating that they would like a foot spa. Staff informed us that when supporting this person with meals they would give a number of options to the person and they would push away anything they did not want leaving the meal that they did want. For another person it was included in their care records what behaviour they expressed and what head movements they did to indicate either 'yes' they did want to do something, or 'no' they did not. For people that communicated verbally we observed staff asking them what they wanted to do and respecting their decision. Staff were responsive to a person's requests about what they wanted to do. For example, one person wanted to tidy their room and asked staff to support them with hoovering, which they did.

People were encouraged and supported to maintain contact with friends and family. One person told us about their friend that came to visit them often at the service. The person was also supported to visit a friend at another service during the day of our inspection as they liked to play music together. Another person's family lived far away and the service was supporting the person to have a placement at a service closer to their family home for a few days so their parents could visit them.

Staff supported people to have access to information about their care and support. For one person who had limited sight the manager recorded a message each day for them to play about what activities they had planned and which staff member was supporting them. This person told us the staff read any letters they received to them so they were aware of what they contained and any action they required to take. However, we saw that the "service user guide" was not in a format that was accessible to people. We raised this with the manager and they said they would look into alternatives including how the information could be developed in an audible format.

Good

Is the service responsive?

Our findings

People received annual reviews of their health, care and support needs. These reviews included input from the health and social care professionals involved in their care, as well as staff from the service. The person and their relatives were also involved in their reviews when able to do so. Support plans were developed from the information identified and discussed at the reviews. One person using the service told us staff discussed their support plan with them and their social worker came to visit them to discuss any support they required. For example, they were currently supporting them with their finances. We saw that two people were unable to contribute to discussions about their support plan. For these people their support plans were developed based on observations and staff's experience of working with people.

The support plans we viewed were detailed and reflected the needs of people using the service. We saw the records contained detailed information about how the person was to be supported to help maintain their independence, which for one person included the use of assistive technology. One staff member told us, "We try as much as possible not to take [their] independence away from [them]." One person told us the staff supported them with their cooking and cleaning. They told us, "I like the support provided by staff."

People's care records contained information about their preferences, hobbies, interests and activities they liked to participate in. We saw for one person the information included in their support plan reflected the interests and activities they spoke to us about during the inspection visit. They told us, "[Staff member] takes me to the pub. I like this." They also told us they went to a club each week where they did activities they enjoyed including drama and using computers. People had weekly timetables as to what activities and groups they participated in. This included ensuring people accessed any sessions specific to their health needs. For example, one person attended regular massage and hydrotherapy sessions. People were supported to do a mixture of activities at the service and in the community. For example, one person enjoyed foot spas at the service and going on coach trips. This person was unable to verbalise their likes and interests so these were identified through ongoing observation and offering various activities to establish what they enjoyed participating in.

People that were able to communicate verbally met regularly with staff to discuss their experiences of the service and to identify any areas where they required further support. This was formally achieved through "key work" sessions. This was where a member of staff was allocated to speak with the person and assist in co-ordinating their care. It was also achieved informally on a day-to-day basis.

Staff were aware of the complaints procedure and there was a book where complaints were recorded. Staff told us they often dealt with any concerns or suggestions raised prior to them escalating to a formal complaint. At the time of our inspection no complaints had been received since the new manager had been in post. One person using the service told us they did not think there were any areas that required improving and did not have any complaints about the service.

Staff told us that previous complaints were discussed at team meetings so that learning was shared amongst the team and they could prevent similar complaints occurring in the future.

Good

Is the service well-led?

Our findings

Over the last year there had been a number of changes in the management of the service. Since September 2014 the service had their deputy head of service appointed as the registered manager and a new day-to-day manager had been appointed. One social worker we spoke with told us, "The change in manager has made much difference. Things have changed for the better." One staff member told us they felt since the new manager came into post there was greater clarity about individual staff member's roles and responsibilities. Another staff member said the day-to-day manager provided "stability" and "assurance" regarding leadership at the service.

Staff told us they were supported by the new manager in post. The manager told us they were still working on developing team morale and concentrating on building staff's confidence and team work at the service. We saw from staff meeting minutes the manager encouraged staff to express their opinions and to raise any concerns they had or suggestions for improving the service. They told us they had regular supervision and the manager addressed any concerns raised. The manager was undertaking shadowing and practical supervision with each staff member to get to know their way of working and how they supported people that used the service. This was used as a way of identifying individual positive contributions that could be shared amongst the team and to address any areas of practice that required developing.

Since the registered manager and the new day to day manager had been in post the commissioning authority told us they had a good working relationship with the service with clear information sharing. They told us staff were responsive to their requests and they found the managers were "dedicated" and "keen" to provide a high quality service.

There were internal systems to check the quality of the service provided. Managers from other services delivered by the provider came to do a monthly check on the quality of the service. They were also responsible for checking that any actions identified in the previous months' checks were completed. The provider held an annual "quality" day. This reviewed the information obtained through incidents, complaints, feedback from people, relatives and staff, and the monthly quality checks to identify any trends and service level improvements. Lessons identified through this process were communicated to the staff team to ensure any required improvements were made.

Since the previous 'quality day' the provider had reviewed their reporting systems and made improvements to make sure that all incidents were formally reported and people's safety and welfare was protected. The service had also identified that their system for gathering feedback from people required improvement. This had been revised and at the time of our inspection the service was in the process of collecting people's feedback and the findings had not yet been analysed.

The service was aware of the requirements of their registration with the Care Quality Commission and adhered to the conditions of their registration.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. Regulation 15 (1) (c).