# Respond Care Limited

# The Limes

## Inspection report

The Limes
Old Bedford Road
Northampton
Northamptonshire
NN4 7AA
Tel: 01604 636607
Website: www.respondcare.co.uk

Date of inspection visit: 12 & 13 November 2015
Date of publication: 17/12/2015

## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Requires improvement** |
| 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? | **Requires improvement** |

## Overall summary

This announced inspection took place on 12 and 13 November 2015. The service provides leisure and social support for people with learning difficulties. At the time of our inspection there was one person using the service for the regulated activities of personal care.

There was a registered manager in post. 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.

Staffing levels were flexible and ensured that people received the support they required at the times they needed it. The recruitment practices protected people from being cared for by staff that were unsuitable to work at the service. However the administrative side of the recruitment process required strengthening

# Summary of findings

Emergency evacuation plans were not in place for one person, but this was resolved during our inspection. People were not able to communicate with us to tell us if they felt safe at the home. Relatives confirmed that they felt that their family member was safe. Staff knew how to keep people safe and understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Quality monitoring and governance requires strengthening and the provider recognised the need for regular audits to ensure the quality of the service was maintained and action taken where required.

Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to enjoy a good quality of life.

Care plans were in place detailing the needs of people and how staff supported them. People participated in a range of planned activities both in the house and within the community and received the support they needed to help them to do this.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed.

Relatives were actively involved in decisions made about people's care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived at the house. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Relatives of people using the service were confident that any issues would be addressed and that any concerns they had would be listened to.

The registered manager was visible and accessible and staff and people had confidence in the way the service was run.

# 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**

The service was not always safe.

Personal evacuation plans had not been completed for one person and the local authority had not been informed of a recent safeguarding event.

Appropriate recruitment practices were in place but needed to be strengthened.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to have a good quality of life and receive safe support.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

**Is the service effective?**

**Good**

The service was effective

People had their needs assessed and recommendations from community based professionals had been put into place and followed by all the staff.

People received personalised support; their physical health needs were kept under regular review and people were supported to have a balanced and nutritious diet.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

**Is the service caring?**

**Good**

The service was caring.

People's right to privacy and dignity were protected and promoted.

There were positive caring interactions between people living at the house and staff. Relatives were happy with the support they family member received from the staff.

Staff had a good understanding of people's needs and preferences and had developed ways of communicating with people who were non-verbal.

**Is the service responsive?**

**Good**

The service was responsive.

# Summary of findings

Pre admission assessments were carried out to ensure the service was able to meet people's needs, as part of the assessment consideration was given to any equipment or needs that people may have.

Staff understood people's behaviours and acted upon these so that care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

Relatives knew how to raise a concern or make a complaint. There was a complaints system in place and concerns were responded to appropriately.

**Is the service well-led?**

**Requires improvement** 

The service was not always well-led.

There were insufficient systems in place to monitor the quality and safety of the service and to ensure that any required actions had been completed in a timely manner.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance and responded swiftly to any concerns or areas for improvement.

Relatives of people living in the house and staff were confident in the management of the service.

# The Limes

**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.

This inspection took place on 12 & 13 November 2015 and was announced and was undertaken by one inspector. The provider was given 48 hours' notice because the location was a small home for younger adults who are often out during the day; we needed to be sure that someone would be in.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four members of care staff including the service manager and the registered manager. We spoke with one relative. We also looked at records and charts relating to one person and four staff recruitment records. We also observed people receiving support from staff and engaging in social activities.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Requires improvement

# Is the service safe?

## Our findings

Relatives said that they felt their family member was safe at the home. One relative said "The Limes has a nice feel to it; [name] is safe and well cared for."

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they needed to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process. However we noted that although a recent event had been investigated by the provider a safeguarding notification had not been submitted. We made the safeguarding referral following our inspection.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. However the documentation to support the recruitment processes requires strengthening. To ensure that staff personnel files contained the most up to date references and these were clearly dated. The provider gave an undertaking to review the administration of the recruitment process to make it more robust.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises as regular fire safety checks were in place. However one person had not got an emergency evacuation plan in place to describe the methods to be used in the event of an emergency situation. The provider ensured that an emergency evacuation plan was put in place during our inspection. Arrangements were in place so that people were not at risk from hot water or areas of risk. Thermostatic valves had been added to the hot water taps and people were not allowed into the areas where they could not identify any risks to themselves such as a hot surface's in a kitchen.

There was enough staff to keep people safe and to meet their needs. People had been assessed to determine how many members of staff were required for different activities and we were told that during all community outings there were always two members of staff available to support one person. This meant that people could enjoy their activities and be assured that they would always be safe. In addition care was taken to ensure that people wore safety helmets when they were riding on a specially adapted bicycle. People were supported by staff that could respond to their needs over the 24 hour period. The provider had organised 'waking' night staff in order to achieve this.

There were appropriate arrangements in place for the management of medicines. People received their medicine in a way that they preferred for example with 'squash'. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. There were arrangements in place so that urgent prescriptions for example antibiotics could be requested and received promptly.

Good

# Is the service effective?

## Our findings

People were supported by staff who received guidance and support when they needed it. Staff were confident in the manager and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues such as their own further training needs. We saw that the manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. Staff said "[name] works shifts with us, it is really useful and she gives us feedback."

Most staff had had an annual appraisal; one member of staff said that they had not received an appraisal of their performance during the past year. We discussed this with the provider and during our inspection they produced an appraisal list which indicated that all the staff would receive an annual appraisal by the end of March 2016.

All staff that had received training which enabled them to understand the needs of the people they were supporting. Staff received an induction relevant to the needs of the individual they were supporting and shadowed more experienced staff. Mandatory training such as basic life support and health and safety were also in place. Additional training relevant to the needs of people were also included such as working with adults with a learning disability and autism. Staff told us that the training they had received had helped them to understand how difficult some people found it to communicate and to ensure that they only used short sentences with people to help with understanding.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate polices and guidance and had involved families, relevant professionals and others in best interest and mental capacity assessments when necessary. 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 Mental Capacity Act. The application procedures for this is called the Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA, and found that conditions on authorisations to deprive a person of their liberty were being met as related assessments and decisions had been properly taken.

People were supported to maintain a healthy diet. Referrals to community based professionals had been made and the recommendations had been put into practice. Staff said that people had a diet rich in fruit and fibre and that professionals had recommended that foods were cut into small pieces. People were also supervised when eating to ensure they ate slowly and safely. We noted that mealtimes and snacks were well planned throughout the day so that people did not become hungry which may lead to them becoming unsettled. Staff were familiar with foods that people preferred and also took into account their dislikes so that the food prepared for them was enjoyable.

People's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. This meant that people were able to receive ongoing monitoring of their health. We noted that people had equipment available which met their assessed needs and helped with their mobility such as specially adapted footwear.

Good

# Is the service caring?

## Our findings

Positive caring relationships were developed with people that used the service. The provider had arranged for specialist advice and guidance to help staff communicate with people that were non-verbal and may not understand what was expected of them or what time of day it was. For example in the morning one person had a morning shower and used an invigorating scented shower gel to reinforce that it was morning. In the evening a relaxing bath with calming scents was used to relax the person before they went to bed.

Staff supported people in a kind and caring way and involved them as much as possible in choosing what activities they wanted to do. We observed staff interacting with people in a calm way, using touch in a therapeutic way such as a hand massage. One relative said "The staff really look after and care for [name] well."

People's views and choices that they liked to make were recorded in people's care plans. This included how they liked to spend their time and what made them happy such as some types of music. We observed staff when they were taking people out for a ride on their adapted bicycle and they were attentive and encouraging. During the staff handover we heard staff discuss what people had enjoyed doing the day and that they had been "laughing and giggling."

People who were non-verbal were cared for by staff that understood when they liked or disliked an activity. This meant that even though people could not express that they did not want to do an activity such as trampolining, staff told us that they could tell from people's body language that they did not want to carry on with this activity and made alternative arrangements so as not to cause distress to people.

People's dignity and right to privacy was protected by staff. People were able to spend time in private in their bedroom if they wished and staff were available to support them to achieve this. Staff also said that they made sure that people were dressed nicely and their clothes were clean and ironed so that when they went out into the community they looked smart. One member of staff said "We like [name] to look nice when they go out."

Good

# Is the service responsive?

## Our findings

People were assessed before they came to live at the house to determine if the service could meet their needs. The assessment included risk assessments and identification of any additional equipment or staffing levels that would be required.

The assessment and care planning process also considered people's abilities to express themselves and how they understood what staff were saying to them. Following assessment by specialist teams, including sensory specialists, care plans had been developed to give staff information as to how best to communicate with people. One way was to use 'objects of reference'. These are familiar items that are beneficial for people who have problems with speaking or understanding language and do not respond to signs, symbols or photographs. For example a pair of shoes indicates time to go out, a red bag indicates time for swimming and a sponge means that it is bath time.

We observed staff using these objects of reference and people responded well to the items that they were familiar with. One member of staff said "It is really important that we all use the objects of reference consistently and it has really helped [name] to understand what they are going to do next.

Another member of staff said "When one of us finds something that [name] likes to do, we share this information amongst ourselves and this helps us all to understand their likes such as a foot massage." We noted that people's likes were recorded in their care records. Staff also said they knew how to recognise people's actions and what this meant. For example when people sucked on their hands this meant they were anxious and when they put their hands over their ears this usually indicated that they were finding it difficult to manage all the noise or sensory overload so staff would intervene. "Sometimes we turn everything off so that it is just peace and quiet and this helps [name] to become more settled."

Staff also said that they were vigilant about peoples changes in mood or behaviours as this had previously indicated that they were becoming unwell for example developing a urinary tract infection and staff were then able to obtain the necessary treatment.

The provider recognised that it would be difficult to gather the views of people living at the home and said "We have regular contact with family members." We spoke to one relative who said "We are happy with the care and we are able to chat with [staff name] whenever we want to, if we had any concerns we would let them know." The relative also said "We have no complaints about the service; they are really looking after [name] very well."

Requires improvement

# Is the service well-led?

## Our findings

The overall quality monitoring of the service requires strengthening. There were some arrangements in place to monitor the quality of the service that people received as some audits/inspections had been carried out by the provider. For example there had been a recent overnight check of the home to ensure that people were being cared for safely. We noted that there had been some actions taken following this visit to improve the service. The provider and service manager discussed with us that they were going to put arrangements in place to ensure that regular audits were undertaken which would evidence the quality of the service and any action taken to remedy concerns.

People were not able to speak with us so we asked family members about their views and experience of the service. Relatives said that they had confidence in the management and were happy with the service that their family member received. The provider did not have a formal system in place to gain feedback from relatives of people that used the service.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were provided with up to date guidance, policies and felt supported in their role. Staff were aware of the whistle blowing policy if they felt they needed to raise concerns outside the service.

Staff were confident in the managerial oversight and leadership of the manager and found them to be approachable and friendly. They said management were "Good and well organised." There were systems in place to inform staff of any changes within the home. We observed that there was a 'read and sign book' so that all staff confirmed by signing that they were aware of any changes or new information. For example there was a reminder for all staff working overnight to keep the landing light on in case people woke up in the night and came out of their bedroom. Staff told us that they felt able to raise any new ideas or ways to improve the service with the provider.

The manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided to people in the home. We noted that senior managers often visited the home and that the service manager regularly worked 'on shift' supporting people and spending time with staff. This meant that they had up to date vision of the care that was being provided and could provide any ad hoc guidance and support to staff.

Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. One member of staff said "It is great to see the improvements that [name] has made, we are a very good team and we all work well together."

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.