

New Link Residential Homes Association Leyland House

Inspection report

New Link Residential Homes Association
22 Leyland Avenue
St Albans
Hertfordshire
AL1 2BE

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09 December 2016

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Ratings

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

Summary of findings

Overall summary

This unannounced inspection took place on 7 December 2016 and it was completed on 9 December 2016 when we had spoken with one relative by telephone.

The service provides care and support for up to three people with learning disabilities and or autistic spectrum conditions, and mental health conditions. Three people were being supported by the service at the time of our inspection.

When we inspected the service in April 2015, we found the provider needed to improve the staffing numbers so that people were supported safely. There was no evidence of how they dealt with behaviours that may challenge others and people's risk assessments were not being updated. Staff training was not always provided in a timely manner and the training records were not up to date. There were not enough activities provided or opportunities for people to pursue their hobbies and interests. There was lack of accountability from senior staff, most records were not up to date and the manager had not sent us notifications about incidents that occurred at the home. We checked these areas at this inspection and we found they had made the required improvements. This meant that they now provided safe, effective, compassionate and high-quality care to people who used the service.

There was a registered manager in post, who was also the provider of 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.

People were safe because there were risk assessments in place that gave guidance to staff on how potential risks to people could be minimised. There were systems in place to safeguard people and staff knew what to do if they suspected that a person was at risk of harm. The service now had risk assessments in place to safely manage behaviours that may challenge others. The provider had effective recruitment processes in place and there was sufficient staff to support people safely.

Staff received regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided. Staff had received training to improve their understanding of the Mental Capacity Act 2005 (MCA) so that people's rights were protected.

People were supported by staff who were kind and caring. People's privacy and dignity was promoted. They were supported to make choices about how they lived their lives and their views were respected and acted on. People had enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when required.

People had care plans that took account of their individual needs, preferences, and choices. They were supported to pursue their hobbies and interests, and were active members of the community where they lived because they enjoyed social events with their neighbours.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, their relatives and other professionals, and they acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive improvements. The manager provided stable leadership and effective support to staff. They also promoted a caring culture within the service and staff were motivated to support people.

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.

People were safe and there were systems in place to safeguard them from avoidable harm.

The provider had robust recruitment processes in place, and there was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided. Staff had received training to improve their understanding of the Mental Capacity Act 2005 (MCA) in order to protect people's rights.

People were supported by staff who had been trained in various subjects in order to meet their individual needs. Staff also received regular supervision.

People were supported to access other healthcare services when required to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

Staff understood people's individual needs and they respected their choices.

Staff promoted people's privacy and dignity, and supported them in a way that helped them to develop their independent living skills.

Is the service responsive?

Good ●

The service was responsive.

People had care plans that met their individual needs and preferences.

People were encouraged and supported to pursue their hobbies and interests. People were actively engaged in activities within their local community.

The provider had an effective system to handle complaints and concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided effective support to staff, and promoted a caring culture within the service.

People who used the service and their relatives had been enabled to routinely share their experiences of the service and their comments had been acted on.

Quality monitoring audits had been completed regularly and these had been used effectively to drive improvements.

Leyland House

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 7 December 2016 and it was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including the previous inspection report. We had not received any notifications prior to this inspection. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with two people who used the service, two care staff, the deputy manager, and the registered manager. One person had limited verbal communication skills and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at care records for all three people who used the service. We also looked at four staff files to review the provider's staff recruitment, supervision and training processes. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service. Following the visit to the home, we contacted the relatives of all three people who used the service, but we were only able to speak with one of them on 9 December 2016.

Is the service safe?

Our findings

When we inspected the service in April 2015, we found the provider needed to improve the staffing numbers so that people were supported safely. There was no evidence of how they dealt with behaviours that may challenge and people's risk assessments were not being updated. During this inspection, we found they had made the required improvements so that they provided safe care to people who used the service.

People told us that they were safe living at the home and that staff supported them well. We observed that they appeared relaxed and happy in the company of the staff, with only one person becoming anxious because the inspector was there. A relative we spoke with said that their relative was safe. Staff also told us that people were safe. One member of staff said, "Yes, I feel residents are safe. We make sure that all aspects of their care and life are safe."

The provider had processes in place to safeguard people from potential harm or abuse including safeguarding and whistleblowing policies and procedures. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Staff had been trained on how to safeguard people and they showed good understanding of the local safeguarding procedures.

People were now safe because potential risks to their health and wellbeing had been assessed and the risk assessments had been reviewed regularly. Each person had individual risk assessments in place and some of the generic ones included those required to improve people's safety during community outings and trips, and whilst in the car. Others included risks associated with people using kitchen facilities to prepare their meals and drinks, and taking medicines. We saw that there was a specific risk assessment for a person who had low vision so that they were able to mobilise safely within the home or in the community. Staff told us that incidents of behaviours that may challenge others had significantly reduced and we saw that people had specific risk assessments and guidance for staff in relation to this. For example, one person had behaviour guidelines developed by a specialist learning disabilities team so that staff took a consistent approach when supporting them. One member of staff told us, "Staff are very observant of changes in behaviour and support residents as needed."

There were systems in place to ensure that the physical environment of the home was safe. We noted that staff carried out regular health and safety checks and external contractors completed annual checks and servicing of gas and electrical appliances so that they were safe for use at the service. Additionally, there were systems in place to ensure that the risk of a fire was significantly reduced including monthly checks of fire alarms, fire-fighting equipment and other emergency equipment. The fire risk assessment had been reviewed in October 2016 and the service carried out monthly fire drills to remind people what to do when there was a fire. The provider's emergency planning included mutual arrangements to provide emergency accommodation with another care home on the same road. However, the manager told us that the least 'unsettling' option would be to ask people's relatives for support until the emergency situation had been resolved. We also saw that the service kept records of incidents and accidents, with evidence that these had been reviewed and actions taken to reduce the risk of recurrence. For example in order to reduce the risk of scalding, the provider bought a travel kettle when they noted that a person who liked to make their own hot

drinks found the normal size kettle too heavy to lift. This meant that the person could maintain their independence without compromising their safety.

We looked at the records for all four members of staff and found the provider had robust recruitment processes in place to carry out pre-employment checks. These included requesting references from previous employers and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed. Staff had worked at the service for between 15 and 25 years which meant that they knew people who used the service well and they could provide consistent care.

We found the provider had now made improvements to the numbers of staff supporting people on a day to day basis. The duty rotas showed that at least two members of staff supported people during the day and one at night. This was supported by staff who told us that there was sufficient staff to support people safely. One member of staff said, "There is always enough staff. We can have two or three working depending on what residents are doing. We are always happy to come in for short periods too to take residents out." Another member of staff said, "Staffing is okay and we cover whenever required." A third member of staff said, "Staff are all essentially on call and will provide cover whenever needed. We have contingency plans including being registered with an agency, but luckily we have never had to need agency staff."

People were being supported to take their medicines and we saw that this had been managed safely by trained staff. People and staff we spoke with did not have any concerns about how people's medicines were being managed. The medicine administration records (MAR) we looked at had been completed correctly, with no unexplained gaps. This showed that people were being given their medicines as prescribed by their doctors. The pharmacist who supplied the medicines to the service was due to complete an audit during the evening of our inspection to check if staff managed people's medicines safely.

Is the service effective?

Our findings

When we inspected the service in April 2015, we found staff training was not always provided in a timely manner and the training records were not up to date. During this inspection, we found improvements had been made and staff had been trained in areas relevant to their roles. Staff training was mainly provided by the local authority in subjects such as moving and handling, first aid, infection control, food hygiene, fire safety, medicines management, safeguarding, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People we spoke with were not able to comment on the quality of staff training, but a relative told us that they thought staff were well trained. They added, "I am very happy with the care, [Relative] has improved a lot and is a different man since he went there." Staff were complimentary about the effectiveness of their training in helping them to develop their skills and knowledge in order to support people effectively. One member of staff said, "Training is good and I have always found it useful. It goes without saying that residents get good care." Another member of staff said, "I don't believe you can learn enough, there is always something to learn."

Staff told us that they had been appropriately supported by the manager and that they had regular supervision. Supervision records we looked at showed that staff had regular meetings planned every two months. A member of staff said, "Management have been very supportive, they will talk to you and guide you when needed." Another member of staff said, "I get regular supervision."

The 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. Although people who used the service had learning disabilities and mental health needs, staff told us that they were able to consent to their day to day care and support. Two of the three people had also given written consent to some aspects of their care and we observed that they were able to tell staff how they wanted to be supported. We also saw that people's relatives were quite involved in their care and could be consulted if people needed support to make certain decisions. A relative told us that they were involved in making decisions about some aspects of their relative's care and that their views were listened to and acted on. They further said, "We've always been grateful of how well we work together with the service and of the staff support." A member of staff told us, "We have very good relationships with the residents' relatives. This provides continuity of care and issues are dealt with quickly due to good communication."

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 saw that the provider had taken appropriate steps to refer people for assessment if the way their care was provided was restrictive because they were constantly supervised by staff. The manager was waiting for responses regarding the applications they had recently sent to the local authority.

People enjoyed a variety of nutritious food and drinks, and there was evidence that regular meetings were

held with people so that they could choose what they wanted to eat. Each person had 'personal menu planning' which showed what food they liked or disliked, and where required, had information from the GP, dietitian or dentists about low fat or low sugar diets. Two of the people who used the service were able to verbally tell staff what they wanted to eat and the other person could communicate their preferences by pointing at a selection of pictures or refusing to eat what had been offered to them. Due to anxiety about the inspector being at the home, one person did not want to eat their lunch, but was able to eat a bit more when staff had offered and made a sandwich for them. A person we spoke with told us that they liked the food provided to them. One member of staff said, "The food is good and there is always a choice for residents." People were encouraged to help with preparing and cooking meals, and they would do as much as they could with staff support. One person had basic cooking instructions to help them to prepare simple meals. People's care records showed that they were eating enough food because they had maintained stable weights.

Staff engaged really well with other professionals to ensure that people had the care and treatment they required to maintain their health and wellbeing. A member of staff told us about how a person's mobility had improved over the last year or so due to a combination of physiotherapy and confidence building by the staff. They also said that a walking frame with a shopping bag had allowed the person to maintain their independence as they could walk around for short distances while doing their shopping. The person's low vision had also been improved by them having new glasses. A doctor was due to visit the home on 19 December 2016 to assess the person and give guidance to staff on how to support the person to improve their speech in order to communicate better. Additionally, people saw their GP when required and they were all under the care of a consultant psychiatrist who regularly reviewed their care and treatment.

The service had been decorated following our previous inspection and it now provided a pleasant and safe environment for people to live in. The provider had also ensured that the design of the home met people's needs by putting wooden straps on the side of each step to help a person with limited vision to see the stairs better when going upstairs to their bedroom. The person told us that this had been helpful. A member of staff told us of the refurbishment work that had been done and they said this included new carpets being fitted, repainting of the walls, new furniture and a new kitchen had been installed. They said that people had gone on holiday for two weeks while the work was being done and they had been involved in choosing the colour schemes. One person told us that they liked how the home looked. At the time of the inspection, the home had been beautifully decorated for the Christmas period.

Is the service caring?

Our findings

People told us that staff were "nice" to them. We observed that staff interacted with people in a positive and caring manner, and there was a friendly and relaxed atmosphere at the home. To help us understand how people communicated and what was likely to upset them, we were given an 'Introduction to Leyland House' folder which introduced staff and people who lived at the home. We found this helpful as we were able to understand why one person was anxious because the inspector was there. However, they responded to staff reassurance and they benefitted from being away from the home during the afternoon. One relative said, "[Relative] is really happy there. He calls the service home. We are just like a second family now. Between us and the service, he gets good care." A member of staff said, "Everybody looks out for each other here, staff and residents alike."

Staff had supported people who used the service for many years which meant that they had got to know them very well and they knew how people wanted to be supported. For example, it was evident that staff were able to communicate effectively with a person with limited verbal communication skills and they knew what the person was communicating when they made certain sounds. A member of staff told us that they normally knew if the person was communicating their dissatisfaction with something and they would take immediate action to support them.

The service supported people to maintain close relationships with their relatives by having unrestricted visiting times and supporting people to visit their relatives regularly. For example, the provider told us that they paid taxi fares for a relative so that they did not have to take four buses to visit their relative at the service. However staff now mainly took the person to visit their relative nearer to their home to make it easier for them. The relative we spoke with told us that they could visit at any time and they always felt welcomed when they visited. They also said that their relative visited them regularly and on the day of our inspection, we noted that they phoned the home to arrange dates for 2017. The relative told us that the staff were always helpful when they contacted them for advice about their relative's care during home visits. They added, "If we are not sure about [relative]'s medicines when he comes home, we call staff to ask them to explain." They said this had happened when the GP had changed the person's medicines.

We observed that people's privacy and dignity was promoted by the staff. This was supported by the relative we spoke with who told us that staff were always respectful in how they supported people. The relative also said that their relative had been supported to develop some independent living skills in order to live a more fulfilled life. They said, "[Relative] has made big improvements as he can now stay at the daycentre without staff. It has taken a long time, but they managed to get him to a point where he isn't anxious without them." The manager explained that the small steps they had taken to get the person to attend the daycentre without staff had started with getting the person to be comfortable with getting out of the front door first, getting into the car, agreeing to get out when they arrived at the daycentre to being able to stay for the afternoon without staff. All the staff we spoke with were proud about the effort they had put into making sure people lived full and happy lives. Another member of staff told us, "We try to make residents to be as independent as possible, but we are really here to support whatever they want to do." We observed that staff promoted people's privacy and dignity, particularly when providing personal care. Staff understood the

importance of maintaining confidentiality by not discussing about people's care outside of work or with anyone not directly involved in their care. We noted that people's care records were also held securely within the home to ensure that only authorised people could access them.

People had been given information about the service and supported to understand it so that where possible, they could make informed choices and decisions about their care and support. Most of the information given to people was in 'easy read' format so that it was easier for them to understand it. There was a 'service user guide' available to people and their relatives. This included information about the service and where they could find other information, such as the complaints procedure. People's relatives worked closely with the staff and acted as their relatives' advocates to ensure that they received the care they needed. There was a communication book where information shared between the service and people's relatives was recorded. People we spoke with were happy for their relatives to be involved in their care. There was also information available about an independent advocacy service that people could be supported to contact if they required additional support.

Is the service responsive?

Our findings

When we inspected the service in April 2015, we found there were not enough activities or opportunities for people to pursue their hobbies and interests. During this inspection, improvements had been made and we found a variety of activities were provided and people could choose what they wanted to do. We observed that photographs that were displayed in the communal areas of the home showed people enjoying outings, holidays and other activities arranged by staff. All three people attended local daycentres for some days of the week, enjoyed shopping trips with staff and visited their relatives regular. The manager told us that people enjoyed going to daycentres and he hoped that they would continue to access this service, as there was a review of how the service was operated in order to save money.

An autumn programme for 2016 which had details of leisure activities in the local area was on display at the home. The manager told us that they discussed what was on offer with people and they supported them to attend the activities if they chose to take part in them. In addition to going out with staff occasionally, one person had an independent personal assistant who took them shopping twice a week. During our inspection, the person was planning with staff what they would be buying when their assistant took them out the following day. The person was planning to buy Christmas presents for the other people they lived with. People told us that they enjoyed their joint annual holidays to Hastings with people who lived in another nearby care home. People had also been supported to enjoy individual holidays, including a person who had been supported to visit Hong Kong a few times because their parents were originally from there. Another person went on their first flight to Edinburgh after years of staff supporting them towards achieving this. .

Staff were proud to tell us how they had supported people to develop links within their local community. They told us that their neighbours knew people who used the service, particularly one person who liked to stand outside in the front garden. The manager told us that they had developed good relationships with their neighbours including a time when they provided regular meals to a neighbour who was unable to cook following an injury. People were able to walk to a nearby care home to socialise with people who lived there as they had developed strong friendships with them over the years. Over the last six years, the service had also organised a street party every year during the months of June and July. Staff told us that this was well attended and enjoyed by people who used the service, their relatives and neighbours. The manager told us that they had an allotment that they had leased out to another community group as people were not always keen to do gardening. However, one person liked to do some digging in the back garden of the home during the summer months, where people also enjoyed barbecues and picnics.

People told us that they were happy with how staff supported them and that their needs were being met. People's care and support plans showed that they received person centred care that appropriately met their individual needs. Person centred planning (PCP) included information about each person's life history, their likes and dislikes, and the progress they had made over the years of being supported by the service. Some contents of people's care plans were written in an easy read format, with pictures included to enable people to understand their plan of care, and they had been reviewed and updated regularly by people and their keyworkers. Where required, people's relatives were also involved in this process. One relative said, "We are

absolutely happy with everything. We are involved whenever it is necessary and staff will call us if there are problems."

The provider had a complaints procedure in place so that people or their relatives were able to raise concerns they might have about the service. There had been no recorded complaints in the last few years and a record of communication with people's relatives meant that any issues were dealt with quickly. One relative said, "We've never had any problems."

Is the service well-led?

Our findings

When we inspected the service in April 2015, we there was lack of accountability from senior staff as most records were not up to date and the manager had not sent notifications about incidents that occurred at the home. During this inspection, we found improvements had been made as records such as people's care plans were now up to date and being reviewed monthly or when people's needs had changed. The provider was also able to evidence staff training and supervision so that we knew that they had the right skills to support people safely and effectively. The manager had not sent us any notifications, but we did not identify any notifiable events during our inspection.

The service had a registered manager who was supported by a deputy manager. Staff we spoke with told us that the service was well managed and they were happy with the support they received from the registered manager and the deputy manager. They also said that they worked well as a team towards their goal of ensuring that they provided good care to people who used the service and they were complimentary about the quality of the service. One member of staff said, "I find it wonderful working here. We are a very supportive team. The service has improved a lot over the years and I can't think of anything else we can improve at the moment." Another member of staff said, "I am usually here half an hour before the start of my shift because I am so happy to come to work." The manager told us, "We are lucky to have such a good staffing group. They're really committed staff." The relative we spoke with made very positive comments about the service, including about how happy they were about the progress their relative had made over the years.

Staff told us that they were able to discuss with the manager any ideas they might have about how they could further develop the service. Everyone was complimentary about the improvements to the physical environment and they were keen to ensure that the home remained a pleasant place for people to live in. A member of staff said, "It's amazing how effective just a change of colour scheme could be." Staff held regular team meetings where a variety of relevant issues were discussed and we saw the minutes of the six meetings they held in 2016. We saw that the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been discussed in meetings following an inspection by the local authority where they found staff's knowledge of these was limited. However, we saw that the overall rating for the service was 'excellent' which meant that they were mainly meeting the standards they had been assessed against. Staff also discussed key themes from media coverage of serious concerns in care settings so that they learnt from these.

The provider sought feedback from people who used the service and their relatives so that they had the information needed to improve the service. Regular meetings with people who used the service gave them the opportunity to discuss issues important to them. We saw that during these meetings, people mainly made suggestions about what they wanted to eat and activities they wanted to take part in. The provider also sent out surveys to people and their relatives and easy read questionnaires had been completed by people and their relatives during October and November 2016. We noted that positive comments had been made about the service. The service had also received various compliments including one from a neighbour and another one from a professional who worked closely with the service.

The provider completed regular audits to assess and monitor the quality of the service. These included checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed a range of health and safety checks to ensure that the environment was safe for people to live in, and they reviewed any concerns that had been raised. Where areas of improvement were identified either by the provider or other stakeholders such as the local authority, we saw that action had been taken to address these. For example, lighting had been improved in the dining area following our previous concerns that this was not effective for the person with limited vision. Also following the inspection by the local authority, people's photographs had been included in their medicine administration records in order to minimise the risk of medicines being given to a wrong person. This showed that the provider was making an effort to ensure that they provided a high quality service.