

Relativeto Limited

Lowry House

Inspection report

Pudding Lane
Hyde
Greater Manchester
SK14 3HZ

Tel: 01132391507

Website: www.cygnethealth.co.uk

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Lowry House is a residential care home providing personal care to 12 people living with a learning disability. The service can support up to 12 people. There were six units and people lived either in small groups or independently depending upon their needs. All shared units had communal areas which included a kitchen and dining area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design to provide separate flats where people lived independently or in small groups. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People received exceptional person-centred care which was specifically designed to be reflective of their choices and preferences. People were at the heart of all decisions about their care and support. People, family and staff were fully involved in developing care plans and there were regular reviews. Staff had a clear understanding of the importance of providing people with opportunities to develop and maintain friendships and relationships and be part of the wider community. People were actively supported to maintain family relationships including visits to the family home, and attend a range of activities that were fun and enjoyable to the individual.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff showed a passion and commitment to helping people achieve their goals and realise their aspirations. Staff had a 'can do' positive approach to risk taking. They meticulously planned and liaised with families and health professionals to overcome barriers. We saw numerous examples of how people had been supported to identify lifelong aspirations. The service had taken a structure step by step approach to enable people to move at their own pace to achieve these. Families and staff told us about how significantly positive an impact this had to people's lives and given

them meaningful, fulfilling and rewarding opportunities in their life that they never thought would be possible. This included people working towards independence and employment.

People felt safe and were supported to take part in a range of positive activities in the community. Systems were in place to ensure that the environment, equipment and utilities were maintained and safe for use. Medicines were safely stored and managed. People were supported to self-medicate when possible and guidance was provided for people who had medicines they only needed occasionally, such as medicine to manage pain. The service followed systems to ensure staff were safely recruited and there were enough staff to meet people's needs. If things went wrong, such as incidents, these were investigated, and action taken to learn lessons and prevent future risks.

People were supported to access healthcare services as needed and staff were able to recognise when people had additional support needs. There were adaptations in place throughout the service to meet people's needs and promote independence. People's rooms were decorated to reflect their interests and preferences. Staff received a full induction when they began working at the service and told us they had all the training and support they needed to do their job.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Assessments of people's capacity was in place and the right people were involved in best interest decision making which included independent advocates.

Staff were kind and caring and people were supported to express their preferences and identity. Choice was promoted, and people were involved in decision making. Staff respected people's privacy and were committed to providing good quality compassionate care.

People, relatives and staff were positive about the registered manager and the management team. The service worked closely with others to achieve positive outcomes and people and families were encouraged to provide feedback through meetings and surveys to improve service delivery. Staff were clear on their roles and duties, and committed to reflective learning and contributed to the improvement of care in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 15 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Lowry House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Lowry House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We contacted commissioners of the service and Healthwatch to find out what information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections.

During the inspection

We visited and spoke with five people who used the service and four relatives about their experience of the

care provided. We spoke with 14 members of staff including the registered manager, deputy manager, unit manager, support workers and members of the multi-disciplinary team including the doctor, speech and language therapist, occupational therapist and assistant psychologist.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We visited people on four units and looked at the environment.

After the inspection

We contacted four family members to discuss their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe and protected from the risk of abuse. People and relatives told us the service was safe and people looked settled and well cared for. One relative said, "I'm really glad [family member] is there. They are safe and well looked after."
- Staff understood how to safeguard people. They had all completed training in this area and understood their duties to safeguard people. The service worked closely with local authorities to ensure safeguarding concerns were fully investigated and action was taken to reduce future risk.

Assessing risk, safety monitoring and management

- Risk assessments were in place to assess and manage potential risk to people and guide staff. People had a variety of risk assessments in place which were specific to their individual behaviours and needs. This included health and social risks and emergency plans including personal emergency evacuation plans (PEEPs). People, families and staff had been involved in these and staff knew what action to take to keep people safe.
- There was a positive approach to risk taking. People were supported to work towards their aspiration and action was taken to minimise risk and support people to manage their behaviour. We saw that people were supported to engage with the community, in a range of activities and support was put in place to manage an individual's complex behavioural needs.
- There were systems in place to ensure the environment and any equipment was safe to use. There was a maintenance person who completed a variety of regular checks on the environment and external services were arranged to complete servicing and maintenance of equipment and utilities on a regular basis.

Staffing and recruitment

- Staff were recruited following safer recruitment processes. We saw that people were interviewed prior to being offered a job, and checks of character through reference, and with the disclosure and barring service were made. Staff confirmed that all checks had been completed prior to them beginning to work independently with people.
- There were sufficient staff to meet people's care and support needs. Staff told us that staffing levels were good and said, "Staffing levels are generally good." and, "There is always enough staff to cover breaks and respond to incidents."

Using medicines safely

- Medicines were safely stored, and accurate records of administration kept. The medicines room was clean and tidy with plenty of storage. Checks were in place to ensure medicines were being stored safely, such as those requiring storing at a certain temperature, and records of administration being accurately completed.

- Staff followed clear guidance when supporting people with medicines. There was guidance in place for people who had 'as required' medication such as pain medication so that staff knew when to give people this type of medicine. People were able to take their own medicines and appropriate risk assessments and support from staff was in place.
- People were being reviewed to ensure they were only on the medicines they required. The multi-disciplinary team (MDT) had a doctor in place and they were involved with the STOMP campaign to stop the over medication of people with learning disabilities and autism.

Preventing and controlling infection

- The service was clean and tidy. People and relatives confirmed this was always the case and one relative said, "Everywhere there is so clean." People were supported by staff to keep their rooms clean and tidy.
- The laundry had systems in place to ensure people's soiled clothes were safely managed. Staff supported people to do their own laundry as much as possible. The management team completed regular infection control audits and an external provider also completed infection control audits and the home was compliant.

Learning lessons when things go wrong

- There were systems in place to learn lessons when things went wrong. Team meetings were used as an opportunity for reflective learning and staff told us they were encouraged to contribute to how lessons could be learnt.
- There were systems in place to analyse accidents and incidents for themes and trends. Staff, including the management and MDT team were involved in analysing this data and took action to further investigate and respond to identified themes, such as a person's change in behaviour.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had full assessments of their care needs which were regularly reviewed. People, relatives and staff were all involved in reviews and contributed to the planning of care. People were asked about their aspirations and plans were put in place to help staff meet these aspirations using a planned and structured approach.
- People were supported to have choice. Various communication tools were used to support people to understand and contribute to assessment and care plans including providing information in appropriate formats. People and families told us they felt fully involved in assessments and reviews of care and one relative said, "We are always involved in things."

Staff support: induction, training, skills and experience

- Staff were well trained. Relatives told us staff knew how to support people properly and said, "Staff are well trained, they knew [family member] well and know how to support them." Staff told us training was good and covered everything they needed to do their role. They said, "The training is good, it is regular and there are always refreshers." and, "We can always ask for additional training if we feel we need it."
- Staff received a full induction before working independently. Staff told us they received all the training they needed when they first started to work at the service and observations of practice were undertaken. Staff were supported to complete the care certificate and a system of shadowing an experienced member of staff was in place.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a good diet. The service used a variety of tool to allow people to make choices about what they wished to eat and drink which included picture menus. Staff supported people to be involved in preparing meals when possible.
- People's diet and weight was monitored by staff and action taken if changes were identified. There was clear guidance for staff when people had specific dietary requirements. Any guidance provided, such as for those with swallowing difficulties, was followed by staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access health care as needed. We saw that staff supported people to attend medical and special arrangements and planning was put in place to enable appointments to be successfully completed.
- Staff knew people well and recognised when people were becoming poorly. Relatives told us, "They meet

[family members] needs. I'm not worried or anxious about [family member] anymore." and, "They [staff] are very responsive to [family member]. They always listen and make appointments with the GP or whoever."

Adapting service, design, decoration to meet people's needs

- The rooms and areas in which people lived were adapted to meet the individual's needs. People's bedrooms were personalised and decorated to reflect the person's preferences and interests. The service gave consideration to whether a person would be suitable to live in a small group with others or independently.
- Units were spacious and appropriate equipment was in place to allow people to be independent where possible. The multi-disciplinary team included an occupational therapist who completed assessments of daily living needs and recommended equipment to support this. For example, this included the use of specialist equipment to support people to stay safe when using a vehicle.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity was fully assessed. Capacity assessments included details about literacy, comprehension and expression and what adjustments staff can make to support decision making,
- Best interest decisions were made by the appropriate individuals when people lacked capacity. Records demonstrated that various healthcare professionals and relatives contributed to best interest decision making. People had advocates in place when needed and staff understood how to act in people's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well cared for and appeared happy and content. People appeared settled with their support staff and had good relationships with them. One person told us, "Staff are good. I like living here." Relatives gave very positive feedback about how caring staff were and relatives told us, "I'm over the moon about the care [family member] receives. Staff are lovely." and, "I'm really glad [family member] is here. They are safe and looked after. I think this is the best place there is."
- Staff knew people and their care needs well. Staff spoke passionately about the people they were supporting and had genuine affection for them. Staff told us, "I treat them the way I want my family to be treated." and, "It's more like visiting your family than work."
- People were supported to express their diverse needs. This included how people could express their cultural identity and sexuality. Staff had completed training in this area and respected people's individual identities. The registered manager had a good understanding of how to support people, relatives and staff under equality, diversity and human rights legislation and worked on a case by case basis to meet people's needs.

Supporting people to express their views and be involved in making decisions about their care

- People were fully supported to engage in decision making on a daily basis. Systems were in place to encourage people to communicate decisions and these decisions were respected by staff. We saw that people were engaged in making decisions about what they wanted to eat and what they wanted to do.
- People and relatives felt listened to. One person told us, "you can choose what you want to do. I like to go out to eat." and a relative told us, "They always listen to [family member] and to us."

Respecting and promoting people's privacy, dignity and independence

- People and families felt respected and that dignity and privacy was promoted. We saw that staff promoted dignity when providing support with personal care and privacy was given. One relative told us, "Staff are very respectful with [family member]."
- Independence was promoted, and the multi-disciplinary team worked closely with staff to develop life skills and promote independence. There were detailed plans to guide staff in promoting life skills and independence which was regularly reviewed. Relatives spoke highly of how independence was promoted across the service. One relative said, "They have worked so hard with [family member] within the boundaries of their conditions. It's wonderful to see and we finally getting home visits."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had an excellent understanding of people's needs and used this knowledge to support people to achieve their goals and realise their aspirations. The team meticulously planned and liaised with families and health professionals to overcome barriers.
- People were supported to engage in a variety of activities within the service and in the community. There was an activity champion who promoted activities for individuals and supported people to identify activities and opportunities. Relatives spoke very positively about the opportunities provided to people with one person saying, "[Family member] has come so far. Their life is good, and they went abroad for the first-time last year. Lowry House sorted it all out."
- People's care records demonstrated how staff had worked with people's complex health and behavioural needs to overcome these and enable people to fulfil lifelong aspirations. In one example we saw a person had fully participated in an active holiday abroad. We saw people who had previously struggled to engage with groups activities and the community were engaging in these opportunities. There had been reductions in people's level of anxiety and display of behaviours which might challenge as a result of the working being undertaken by staff at Lowry House. Following the achievement of one goal, people and staff were focused on identifying and beginning to work towards new goals and aspirations for the future.
- People were fully supported to maintain relationships with the family. We saw that people were supported to attend a variety of activities and outings with family as well as visits to the family home. One family member told us, "We see [family member] every week. Staff are very welcoming when we visit."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were creative in providing truly person-centred care which achieved better than expected outcomes for people. People's individual needs, interests and preferences were considered and included in care plans.
- Staff worked closely with people to identify their life long aspirations and goals. There were often significant challenges to supporting people with these aspirations due to the complexity of the people's physical, emotional and behavioural needs. The team were careful to identify manageable steps towards the people's goals and supported people to succeed so progress could be assessed and celebrated. The service had a positive approach to risk taking.
- Staff had an excellent understanding of people's needs and preferences. Staff told us that care plans were very detailed and provided them with the guidance they needed when supporting people. Staff felt able to contribute ideas as part of personalised care planning and that these plans reflected the individual they

were supporting.

- People and relatives told us they were completely involved in developing their care plans and these were regularly reviewed. One family member said, "We are fully involved and attend meetings. They always listen to what [family member] wants. It's great."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans had been adapted according to people's individual communication preference to ensure they were accessible to the individual. A number of people had access to their care plans in an easy read format.
- The home used a wide variety of tools to meet people's communication needs. This included the use of talking tiles, talking mats, easy read format, and picture exchange communication system (PECS). Information was displayed throughout the service in these formats and included information about raising concerns, and communicating needs, such as when a person might be in pain.
- Staff had completed training in communication and worked closely with the multi-disciplinary team's speech and language therapist to meet people's needs. Staff were trained in the use of British sign language and Makaton.

Improving care quality in response to complaints or concerns

- The service maintained a log of complaints and concerns which were fully investigated and responded to. When concerns were raised, the registered manager would investigate and collect information and statements from staff to provide a full response to the complainant. We noted there was one case where the service continued to work closely with the family to resolve their concerns. Relatives were happy with responses to complaints and one relative told us, "If there are any issues these are resolved and addressed quickly."
- Information was available on how to raise concerns and make complaints. This information was displayed throughout the service and was available in a variety of formats. People and relatives felt able to raise concerns and discuss any issues with the registered manager.

End of life care and support

- End of life care plans were in place for people and relatives who wanted to discuss this aspect of their care. These were specific, and people and relatives had been involved in developing these care plans. These had been adapted to be accessible to people through the use of easy read format.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service achieved good outcomes for people. Staff supported people to learn new skills and be more independent when working towards their aspirations. Relatives spoke very positively about the outcomes the service had achieved for their family members and said, "It has been a real success. I am extremely pleased with [family members] development. They have come so far."
- The service had a positive culture and staff worked together as a team. Staff spoke very positively about the registered manager and the management team. They told us they felt supported and able to raise concerns. Staff said "The management team are amazing. They are approachable, and you can go to them about anything. You can ask for extra support if you are struggling and they give it. I really can't fault them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff team had a good understanding of duty of candour. When things went wrong the registered manager fully investigated this and took action to prevent future reoccurrence. Apologies were offered.
- The management team completed audits of the quality of service provision and developed action plans to drive improvements. Records showed that action was taken to maintain and improve the home and work was ongoing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were kept up to date regarding people's needs and the plans for the day. Daily handover meetings were in place to ensure staff had all the latest information and how people's needs were to be met. Staff told us that communication and updates were effective and said, "Communications and handovers work well."
- The registered manager understood their regulatory requirements and had submitted relevant statutory notifications to the CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to encourage people to contribute to service development. There were regular meetings with the people living at Lowry. Annual surveys were completed with people and their relatives to look at the service being delivered and follow up actions were carried out.

- People were supported to engage with the local community and services. The service worked closely with community organisations to access appropriate activities and support daily living activities and promote independence. Staff had a positive approach to team working and worked closely with the multi-disciplinary team within the service, and with external organisation and services, to meet people's individual needs.

Continuous learning and improving care

- The home had systems for continuous learning. Any learning from accidents, incidents, safeguarding and complaints were investigated and analysed for trends and themes. Action was taken to learn from these and this information was shared with staff through meetings and supervisions.

- The service offered opportunities for staff learning and progression within the service. Staff spoke positively about the learning opportunities available.