Scope

Laverneo

Inspection report

Pennywell Road
Nookside
Sunderland
Tyne and Wear
SR4 9HX

Tel: 01915286908
Website: www.scope.org.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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 26 July 2017 and was announced. This meant we gave the provider 48 hours notice to ensure there would be someone at the service when we visited. We did this because it is a small service where people are often out during the day.

We previously inspected Laverneo on 3 June 2015, at which time the service was meeting all regulatory standards. At the inspection of June 2015 we rated the service as Good. The service remained rated Good at this inspection

Laverneo is a purpose built bungalow near Sunderland City Centre. The service provides care and support for four adults who have learning disabilities and/or physical disabilities. The service is close to all local amenities.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 who used the service felt safe in the secure and trusting atmosphere at the home. Relatives and external professionals raised no concerns, whilst staff had received refresher training in safeguarding.

There were sufficient numbers of staff on duty, day and night, in order to keep people safe and meet their needs.

All areas of the building were clean and staff adhered to cleaning schedules to reduce the risks of acquired infections. The premises were well maintained.

Effective pre-employment checks of staff were in place, including Disclosure and Barring Service checks, references and identity checks.

The ordering, storage, administration and disposal of medicines was safe.

Risk assessments were person-centred and staff had clear guidance regarding how to manage the risks people faced.

People had access to GPs, nurses and specialists to get the treatment they needed.

Staff were trained in areas specific to meeting people's needs, for example epilepsy awareness training, and also in a range of areas the provider considered mandatory, such as safeguarding, health and safety, moving and handling, fire safety and infection control.

Staff received regular supervision and appraisals. Staff told us they were well supported.

People cooked and ate together with staff, were encouraged to have healthy diets and were protected from the risk of malnutrition.

The premises were well adapted to people's needs, benefitting from a range of new equipment and a new wet room. The registered manager planned to refurbish the kitchen to better meet the needs of people who used the service.

Staff had a good understanding of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who used the service received an excellent continuity of care from staff who knew their needs extremely well and had built mutually trusting relationships with them. Feedback from relatives and external professionals was exceptional in this regard. People who used the service had developed improved independence and confidence with the help of dedicated and compassionate staff. People's emotional wellbeing was respected and supported by staff and a registered manager who consistently exceeded good standards of care and ensured people could thrive in a caring environment.

The atmosphere at the home was inclusive, vibrant and welcoming, with people who used the service showing a sense of pride and confidence in their surroundings and friendships. People who used the service, relatives and external stakeholders all told us staff were extremely caring and respectful and that the service felt like a home.

Person-centred care plans were in place and regular house meetings took place. Regular reviews of care plans took place and people were keenly involved in these.

The service had built and maintained good community links, particularly with a local community centre.

A range of opportunities to take part in in-house and external activities were in place, with people having the option to go on trips and outings. These opportunities were less flexible and numerous since the service no longer had access to a minibus.

Staff, people who used the service, relatives and external professionals we spoke with were positive about the registered manager's capabilities and experience. Staff confirmed they took a hands-on approach to the service and we saw they knew people well. They had successfully maintained a caring culture that put people's wellbeing and opportunities for independence first.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People who used the service, their relatives and external professionals provided consistently exceptional feedback regarding the caring attitudes of staff and the homely nature of the service.

People were supported to develop their independence and all people we spoke with agreed the continuity of care provided by staff was key to achieving better health and wellbeing outcomes.

People were supported to grieve for the loss of a friend and take part in their memorial service, in a dignified, respectful and celebratory manner.

Staff demonstrated an excellent knowledge of people's needs, preferences, life histories and relationships.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Laverneo

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.

We visited the service on 26 July 2017 and the inspection was announced. We do this to ensure that someone would be at the service on our arrival. The inspection team consisted of one Adult Social Care Inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We spoke with professionals in local authority commissioning teams, safeguarding teams and Healthwatch. We spoke with two external health and social care professionals.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

We spent time speaking with all four people who used the service and observing interactions between staff and people who used the service. We spoke with five members of staff: the registered manager and four care staff. Following the inspection we spoke with three relatives of people who used the service.

During the inspection visit we looked at three people's care plans, risk assessments, staff training and recruitment files, quality assurance documents and systems, a selection of the home's policies and procedures, IT systems, meeting minutes and maintenance records.

Good

Is the service safe?

Our findings

We observed people interacting in ways that demonstrated the registered manager and staff placed a high value on people feeling secure in their own home. For example, people who used the service chose to spend time sitting with staff and chatting with them and demonstrated numerous trusting interactions with staff.

When we spoke with relatives and external professionals, all expressed confidence in the ability of staff to keep people safe. One relative told us, "We've never had any concerns," whilst a commissioning professional said, "It's a quiet service in that sense – there are no ongoing issues." All staff we spoke with had received safeguarding training and were aware of their responsibilities.

We found there were sufficient staff on duty to keep people safe and meet their needs. The registered manager had recently increased staffing levels due to one person's needs increasing. This demonstrated that staff levels reflected people's needs and that people were not put at risk due to understaffing.

Risk assessments were in place and individualised to people's needs and preferences, telling staff how best to help people avoid the risks they faced.

People who used the service each had a 'Feeling Safe/Staying Safe' plan in place, which set out in their own words what staff needed to do to make them feel at home and safe. This meant the prevention of risk was approached from a person-centred perspective.

Staff records demonstrated pre-employment checks, including identity checks, references and enhanced Disclosure and Barring Service (DBS) checks had been made. The DBS maintains records of people's criminal record and whether they are restricted from working with vulnerable groups. We saw people's backgrounds had been comprehensively risk assessed prior to any employment. This meant the service had a consistent approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people.

The premises were safe and in a good state of repair, including the outdoor spaces. All areas of the building, including people's bedrooms and communal areas, were clean. Staff were responsible for the cleanliness of the service, adhering to established cleaning regimes, whilst the registered manager undertook infection control audits. This meant people were protected against the risk of acquired infections.

The registered manager undertook regular environmental checks of the premises and ensured appropriate external inspection and servicing took place. This included, for example, for portable appliance testing (PAT), emergency lighting, firefighting equipment and lifting equipment. This meant people were not placed at risk through poor maintenance and upkeep of systems within the service.

The service did not currently have a call bell system in place. We saw all people who used the service were able to vocalise when they needed help and that staff were consistent in their descriptions of how they responded to people's need for help. The registered manager agreed to review their risk assessments,

particularly with regard to instructions for overnight staff.

We saw the storage, administration and disposal of medicines was safe and adhered to guidance issued by the National Institute for Health and Clinical Excellence (NICE). Medicines were kept in a locked cupboard in the registered manager's office, with daily temperature checks in place. We reviewed a sample of people's medication administration records (MARs) and found no errors.

Where people needed 'when required' medicines, such as paracetamol, there were clear instructions in place for staff regarding when this might be needed. Medicines audits, staff competency checks and refresher training ensured people's medicines needs were safely managed.

Accidents and incidents were consistently recorded and analysed by the registered manager, although we noted these had been limited in number and there were no evident patterns.

People had personalised emergency evacuation plans (PEEPs) in place, which detailed mobility and communicative needs. This meant members of the emergency services could support people in the event of an emergency.

Good

Is the service effective?

Our findings

People who used the service experienced good healthcare outcomes and were supported by staff who were appropriately trained. The majority of staff had been at the service for a number of years and received ongoing refresher training in a range of relevant topics, such as safeguarding, first aid, infection control, fire safety, moving and handling, medicines, epilepsy awareness and diabetes awareness. We saw the registered manager maintained a training matrix to keep a track on staff training requirements.

Staff received regular supervision meetings and annual appraisals from the registered manager. Staff confirmed they had ample opportunity to talk about their training needs and any concerns they had.

We spoke with a recent member of staff who confirmed they were well supported. They were undertaking the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

External professionals we spoke with were confident in the abilities of staff and the way they documented and shared information with them. One told us, "Staff were keen to ensure that all procedures were followed and were mindful not to use equipment when not instructed to do so, and to ensure that all of the relevant paperwork was completed and filed in the correct place." They confirmed the registered manager ensured appropriate equipment was in place following any recommendations they made. We reviewed handover documentation and daily records and found information to be sufficiently detailed to give visiting professionals a clear background to people's needs. One member of staff performed a 'Team Co-ordinator' role, giving them seven hours supernumerary time to help plan the rota and resources required for activities.

People who used the service were supported to access a range of primary and secondary healthcare, for example, doctors, nurses, dietitians and speech and language therapists.

People who used the service played an active and ongoing part in the menu planning and preparation of food. We saw people were supported to make healthy and varied diet choices. The registered manager ensured the MUST tool was used effectively. MUST is a screening tool using people's weight and height to identify those at risk of malnutrition. For example, one person who was significantly underweight on admission to the service was supported to improve their diet and put weight back on.

We observed people enjoying meals together with staff around a large communal dining table that was an appropriate height for people in wheelchairs. Drinks and snacks were offered throughout our inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found the registered manager to have a strong understanding of capacity. They and staff assumed capacity unless an assessment demonstrated otherwise and involved people's relatives and advocates in decision-making where it was in people's best interests. We saw appropriate documentation had been submitted to the local authority regarding the DoLS.

The premises were well adapted to people's needs. For example, a w/c had been converted into a wet room, meaning there was more flexibility for people to use the bathroom when they wanted. New ceiling tracking hoists had recently been installed, as had new profiling beds, specifically designed to appear 'non-clinical'. Windows had been replaced since our last inspection and the patio area outside had recently been re-laid. We saw the kitchen was showing signs of wear and one person struggled to reach into the sink whilst completing the washing up. We saw analysis of house meeting discussions demonstrated that people who used the service felt the kitchen required improvement. They had previously been involved in meetings with kitchen designers and the fact the kitchen had not been refurbished was a source of disappointment for them. The registered manager confirmed a kitchen refurbishment had previously been discussed with the provider and they would review this.

Outstanding ☆

Is the service caring?

Our findings

People who used the service, relatives and external health and social care professionals consistently gave us exceptional feedback about the caring attitudes of staff at all levels.

One relative told us, "At home, [person] found it so difficult, and so did we. At Laverneo it took a while but they are calm, their condition is really under control and their behaviours and interactions have massively improved – we put that down to the continuity and the environment. People feel involved – it's a very caring atmosphere. People can express themselves for better or worse and feel at home." Another relative told us, "We're over the moon and haven't got a bad word to say. They go above and beyond. It's a home from home and we all know each other. They've had opportunities they never would have otherwise – I wouldn't mind going there!" One healthcare professional told us, "I've seen great changes in [person's] independence. They didn't make eye contact before and now they socialise. They have friends and strong bonds. It's fantastic – I'd be happy for loved ones to go there and hope they have a bed for me!"

The caring relationships between care staff and people who used the service were mutually respectful and fun, trusting and strengthened over, for the most part, years. The registered manager had successfully ensured people received a continuity of care over a period of time. This meant people had come to regard staff as people they could truly be themselves with. The registered manager described how people who used the service and staff were affected by the death of a resident the previous year. They ensured people were supported through an extremely difficult time and helped to understand that feeling grief was a natural thing. Staff found ways for people who used the service to reflect on and celebrate their relationship with their friend, for example through contributing photographs and stories to the order of service, and hosting the wake at Laverneo. During the inspection people who used the service showed us pictures of their friend on the wall, as well as the rose bush they had planted in their memory and the adjacent bird table. This demonstrated the registered manager understood the importance of people being able to explore their emotions and help them deal with new emotional experiences in a positive way.

We found this openness and ability to enable people to explore their emotions rather than shield people from them was an outstanding feature of the service. Another person who used the service had recently suffered a bereavement and we saw the registered manager had gone with them to the funeral, providing reassurance and helping them celebrate with the extended family.

Whilst we could not speak at length with people who used the service due to their communication difficulties, we observed staff interacting with people in a patient, inclusive manner. Staff helped us communicate with people and evidently had a strong understanding of how best to ensure people could be actively engaged in conversations, for example pausing at length whilst one person considered the short question they had been asked and prompting when needed. We found staff behaviours to be in line with people's communication care plans.

People who used the service played an active part in the inspection, demonstrating a pride in their home and their achievements. At the beginning of the inspection people who used the service wanted to get to

know us, welcome us in to their home and then gave us a tour of the service. The feel of the building, whilst appropriately adapted for people's needs, felt markedly homely. For example, people had decorated their own rooms to their tastes, with photographs and memorabilia on the wall. One person showed us with pride pictures of their parents and the certificates they had received at a local college. Profiling beds were wood-effect in order to ensure rooms did not feel like hospital rooms. Throughout the home, people who used the service had chosen the framed photographs on the wall, which made communal areas meaningful to them and their memories.

We saw the focus on individuality and independence was well embedded in the culture of the home, with all staff demonstrating a strong knowledge regarding people's needs, and the importance of people having and achieving goals. People attended a local college to pursue their interests, such as cooking and crafts. Staff ensured people were able to attend as individuals as they recognised the importance of ensuring people felt enabled as individuals, rather than simply part of an indistinct group.

People had recently been supported to vote and were helped to maintain relationships important to them. One relative said, "We see more of them now than we used to – they're more confident and independent."

Prior to moving to the service, one person had been at significant risk of self-neglect. We saw they had been supported to acquire a range of skills to do with personal care and socialisation and that they had made significant improvements. They now chose to attend a cookery class each week and shared what they made with the three other people who used the service. We saw this was written in to the menu planning. The person had been welcomed into the home and enabled to thrive in the inclusive environment.

Inclusion and ownership were key themes for the service. For example, people had recently started using ipads to contribute to their care planning. Ipads are handheld lightweight computers that allow users to perform a range of functions by touching the screen. The registered manager had previously recorded footage of them and the person as a means of documenting regular care plan reviews on DVD but they found this process unwieldy. Ipads now allowed people who used the service to access 'Our Story' care software. This meant the care reviews could still be recorded and watched back but also that people who used the service could add comments or emojis in consultation with staff. An emoji is an onscreen icon that can indicate a person's mood or an activity. We saw the system had been used to good effect, in combination with paper-based records.

People were treated with dignity and respect throughout the inspection. The registered manager had recently introduced a dignity observation, undertaken by the dignity champion. This was designed to document staff behaviours and consider whether there was anything further that staff could do to maintain people's dignity. Whilst this process had only recently been implemented, it represented good practice and demonstrated the registered manager was keen to continuously improve the service people received.

We found care plans to contain comprehensive levels of information regarding people's preferences and wishes and, where people were able to consent to their care and treatment, they had done so. When we spoke with staff they knew about people's individual needs and preferences. External professionals we spoke with were all complimentary about the level of staff knowledge regarding people's individualities.

Good

Is the service responsive?

Our findings

People who used the service were supported to pursue a range of hobbies and interests meaningful to them. For example, one person liked a range of arts and crafts and cookery, whilst another person was a fan of 1960s pop music and had an extensive CD collection they listened to. Relatives told us, for example, "There is always plenty to do," and "Staff are good at keeping people interested and engaged." People had recently been on a trip to Blackpool and were planning a trip to the theatre for a sing-a-long musical. Some people enjoyed reflecting on these outings by reviewing photographs of them on their ipads.

We saw that these outings to local attractions and places of interest had reduced since the service no longer had access to a minibus. All relatives and staff we spoke with acknowledged this was the one area they would change about the service if they could. We found, despite the loss of the bus, staff ensured people were enabled to pursue their interests. One staff member said, "We just have to plan things a little more now."

Staff had a comprehensive knowledge of people's needs and were able to identify when additional support from external professionals may be required. We saw examples of advice being sought from nurses, speech and language therapists and others and this information being incorporated into care planning. When we spoke with external professionals they confirmed, for example, "Staff were seen to listen to and take on board any advice I was able to give them regarding customer's needs and also in terms of their own safety." Where one person's mobility needs had deteriorated, we saw the registered manager had taken account of this in planning staffing levels. This demonstrated that people were supported by staff who knew how to identify their changing needs and how to respond.

Care planning and provision were person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. Each care file contained a one-page profile with a photograph and key pieces of information about each person, for example, some of their favourite things, and how best to communicate with them.

Care plans were reviewed regularly and people who used the service were clearly involved in this process in ways they found accessible. The provider used a 'Four Plus One' tool to help people review their own care and goals each month. The tool asked people what they had tried, learned, were pleased and concerned about and ended with a question about what they wanted to try next. We found staff successfully helped people pursue their own goals and empowered them to identify and achieve those goals. For example, one person wanted to pursue their interest in art and improve their speech.

With regard to complaints, we saw people who used the service were actively encouraged through their care reviews and at house meetings, to raise any problems or concerns they had. We saw the registered manager had helped people to raise a formal concern to the landlord about changes they wanted to see to the outdoor space. We saw these changes had been made. People's relatives were clear about how to raise any concerns they had and were complimentary about the responsiveness of the registered manager and other staff.

With regard to possible short-term or emergency transition to other services, we saw each person had a Hospital Passport in place. A Hospital Passport details people's communicative, medical and mobility requirements should they need to go into hospital. People also had a health action plan in place, which set out the actions required to ensure each person maintained good health through support from, for example, GPs, dentists and medications reviews.

Good

Is the service well-led?

Our findings

The registered manager had been in post for seven years and had extensive experience of caring for people with learning and/or physical disabilities. We found them to have an excellent knowledge of the changing needs of all people who used the service and a passion for ensuring people's individuality was respected and promoted.

People who used the service were extremely comfortable in the presence of the registered manager and staff confirmed they took a hands-on approach to the service. For example, at one point, a person who used the service came into the manager's office and sat with them to show them their latest piece of craft work. We observed the manager interacting well with people who used the service throughout the inspection.

Whilst the registered manager did not hold formal meetings with relatives as a group, they were in regular contact with people's relatives and sought their feedback at care plan reviews and via surveys. Relatives we spoke with confirmed they had the registered manager's mobile telephone number and felt confident in contacting them if they had any queries.

All staff we spoke with confirmed they received good levels of support from the registered manager, both in terms of training, professional advice and ad hoc support, for example with the need to find cover for a day's leave. One staff member told us, "They are great – if you need anything, they're there."

The registered manager placed a high value on the continuity of care people received and recognised it could take people a long time to build trusting relationships with staff. We saw turnover of staff was low and that people who used the service felt comfortable in their home, in the presence of staff. We also found morale to be high and staff to be motivated to provide high quality individualised care to people who used the service, whilst working as a team.

The registered manager analysed the content of house meetings as well as surveys from relatives and professionals to continually assess the service. Feedback in all areas from relatives and visiting professionals was largely described in good or excellent terminology. When we spoke with relatives they were complimentary about the registered manager, stating, for example, "They always get in touch and they are always welcoming." One external professional we spoke with said, "They regularly contacted me via telephone and email and were quick to respond to any questions or queries that I had." Another said, "It's par for the course that they keep me in the loop."

Good community links were in place, particularly with the adjacent community centre, where people who used the service attended a range of classes. The registered manager ensured the service had not become isolated but remained a part of the community, to the benefit of people who used the service.

We reviewed a range of care records and policy documents and found them to be accessible, accurate and in good order. The manager's office was well organised and we saw appropriate notifications had been made to CQC.

We found there were good levels of quality assurance and accountability in place for all aspects of the service and people's care. The registered manager ensured a range of audits took place, including infection control, financial, health and safety and medicines.

A quality manager undertook an annual assessment of the service and had recently awarded the service a 'Gold' compliance rating, meaning the registered manager had ensured all processes were in line with the provider's policies. The area manager made monthly announced visits of the service to identify any areas of concern or potential improvement. Any such actions identified were put into the registered manager's service improvement plan and we found them to have this well organised and prioritised. The registered manager also kept the area manager aware of incidents, accidents, DoLS applications and complaints via a tracker so that they were accountable to a level of scrutiny on a regular basis.

We found there to be good levels of corporate support in place, with recent guidance on tissue viability, MCA and safeguarding. The registered manager was aware of these and had displayed them in the office for staff.

We found the culture to be one that focussed on the needs of people who used the service, ensuring they received high levels of care and a continuity of care that had extremely positive effects on them in terms of physical and emotional wellbeing.