

Larkfield With Hill Park Autistic Trust Limited

Falconer's Court

Inspection report

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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

The inspection took place on 16 November 2016 and was unannounced.

Falconer's Court is registered to provide accommodation and personal care for up to seven people who live with complex learning and or physical disabilities. There were seven people living at Falconer's Court at the time of this inspection.

The home had a registered manager. 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.

When we last inspected the service on 30 May 2013. We found the service required improvements relating to staffing and quality assurance systems. When we re-inspected the service in September 2013 we found the provider had made the required improvements in respect of the quality monitoring systems in place at the service. The service was inspected in January 2014 and we found they had made the required improvements in respect of staffing. At this inspection we found that the provider was meeting all the regulations.

People felt safe living at Falconer's Court and we observed staff keeping people safe. Staff were aware of how to keep people safe and risks to people's safety and well-being were identified and managed effectively. People's needs were met in a timely way and there were adequate numbers of experienced staff on duty at all times. The provider had a robust recruitment process in place and undertook checks which helped to ensure that staff employed at the service were appropriate to work in a care environment. People's medicines were managed safely and effectively by staff who had been trained in the safe administration of medicines.

Staff were well supported by the management team and had team meetings every month and one to one supervision meetings with their line manager. Staff felt supported, valued and motivated. People received the support they needed to eat a healthy and balanced diet and their health needs were met through access to a range of health care professionals.

People who used the service and their relatives were complimentary about the staff team. Staff respected people's dignity and privacy and knew about people's individuals' care and support plans and their daily routines as well as their preferences. People and their family and/or care manager's had been involved in the development and review of their care plans as much as possible. Family and visitors were able to visit at any time they wished and were made welcome by staff and managers.

The provider had systems and processes in place to obtain feedback from people who used the service, their relatives, and care managers about the quality of the services provided. People's family members were

aware of how to raise concerns with the staff or management and were confident that they would be listened to and issues resolved.

The provider had arrangements to monitor health and safety and the quality of the care and support provided for people who used the service. There was an open and transparent culture in the home and staff had clear roles and responsibilities.

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.

Staff knew about abuse and how to report any concerns.

There were sufficient numbers of staff available to meet people's needs at all times.

People were supported by staff who had been recruited via a robust recruitment process.

People's medicines were managed safely and they received them in a timely way.

Is the service effective?

Good ●

The service was effective.

People received support that was effective in meeting their assessed needs.

Staff received training and support relevant to their roles..

Staff sought people's consent before providing care and support.

People were supported to eat and drink sufficient amounts to maintain their health.

People were supported to access health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring manner and were treated with dignity and respect.

Staff and the registered manager knew about people's detailed and specific needs and wishes.

People's privacy was respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People were supported to engage in activities and hobbies within the home and in the community.

People were supported to be involved in decisions about their care where appropriate.

There was a complaints process in place and staff and the registered manager listened to concerns and resolved issues before they became formal complaints.

Is the service well-led?

Good ●

The service was well-led.

People's relatives and staff felt the management of the service was consistently good.

The provider had systems and processes in place to monitor and manage the quality of the service.

The service demonstrated a people first approach which was transparent and inclusive.

Falconer's Court

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 16 November 2016 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 09 September 2016. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service. People who used the service had limited verbal communication however we spoke briefly with three people, three support staff, two senior support workers and the registered manager. We also spoke with two relatives and obtained feedback from commissioners.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to two people who used the service, two recruitment files and other documents relevant to people's health and well-being. We looked at staff training records, medication records and audits and quality monitoring systems that were in place including maintenance and audits.

Is the service safe?

Our findings

People felt safe using and being supported by staff at the service. One person told us, "We are safe here". A relative we spoke with said, "I have no concerns and never have had, they really do look after them very well."

Staff knew what constituted abuse and what to do if they suspected a person was at risk. One staff member said, "I would report it to the senior staff member on duty or the manager, they then raise it as a concern with the local authority". Another said, "We know how to raise a safeguarding and have had a lot of training and discuss it in team meetings." We observed that Information was displayed both on the notice board and in the office so that people, staff, visitors and people who visited the home had a constant visual reminder which detailed the various contact numbers they needed.

People had their individual risks assessed and these were recorded. Risk assessments were regularly updated and reviewed whenever there was a change to people's abilities or following an accident. We saw that assessments had been completed for activities away from the home including travel and community based activities such as shopping trips to local attractions and festive celebrations. Where risks had been identified actions were put in place to reduce or mitigate the risks to help keep people safe but not restrict their ability to live fulfilling lives. Accidents and incidents were recorded so that these could be reviewed and monitored. This enabled staff to see if there were any themes emerging and if they required any further remedial action to be taken to reduce the risk of a reoccurrence.

People were supported by sufficient numbers of staff to meet their needs and they were supported at the times they needed. We reviewed how and when staff assisted people and saw that there were adequate staff assigned to each shift to enable staff to support people safely.

Staff were recruited through a robust process. All the appropriate pre-employment checks were completed before staff members were allowed to commence work at the service. The checks included a minimum of two written references, criminal records checks (CRB) and proof of address and identity. This helped to ensure that people were supported by staff who were fit to do so.

People's medicines were managed safely. Staff told us they had received training and records confirmed this to be the case. Staff had their competencies checked to help make sure they continued to support good practice around the administration of people's medicines. We saw that an audit had recently been completed by the dispensing pharmacist to make sure medicines were managed safely and that there were sufficient monitoring procedures in place including the checking of medicines, as well as the safe storage and disposal and that medicine administration records were completed correctly.

Is the service effective?

Our findings

People's relatives told us that the care and support provided at Falconers Court was appropriate to meet people's needs effectively. One relative told us, "It is such a good home, everyone gets on so well. They look after [Relative] really well."

Commissioners also told us that they felt the home did meet people's needs effectively for example by taking on board feedback and involving them in reviews of people's care to make sure they worked to implement any changes in people's needs so that care was continually effective.

Staff received training to support them to be able to care for people safely. Senior Staff told us about the induction and different types of training that staff had completed. There was an on-going training plan to ensure people's skills were maintained and developed. Induction training covered all the core topics including moving and handling, MCA and DoLS, safeguarding, health and safety, medicines and fire safety and staff had access to regular updates.

Specific training was available to develop staff skills to meet people's needs effectively for example people with epilepsy or how to support people who presented behaviour that challenged. Staff told us how the additional training helped them support the people who lived at the home in a consistent way. Relatives of people who used the service told us that they felt the staff had the right skills and knowledge to care for people safely. There was a low turnover of staff and this helped ensure a consistent work force who understood people's behaviours and provided personalised support to people.

The management team and staff confirmed that they had regular supervision with their line manager and all the staff we spoke with said they received support both individually and at attendance at staff meetings.

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 found that staff and the management team were aware of the MCA and were working within the principles of the MCA. All staff had completed training and understood their role in protecting people's rights in relation to MCA and DoLS (Deprivation of Liberty safeguards). We saw staff had been given a small pocket size MCA reference document so that they could check anything they were not sure of. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They were aware of the process that needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of this inspection applications had been made to the local authority in

relation to all the people who lived at Falconers Court and were pending an outcome.

We observed staff asking people for consent before assisting them. Where people could not communicate verbally staff told us they sought implied consent. For example, a staff member told us that a person held out their leg or arm to agree to the help being provided. People were also given choices and staff were aware that if people refused it was their right and this was respected.

People were involved in planning the menu as much as possible. The staff told us that people were asked each week what they would like to eat and a menu was developed. Although staff told us this changed because people changed their mind, in which case they were offered an alternative choice. People were supported and encouraged to drink sufficient amounts to maintain their health and wellbeing. If any concerns about people's weight were noted a referral to a dietician or speech and language therapist (SALT) team was done.

People's had their health needs met in a timely way and had access to health care and social care professionals when they required. Staff told us that people were referred to different professionals when required such as GP's dentists or opticians. People's relatives told us that the staff team supported and encouraged people to attend health appointments as needed.

Is the service caring?

Our findings

People and their relatives were happy with the support offered by care staff as well as the manner in which it was provided. We observed positive interaction between staff and people who used the service. People looked comfortable in the presence of staff and when people returned home from day care there was a hive of activity with people chatting and doing activities and watching television together. People were keen to show us photographs of happy occasions and were able to let staff know when they wanted their help.

The registered manager and staff told us that all the people who lived at Falconers Court had lived there for many years and so knew each other well. A staff member told us that one person sometimes went home for weekends or holidays but they were always happy to get back home. A relative told us the staff and registered manager were, "Brilliant" and said, "(person) loves living at Falconers Court and appears very happy." Another relative told us, "The staff are a great bunch, they really are and they are really good with the people who live here."

Staff were able to describe in detail the type of support different people received and what their likes and dislikes were. They also knew about the family, and the level of involvement. So for example if there was any information to communicate such as a person being unwell they knew who to contact and when. Relatives had been invited to be involved in the review of people's care and support plans when possible, along with people's keyworkers and any other professionals who were involved. This ensured that all aspects of the person's care and support was included and considered, including people's likes and dislikes and preferences.

Staff respected people's dignity and respected their wishes as well as encouraging them to remain as independent as possible. During our inspection we observed that staff were always kind and caring towards people they supported and they went to lengths to maintain their privacy for example by not speaking too loud so that conversation could be overheard. Relatives confirmed people's dignity was maintained and choices were respected. The home was warm and welcoming and people's bedrooms were decorated in a way that reflected the personality of the people. Several people had recently been assisted to purchase new furniture and soft furnishings to make their rooms even more personalised.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and were observed going into the office to speak with staff and the registered manager on several occasions. The registered manager told us that there was a good relationship between the people they supported and their staff team.

People's care records were kept confidential by being stored in a locked cabinet within the registered manager's office and were only available to those people who had the right to view them. The registered manager and staff told us that people's families and visitors were encouraged to visit the home at any time, and relatives told us that staff and the registered manager were very welcoming.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and was responsive when people's needs changed. Staff had access to detailed information and guidance in people's support plans that gave them sufficient information about how to look after people in a person centred way. This took into account people's individual abilities and preferences.

Staff we spoke with were able to demonstrate they knew the people they supported and were able to both make themselves understood as well as being able to understand people's methods of communication. Staff told us that in the case of one person who lived at Falconers Court they had needed a specialist piece of equipment to assist with safe transfers and a specialist hoist had been commissioned in response to their needs. In the case of another person they required regular checks to be put in place at night due to a medical condition and staff had a routine of regular checks to ensure the person's needs were met at all times.

People were supported to be involved in a range of meaningful activities. We saw that people attended day care centres, clubs and took part in day activities and evening and weekend events. Staff told us, "There is something for everyone and we try to make sure that everyone who wants to be is included." Some of the activities were for example to go to the cinema and then out for a meal, and attend a carol service at a local venue. In the evening there were discos and sing-alongs as well as film nights and quizzes. There were two lounges and if people preferred quiet time this was respected.

Staffing levels were adjusted and deployed to reflect the needs of people. For example, in the morning and evening there were additional staff on duty to assist people to get ready for the day and again in the evening when people returned home from day care. During the day less staff were required and this was reflected in the staff rota planning.

People had hospital passports to help ensure that when they attended hospital or medical appointments staff supporting them had access to relevant information to ensure they were able to respond to the person's individual needs. Included in the passport was, 'information you need to know about me'.

Feedback was obtained from people through weekly meetings. People felt their feedback was listened to and acted upon. Staff facilitated the meetings and supported people with communication. All documents within the home were provided in an easy read format to help people to understand and see how information discussed was used to make changes. Staff used the information obtained from these meetings to implement changes at the home. For example, people discussed what type of outings and activities they wanted to be provided at the home, the environment and decoration of the home including a new carpet which had recently been replaced in one of the corridors.

There was a complaints policy and procedure in place and when the staff received complements these too were recorded. However there had been no recent complaints at the service. The registered manager told us that they had a good relationship with people and their relatives and had regular discussions; therefore

complaints did not develop because if there were any issues or concerns they were addressed proactively.

Is the service well-led?

Our findings

There were systems in place to monitor and improve the quality of care provided at the service. The registered manager told us that they obtained feedback through meetings with people who used the service and staff. In addition the registered manager attended regular meetings with the local authority to share information and good practice. An annual audit was completed to obtain people's views about the service. The analysis was undertaken by a senior manager within the company to ensure it was objective.

We saw that regular audits were completed by the management team and the information was reviewed and if any negative feedback was provided actions were put in place to address and improve the service. We saw that there were various checks of documents, care plans and risk assessments to ensure they were kept up to date and were relevant. Handover meetings were held at the beginning and end of each shift to help ensure all relevant information was handed over as required.

There were monthly audits of the service completed with the provider to ensure that all areas of the home had been reviewed. For example checks on equipment and the cleanliness of the home. We observed throughout our inspection that the registered manager had a good overview of all that was going on at the service.

People, staff and relatives were all positive about how the home was run. They were positive about the registered manager. Relatives also told us the senior staff were very helpful. One relative said, "The manager is approachable and is available." Staff also confirmed that the registered manager was supportive and staff told us they had clear roles and responsibilities and what was expected of them.

The registered manager had clear objectives about how the home was run and how it operated. They told us that they ensured communication was good and that everybody involved in the home was kept informed of developments. We found the registered manager to be open and inclusive and they did their best to ensure people were happy with the care provided, and would deal with any issues found.

Providers are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the running of the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken, and also to assist us in identifying possible trends.

The environment at the home was well maintained and regular checks were in place to address any areas they identified as needing attention. There was a cleaning schedule in place which ensured the home was kept clean and people who used the service were supported to assist where possible. Equipment was well maintained and specialist equipment was provided such as bathing equipment that was adjustable to help facilitate people's needs. All the systems and processes that were in place helped to drive continual improvement at the service and to improve the quality of lives for the people who lived at Falconers Court.

