

James Norman Lewis

ILP Residential

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

ILP Residential is a care home service registered to provide personal care and accommodation for up to 2 people who have a learning disability. The service had the size and feel of a family home. It had two employees; a husband and wife team who lived in the home on the second floor. The bedrooms and bathroom of people who use the service were on the first floor, and the shared kitchen, sitting room and conservatory were on the ground floor.

The inspection was unannounced and took place on 13 October 2015.

The service had a registered person who was responsible for the day to day running of the home. 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. In addition to the registered person, one other member of staff was employed as a support worker. The staffing allocation was usually a minimum of one member of staff on duty at any time. Agency staff were not used at the home.

People and their families were very complimentary about the service provided at ILP Residential. One person said it

Summary of findings

was the best place they had ever lived. A family member said, “It’s home from home.” People were equally complimentary about the staff at ILP, one person said, “I think they are tremendous.” Another person said their relative received “lovely care” and “couldn’t be in a better place.”

Some of the records were not up to date and were incomplete. We have made a recommendation about this, but it is important to note that this did not negatively impact on the service because staff knew the people who use the service very well, and took necessary actions to promote their safety and well-being.

The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the service obtained people’s consent before care and treatment were provided. However, there were no records of necessary assessments of people’s capacity to make some decisions. For example decisions on how people wanted support for financial management to be provided. We have made a recommendation about this. However, the impact on people’s lives was very low because in practice, their finances were being managed according to their wishes.

The service provided person centred care which promoted equality and diversity. Each person who uses the service had their own personalised support plan which promoted their individual choices and preferences.

People were consulted and involved in developing the way their care was delivered. Family also said that staff kept them informed and worked in partnership with them. The service valued and acted on the feedback it received from people in a responsive, flexible way.

People’s independence was promoted and they were enabled to participate in meaningful activities which enriched and added to their quality of life. Staff listened to people and helped them express their views. Trusting relationships had been built up, and staff were highly motivated to provide compassionate care which maximised people’s well-being, safety and independence.

The service had systems in place to keep up to date with best practice and to promote improvement and development. There was a system in place to record and learn from incidents and accidents. The registered person said there had been no accidents since the last inspection on 17 December 2013.

Arrangements were in place to ensure people were protected from abuse. Staff showed good understanding and attitude towards safeguarding.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Risk assessments were in place but some did not record all the measures that were used to promote people's safety.

Staff were able to demonstrate good understanding and attitude towards the prevention of abuse.

The service operated a safe system for recruitment and provided sufficient staff to meet people's needs.

Good



Is the service effective?

The service was effective.

The service had effective systems in place for keeping up to date with best practice, and promoting improvement and development.

The service gained people's consent before providing day to day care and treatment.

Staff received training, appraisals and supervision to support them in their work.

Communication was effective.

People had access to food and drink throughout the day and were provided with necessary support with food and drink preparation.

People were supported to access healthcare services.

The premises were suitable.

Good



Is the service caring?

The service was caring.

Staff members had built trusting relationships with people; their approach was warm and calm and put people's needs first.

Care was provided in a respectful manner which protected people's dignity and observed confidentiality.

Care was provided in an empathic way which demonstrated to people that they were valued.

Independence was promoted.

Outstanding



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care and support were provided in a person centred manner which promoted choice and reflected people's individual preferences.

The service had not received any complaints, but people were confident if they needed to complain or raise an issue, they would be listened to and the matter would be acted on.

The care provided enabled people and their families to participate in decision making and to make choices.

People were supported to have meaningful activities and interests in the community.

The service had effective systems in place to share information with other services.

Is the service well-led?

The service was not consistently well-led.

Not all necessary records were in place and statutory notifications to the Care Quality Commission were not all made.

The service had effective quality assurance and information gathering systems in place.

The registered person had frequent direct contact with people who use the service and their relatives, and with staff members. They were therefore able to seek and receive frequent feedback.

The service acted on feedback to improve and develop.

Effective partnership working was in place.

Community links were in place

Requires improvement



ILP Residential

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.

One inspector carried out this inspection which took place on 13 October 2015, and was unannounced. Before the inspection we reviewed the information we held about the service and read previous inspection reports.

People living in the home were able to tell us what they thought of the service. We observed the care provided to

people who use the service to help us understand their experiences. We spoke with the registered person and the support worker, two relatives and the two people who use the service.

We reviewed the care plans and their associated risk assessments and records. We analysed one staff recruitment file plus training, supervision and appraisal records. We checked documents including, cleaning schedules, surveys, policies and procedures and risk assessments. We also reviewed the complaints and incident and accident records. In addition we reviewed the daily records made and also records such as residents' meeting minutes. We looked around the premises and observed care practices throughout the day.

Is the service safe?

Our findings

People's health and safety were promoted by a safe, clean environment. Cleaning responsibilities were set out in the cleaning schedules. People who use the service took part in the daily household tasks. Cleanliness and maintenance were monitored by daily visual audits and people were able to advise staff if they had any concerns.

Risk assessments were in place but some did not record all the measures that were used to keep risks as low as possible. For example, all the measures used to reduce the risks whenever a person was left alone in the house.

However, that is not to say people's support needs were unmet, or that their safety was not promoted. Both members of staff had worked at the service for over twelve years and knew people's needs and preferences very well. They used this detailed and up to date knowledge to promote people's safety and well-being. This helped to protect people from risks associated with their care.

Staff communicated any changes in people's needs or concerns about care provision to each other throughout the day. Every evening staff and people who use the service had an informal meeting to discuss the day and to make any future plans. Staff helped people to keep their own daily diary; this included records of their activities and future goals. Although staff may have added to the person's diary, they did not maintain a daily record themselves. However, the registered person said this would be commenced straight away. Staff were quickly aware of any issues or changes in relation to providing appropriate, safe care.

People were supported independently to take the medications they were prescribed in a safe way. Sufficient staff were available to support people and meet their needs.

Staff were sure of what to do in all potential emergencies and people knew what to do in case of a fire. Staff carried out spot checks to assess whether people continued to remember to take the actions that had been agreed to keep them safe. For example: not answering the door when alone and using road safety skills. In addition to these checks, staff also talked scenarios through with people to reinforce the actions they needed to take to stay safe. This preventative approach helped people to maximise their independence and choices, whilst at the same time understanding how to keep themselves safe.

The service had arrangements in place to protect people from abuse and avoidable harm. People said they felt safe at ILP Residential. Staff had received training on safeguarding and showed good understanding and positive attitude towards this. They were clear on what to do if they suspected a person who uses the service had either been harmed or was at risk of harm.

People were protected by a safe recruitment system which meant that the provider had obtained information to make judgements about the character, qualifications, skills and experience of staff. The recruitment processes provided proof of identity and qualifications. Disclosure and barring checks had taken place. The Disclosure and Barring Service helps employers make safer recruitment decisions by providing information about a person's criminal record and whether they were previously barred from working with adults.

The service had an accident and incident reporting system in place. The registered person said there had been no accidents and one incident since the last inspection on 17 December 2104. A record had not been kept of the incident although it was clear that this had been appropriately managed and measures to prevent reoccurrences, including a risk assessment, had been put in place.

Is the service effective?

Our findings

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so.

We found that the registered person and staff were aware of their responsibilities under the MCA. We were informed that the people who use the service were able to give their verbal consent to reside at ILP Residential and to make all decisions about their care. However, there were no records of the service following the MCA Code of Practice statutory guidance to carry out assessments of people's capacity when necessary. For example decisions on how people wanted support for financial management to be provided. The impact on people's lives was very low because in practice, people's finances were being managed according to their wishes.

ILP Residential provided suitable induction and on-going training to staff members. Staff had attained a National Vocational Qualification at level three in health and social care. The registered person had attained National Vocational Qualification level four in leadership and management of care services. Staff said they were happy with their current supervision, appraisal and meeting arrangements, and that they had access to an independent advisor when necessary.

Staff demonstrated a questioning practice and a desire to keep up with best practice. They used the Social Care Institute for Excellence and the Care Quality Commission's websites in order to keep up to date with new practice. Considerable work had been done on meeting the new

fundamental standards introduced in April this year. The registered person was in the process of updating the service's policy and procedures in the light of the new regulations.

We observed staff communicate with people with warmth and respect in a manner they understood. We observed staff were quick to note if there had been a miscommunication and skilfully to manage this. Care records included documents which showed sensitive and detailed understanding of people's communication needs and how to communicate effectively.

People had access to sufficient food and drink throughout the day and were encouraged to have a healthy diet of fresh food and to make their own food choices. Staff support was provided where necessary; however people were enabled to be independent with food and drink preparation where possible. People were very involved in choosing meals for the menu. People told us that the food was good and they particularly enjoyed 'Friday takeaway night'.

Staff supported people to access health services. People said they were confident to ask staff for help if they felt unwell and that staff would accompany them to appointments if they asked them to.

The premises had the feel of a comfortable family home. Each person had their own room that was decorated to their taste and personalised with their own furniture and belongings. Staff did not enter people's rooms without permission. The premises had been altered recently. This was so that line of sight observations were possible from the kitchen through the sitting room to the conservatory, and also so that people could chat to each other more easily. A new slightly higher vehicle had been purchased which made it easier for people to get in and out of it. The registered person said maintenance was on-going and that plans were in place for everyone to get involved in a new project to re-cut the lower staircase.

We recommend the service seek advice on the implementation of the MCA in relation to carrying out assessments of people's capacity to make decisions when necessary and making a record of their consent to care plans.



Is the service caring?

Our findings

People said staff were kind, they trusted them and were confident to talk about any concerns they might have with a member of staff. They had no complaints or concerns, and said there was nothing about the home that they would change. One person said, "I am happy here I am" and added the service was "ten out of ten".

Staff knew people's history, likes and dislikes and hopes and aspirations in great detail. They applied this knowledge to day to day situations. Diversity was promoted by a person centred approach to support which recognised and met people's individual strengths and preferences. The interactions we observed demonstrated a collaborative 'can do' approach based on mutual respect and equality. The registered person said "We treat [persons' names] as our equals...who have an equal opinion".

Staff members demonstrated a supportive, warm and enabling attitude. People's independence and ability to assume responsibility were encouraged. One family said staff had "taught their relative so much" and helped them "to be as independent as possible."

Staff were highly motivated to offer enabling and nurturing care to people who use the service. They described themselves as "enablers" and said the people who use the service were "In charge of their own lives."

It was clear that staff valued the people who use the and consistently sought to provide a person centred care which maximised their opportunities. Their approach was inclusive they said of the people who live at ILP residential, "They are living with us, they are very much part of our lives." One relative said, "They have taught [person's name] so much". One person said that living in the home "Feels like part of a family."

Family members said their relative was treated by staff as, "part of the family." Another person said "they take [the person] everywhere and commented how their relative was included in the family life of the staff. The registered person explained that when they went out with the people who use the service it was "not like a member of staff going out with residents from a care home." Rather it was a "proper day out"; people genuinely enjoying each other's company whilst pursuing a shared interest. This demonstrated that people were valued and respected and felt like they belonged.

Care was provided in a way which promoted positive risk taking at the same time as keeping risks as low as possible. An example of successfully striking a balance between independence and support was that people made their way independently to evening clubs, with the agreement that staff would meet them and transport them home by car. A further example was that people cycled and walked around the area independently however, the registered person would sometimes check whether people were using good road sense and if not, would remind them about the importance of this using verbal reinforcement and coaching.

We saw how staff provided people with information and included them in decision making; checking that they had understood what the person was saying. If we had not understood a person, and staff members had stepped in to explain, we noted that staff would subsequently check with the person to make sure they had said the right thing; "was that fair to say?" the registered person asked one person who uses the service. The service was flexible and worked in partnership with people. Consulting with people and helping them to achieve their goals was fully embedded into the daily routines of the service.

Staff demonstrated their detailed knowledge of each individual's different ways of communicating. We observed they were quick to note if there had been a miscommunication, and skilfully to manage this to maximise understanding and positive behaviour support.

Staff explained that two key aspects of successful relationship building were consistency of approach, and consistency of a staff group that had been unchanged for approximately 12 years. They added that everyone was encouraged to have their say and to regard themselves as equal members of a community; like a family unit. We noticed that people who use the service spoke in a way which showed that they were included in decision making. We saw how people were very relaxed around staff, with banter and humour being part of their interactions with each other. People were confident to speak up, express their views and to disagree. Family members commented that staff provided support and communicated in a calm and consistent manner and never losing patience.

Staff were aware of the importance of protecting people's confidentiality records were locked away with only appropriate people having access. Social media was used carefully in order to ensure privacy.



Is the service caring?

The registered person was aware of advocacy services and informed us of how the service had enlisted advocacy

services for people when necessary. They also explained how advocacy was part of the service at ILP residential; examples were given of how people were helped to speak up for themselves and to understand their rights.

Is the service responsive?

Our findings

The registered person explained that an assessment would be undertaken for any person who came to live at ILP Residential. However, as everyone who lives at the home has been there for a number of years it has not been necessary for the service to undertake any assessments for approximately six years.

Staff had excellent understanding of person centred care; and sought to provide care in accordance with people's individual choices and needs. People said they were able to make their own choices and that they were listened to. Each person had a set of care documents that was personal to them. Although care plans needed to be updated, other care documentation showed detailed and sensitive knowledge of people's diverse needs and individual preferences.

Staff were aware of each person as an individual and were able to describe their individual preferences and routines. They were very aware of people's holistic needs and were able to meet these. For example the registered person had anticipated and met one person's emotional needs by helping them to manage a death in the family and to prepare for the experience a funeral. One person's physical needs were met by helping them to buy a new bike with racks rather than cycling with a backpack. This had improved the person's stability when cycling.

We asked about how the service was responsive to people's needs and were informed that the daily informal evening meeting was a key factor in finding out how people were feeling and what their aspirations and choices were. For example one person was thinking about going to adult education classes and everyone was thinking about the idea of going on holiday to France later this year. There had also been some discussion about either adapting the existing premises, or moving to new premises in the future which would provide level access throughout. People were consulted about this and their views were taken into account. Staff explained this meeting had become an important and beneficial activity in the home; everyone would sit down together, work on their diaries, talk with each other and make plans together. We noted that people were enabled to write in their daily diaries and that they chose what they wanted to say and do.

These meetings would also be used to plan ad hoc outings and activities. For example, in the past people said they wanted to go to a wrestling match and this was arranged. On another occasion people said they wanted to do a bricklaying course and pottery; these activities were also arranged. One person aspired to have a voluntary work placement and this was set up. We also observed how staff consulted with people and valued their views and comments.

We noted how often people used the word "we" when they spoke about the home. This demonstrated a secure sense of belonging. One family member said their relative now regarded ILP Residential as their home.

The registered person said that the main source of feedback from people about the service came from informal discussions with people and their families. In addition, more formal methods were used and recorded. These included the satisfaction surveys used to collate people's and families' views. One family member had feedback that they would like to see more photographs and, with consent and confidentiality considerations taken care of, this request was met. In addition the service carried out six monthly collaborative reviews of the care arrangements. Family members said the service was excellent, one person said, "I couldn't fault them in any way." Another person said their relative "Couldn't be in a better place."

People were helped to access the community, to participate in meaningful activities and to keep in contact with friends and family. For example each person had been coached by staff on how to use public transport and were confidently able to make their own independent way to activities such as clubs, to visit friends and family, to attend church or go shopping.

One person worked full time and another person was about to take on a new voluntary work placement having been supported by staff to secure this opportunity. We saw how staff had explained and prepared the person as to what would be involved in the work role. This was another example to the staff thinking ahead and helping the person to prepare for this new situation.

Other activities included attending a computer club and gardening. People said one of the best things about living at ILP residential were the holidays. They said they had enjoyed numerous holidays including to America, France and The Philippines. Everyone we spoke with said that

Is the service responsive?

there was enough to do in the home. During the inspection we observed how people were able to spontaneously decide to do an activity including independently going out to the shops and taking the dog for a walk. However, when support was needed it was provided; such as assistance to make a cake and gentle reminding to do household tasks.

There was a system in place to manage complaints. There had not been any complaints since our last inspection in

December 2013. People who use the service informed us that there was nothing to complain about but that they knew who to speak to if they had a concern and were confident about doing so.

There were effective arrangements in place for communication between services to ensure care planning and to promote the health, safety and welfare of the people who use the service.

Is the service well-led?

Our findings

Written care plans were out of date and some necessary care plans including: positive behaviour support, finances, relationships, nutrition, environment and medication management were not in place. Risk assessments were in place but some did not record all the measures that were used to keep risks as low as possible. A notification was not made to the Care Quality Commission in relation to an incident. However, the impact of on service provision was very low because staff knew people who use the service very well. Also, other care documentation contained detailed person centred information, and measures to reduce risks were being used even though some were not recorded. We have made a recommendation about record keeping.

Family members described how staff kept them informed and worked in partnership with them. One relative said, “We talk it through and work together.” We saw evidence of the service working together with key agencies. For example, collaborating with the local authority when carrying out reviews and risk assessments, and working with the local advocacy service when this was necessary. We also saw that contact was made with other services such as physiotherapy, community nursing services, the GP surgery and dental services as and when necessary.

Staff said they encouraged people to have links with the local community in part because they wanted people to have the opportunity to talk with, and if necessary to have the opportunity to raise any concerns with, people outside of the home. People had work colleagues, friends, family, club organisers and church ministers they could speak to outside of the home.

The service had clearly defined shared vision and values. When we spoke with the registered person and support worker we found their attitude was open; they willingly shared information in a transparent way, they were able to

provide information readily, and their high motivation to achieve the best outcomes for people who use the service was evident. During the inspection they worked together as a team. This was consistent with reports from people and staff about the positive culture and very high standards of care in the home. People and relatives told us that they had complete trust and confidence in the staff whom they described as “brilliant”.

The registered person said they and the staff made a point of frequently asking people and their relatives about their well-being and views on the service. People’s comments about the staff were positive; they knew who to talk to. They said people were easy to talk to and that they listened. There were effective processes to seek feedback on the service from all relevant persons. People were confident about airing their views and knew they could speak to someone outside the home if they wished.

Meeting minutes showed that the service consistently monitored and accommodated people’s day to day needs as well as promoting their independence and choices. For example the house meeting minutes showed that in response a request, the content of the lunch boxes was changed. Surveys had shown that people wanted to set up a takeaway night and this had been put in place on Friday nights. Another survey had shown that one person wanted to replace their television with a wall mounted flat screen television. This had been noted and planned for the future.

Staff said it was important for them to maintain an outward looking stance and found that their outside work interests in the care and education fields helped them to assess their own performance, and to bring in fresh ideas. In addition they sought input from an outside advisor when necessary.

We recommend the service seek advice on record keeping including risk assessments, accident and incident records, care plans and daily records.