

The Lady Verdin Trust Limited

The Lady Verdin Trust - Crewe Road

Inspection report

552 Crewe Road
Crewe
Cheshire
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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 

Overall summary

This inspection was unannounced and took place on the 24 September 2015. Phone calls to the family members of the people living in the home and a visit to the head office of the Lady Verdin Trust [The Trust] to look at training and recruitment records took places on the 2, 9 and 15 October respectively.

Crewe Road is part of the Lady Verdin Trust and is close to shops and other local amenities. It is located in a

residential area on the outskirts of Crewe and can provide accommodation for up to four people who require support and care with their daily living. Staff members were available twenty four hours a day. At the time of our visit there were four people living in the house.

Crewe Road had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

The registered manager, (their job title within the organisation was community services director), did not work in the home on a daily basis. Day to day management was provided by a community support manager who had responsibility for additional services operated by the Trust and a house manager who was solely responsible for Crewe Road.

Because of their communication needs we were unable to ask the people living in the home about whether they thought the staff members supporting them were caring. We did however speak to three family members of the people living in the home and they were very positive about the staff members and their ability to care for their relatives.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights if they had difficulty in making decisions for themselves.

We asked staff members about training and they confirmed that they received regular training throughout the year, they described this as their CPD [continuous professional development] training and that it was up to date.

The care files were reviewed regularly so staff knew what changes in care provision, if any, had been made. The two files we looked at both explained what was important to the individual and how best to support them. This helped to ensure that people's needs continued to be met.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting with each other in a professional manner. All of the staff members we spoke with were positive about the service and the quality of the support being provided.

We found that the provider and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included regular audits on areas such as the care files, including risk assessments, medication, individual finances and staff training. The records were being maintained properly.

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.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home on the day of our inspection.

Staff members confirmed that they had received training in protecting vulnerable adults.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Good



Is the service effective?

The service was effective.

New staff members received a thorough induction.

Staff members received regular training and on-going supervision.

Policies and procedures were in place regarding the MCA and DoLS and staff members had a good understanding of the MCA.

Good



Is the service caring?

The service was caring.

The family members we spoke with were very positive about the staff members and their ability to care for their relatives.

The staff members we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs.

Good



Is the service responsive?

The service was responsive.

There was a formal care review process in place. This was done with the involvement of the people living in the home and where applicable their family members.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy. There had not been any complaints made.

Good



Is the service well-led?

The service was well-led

There was a registered manager in place.

The community services director and community support manager spoke with the people living in the home on a very regular basis. This meant that information about the quality of service provided was gathered on a continuous and on-going basis.

Good



Summary of findings

The organisation had robust systems in place to audit the quality of service being provided at Crewe Road.

The Lady Verdin Trust - Crewe Road

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 checked 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 was unannounced and took place on the 24 September 2015. Phone calls to the family members of the people living in the home and a visit to the head office of the Lady Verdin Trust [The Trust] to look at training and recruitment records took places on the 2, 9 and 15 October. The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information we held prior to visiting. We also invited the local authority to provide us with any information they held about Crewe Road.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with the four people living in the home but because of their communication difficulties we were unable to judge what they thought of the care being provided to them. After obtaining consent we then contacted three family members who visited regularly to obtain their opinions about the quality of care being provided. They were able to tell us what they thought about the home and the staff members working there.

Crewe Road is a domestic property so we were conscious of not being intrusive. We looked at all areas of the home and found that it was well furnished, homely and had been adapted to meet the needs of the people living there. This enabled us to observe how people's care and support was provided. We looked at two people's care plans and other documents including policies and procedures and audit materials.

Is the service safe?

Our findings

Although we could not ask the people living in the home directly whether they enjoyed living there or if they liked the staff members supporting them we did not identify any concerns regarding their safety during the inspection. We observed that there were relaxed and friendly relationships between the people living at Crewe Road and the staff members supporting them.

We spoke with three relatives on the telephone regarding the service being provided to their relatives. Comments were wholly positive about the home, the quality of care and the staff members working there. Comments included, “Could not receive better care, absolutely wonderful”. They also told us that they were kept informed about any changes to the care and welfare needs of their relative. None of the relatives expressed any concern regarding the safety of the service.

Our observations during the inspection were of a clean, homely environment which was safe and comfortable and had been adapted to meet the needs of the people living there. For example the fitting of ceiling hoists meant that people could be transferred from their chair to their bed safely.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The community services director and community support manager were both aware of the relevant safeguarding process to follow. Any concerns would be reported to the local authority and to the Care Quality Commission [CQC]. Homes such as Crewe Road are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been no safeguarding incidents requiring notification at the home since the previous inspection took place.

The two staff members we spoke with on the first day of the inspection were both aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to their line manager and were aware of their responsibilities when caring for vulnerable adults. The staff members also confirmed that they had received training in this area and that this was updated on a regular basis. They were also familiar with the term ‘whistle blowing’ and each said that they would report

any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that staff were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example concerning the danger of falling out of bed, were kept in the appropriate care file.

The staffing rotas we looked at and our observations during the visit demonstrated that there were two staff members on duty whenever the four people living in the house were there. During the day and dependent on any activity that people participated in, for example attending day services, then there may only be one person on duty. One member of staff ‘slept in’ during the night. Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care. The registered manager and community support managers were in addition to these numbers. From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

We looked at the staff recruitment process carried out by the Trust and examined the files for two relatively newly appointed staff members, one of whom worked at Crewe Road. The other staff member worked at another service within the organisation. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help

Is the service safe?

verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started working for the Lady Verdin Trust.

We saw that policies and procedures were in place to help ensure that people's medication was being managed appropriately. Each person's medication was kept in a lockable cupboard in the home. We carried out a check on

the administration records signed by staff members whenever any medicine was given and the actual medication stored in the cabinets. We saw that clear records were kept of all medicines received into the home and of any medicines that had been returned to the pharmacy as no longer required. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medication safely. Staff members received regular medication training.

Is the service effective?

Our findings

When a new staff member commenced work at the Trust they undertook an induction in their new workplace; this would be for a minimum of three weeks during which time they would be a supernumerary member of staff and would shadow existing staff members. They would then be enrolled and undertake the Care Certificate that could take up to six months to complete. The induction programme was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. It is an expectation of the Trust that once this certificate is completed all staff members then start on a level three Diploma course in care. Both qualifications are part of a nationally recognised framework for staff induction and training.

Once the staff member has completed the above their on-going training becomes part of a system operated by the Trust called continuous professional development [CPD]. This is maintained and organised by the training department based at the head office. All staff had annual updates that covered areas such as medication, equality and diversity, moving and handling, fire safety, food safety, COSHH, safeguarding, person centred values, finance, cross infection and hygiene. Other areas such as the Mental Capacity Act and dementia awareness were also included in the CPD training. We were able to confirm this content when we looked at the work books staff members completed during their training. We have been told previously that the Trust was an accredited City and Guilds training centre and all managers were trained as assessors.

We asked the two staff members at Crewe Road about training and they both confirmed the CPD process above and that their training was up to date.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

We observed that the staff members were aware of people's rights to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our

visit we saw that they took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent.

Visits to community health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the community support manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Policies and procedures had been developed by the Trust to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw that mental capacity assessments had been completed because the people living at Crewe Road did not have full capacity to make their own decisions. When necessary a best interest meeting had been held, for example, in connection with the person's finances. All of the people using the service were subject to a DoLS because they were unable to consent to care being provided.

The four people have lived in the home for many years so menus were planned informally. This is largely based on experience of what people liked to eat and from information provided by family members. This provided a very flexible menu for people. Drinks were readily available whenever anybody wanted them. People's weights were monitored as part of the overall care planning process. This was done to ensure that people were not losing or gaining weight inappropriately.

Is the service effective?

Crewe Road is a domestic property and there were no obvious signs on the outside that it was anything other than an ordinary bungalow. This theme continued inside and apart from adaptations to enable people to move around freely and to be cared for properly.

Is the service caring?

Our findings

Because of their communication needs we were unable to ask the people living in the home about whether they thought the staff members supporting them were caring. We did however speak to three family members of the people living in the home and they were very positive about the staff members and their ability to care for their relatives. Comments included, “They go the extra mile, don’t know what I would do without them. I am always made to feel welcome. I have high standards and they look after everyone as well [as my family member]”, “Exceptionally happy” and “I think [my relative] is being cared for properly”.

The two staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. They were clear on the aims of the service and their roles in helping people maintain their independence and ability to make their own choices in their lives. We saw there was good interaction, communication and understanding between the staff and the people who were receiving care and support. The relationships between the people living

in the house and the staff members supporting them were warm, respectful, dignified and with plenty of smiles. The four people living in the house appeared relaxed and comfortable with the staff and vice versa.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day.

We were able to see the bedrooms during our visit. These were homely, comfortable and had been furnished and decorated to reflect the preferences of each person.

The Trust had developed a range of information, including an easy read service user guide for the people living in the home. This gave people relevant information on such areas such as how to make a complaint.

Nobody using the service had an advocate at the time of the inspection visit. All had family members who visited regularly and could ‘advocate’ for them if necessary.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

We looked at two people's care folders to see what support they needed and how this was recorded. Each person had six files that had been sub-divided into nine topics covering all areas of care. The content within the files included, health needs and medical information, care plans and risk assessments, medication, monitoring, including appointments with the GP, nurse, dentist etc. and financial matters. The care plans we looked at were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. All of the care plans we looked at were well maintained and were up to date. The plans had been reviewed regularly so staff knew what changes, if any, had been made.

In addition to the on-going review of the care plans there was also a formal review process in place. This was done with the involvement of the people living in the home and where applicable their family member. Two of the people we spoke with said that they were always invited to reviews and all three said that they were always kept informed by staff members. One relative spoke positively about the staff member who contacted her every week, they told us, "Wonderful, treats him like family". Review records were in the care files and covered a variety of areas such as any health issues, equipment and activities, including day services. This was an on-going and regular process.

Nobody had moved into Crewe Road for a number of years so we did not look at any pre-admission paperwork for the people who were living there. We are aware that if somebody not currently known to the Trust was identified as needing a service they would receive a pre-admission assessment to ascertain if their needs could be met. This would be followed by a gradual introduction into the relevant home; by visiting for a meal, spending a few hours there and having an overnight stay so that if and when the placement became permanent it would be successful for all parties.

The people living at Crewe Road had a daily activity planner and they could choose what they wanted to do. We saw that these consisted of a mixture of activities including attendance at a day centre or ordinary tasks such as a trip to the hairdresser. When in the house they could choose what to do and where to spend their time.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. There had been no complaints made since our last inspection had taken place. People were made aware of the process to follow in the service user guide. This was available in an easy read format. We did not identify any issues of concern during our inspection and the family members we spoke with said that they did not have any concerns about the service being provided.

Is the service well-led?

Our findings

The community support manager and the community services director (registered manager) told us they visited the home on a regular basis. In addition to this the staff members were in frequent contact with the family members who also visited regularly. This meant that information about the quality of service provided was gathered on a continuous and on-going basis with direct observation of the people who lived there and their relatives.

The two staff members we spoke with were positive about how the home was being managed and throughout the inspection we observed them interacting with each other in a professional manner. They were positive about the service and the quality of the care being provided. We asked them how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns. They said they could raise any issues and discuss them openly within the staff team and with the house manager or community support manager.

The staff members told us that monthly house and staff meetings were held and that these enabled managers and staff to share information and / or raise concerns.

Representatives from the people being supported by the Trust had formed a service user forum called Chatterbox. The people involved with this were proactive in gathering the opinions of the people receiving a service. At the time of our inspection they were looking at how they could do this and were developing an easy read questionnaire for people to complete.

The Trust and the home used a variety of methods in order to assess the quality of the service they were providing to people. These included routine maintenance checks being carried out by the staff members working in the home, for example, weekly and monthly checks of the fire alarm and emergency lights weekly and monthly respectively, a first aid box check as well as visual checks on the bathroom hoist and any slings used for moving and handling. In addition the community support manager carried out a health and safety audit every month.

The community services director (registered manager) and community support manager undertook a full quality assurance audit every six months. The last audit had been carried out in August 2015 and covered the following areas; health and safety, the care planning system, appropriate maintenance of people's files, financial records, , staff development plans, a check on any relevant certificates, for example gas safety and general checks which included, were house routines being adhered to and was the rota being completed properly.

Maintenance certificates for any equipment in the home, for example, gas safety, PAT testing, hoists and the fire alarm system were also all in place.

A representative from the Trust board visited the service as part of its own quality monitoring system and spoke to the people living there every two months; this also helped to ensure any issues were identified and dealt with.

Crewe Road is only a small service and over time there were very few changes needed to the care being provided or any associated records, such as care plan reviews. The quality assurance systems above were therefore a demonstration of the Trust continuing to monitor the service to confirm this was still the case. We did see that if any issues needed attention they were being addressed.

As part of the overall quality assurance process and following its first self- assessment of the whole organisation in January 2014 the Trust had held a 'Driving Up Quality' day in September 2015. This involved people using the services, the people working for the Trust, relatives, friends and relevant professionals from other agencies. The purpose of the day was to review the action plan drawn up from the initial self- assessment day which focussed on how quality could be improved. As part of the planning process for this inspection we did contact Cheshire East council for their opinion regarding the service provided to people by The Trust. With regard to the quality day they told us via email that, 'LVT seem to be very proactive regarding ensuring that people are at the heart of service provision. They recently held a follow up to their initial Driving up Quality event and it was clear that they had followed up on any identified actions from the first event'.