

Green Light PBS Limited

Lowenac

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

We inspected Lowenac on the 16 August 2016 the inspection was announced. This was to ensure that the people and staff would be at the service during the inspection. Lowenac provides accommodation and personal care for up to two people with a learning disability. On the day of inspection one person was living at the service. This was the first inspection of Lowenac since their registration with the Care Quality Commission. The service opened in November 2015. Lowenac is one of a number of services in Cornwall which are run by the provider, Greenlight PBS Limited.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

We met with one person who appeared to be settled in their home. We spoke with a relative who shared with us their positive experiences of the support they and their family member received from the service. We had Feedback from one professional who was complimentary about the support the person received from the staff at the service.

The person who currently lived at Lowenac was well cared for, relaxed and comfortable in their home. The person readily approached staff when they wished to be supported and their privacy was consistently respected. A relative shared with us positive examples of the care and support their family member received from the service and commented. "I am more than pleased with them."

The person showed us around their home and told us they were "happy" at Lowenac. The person moved around their home as they wished, interacting with staff and smiling and laughing. Staff were attentive and available. Staff encouraged the person to engage in meaningful activities and spoke in a friendly and respectful manner. Staff knew the person they supported extremely well and spoke of them with affection.

Staff had high expectations for people and were positive in their attitude to support. Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted. Staff rotas were flexible to allow people to take part in activities they enjoyed. For example, we saw staff shift patterns were altered to enable people to be supported when they wished to go out for the evening.

The registered manager explained the in-depth transition work that took place with the person, their relatives and health and social care professionals. This work took time, and ensured that the transition for the person from their previous home to Lowenac was undertaken sensitively. This was completed at the person's pace.

The service was also new to the community. The registered manager provided the local community with

information to explain what their organisation was about. The registered manager is a visible face in the community and has met with neighbours so that they know who to contact if they had any queries or concerns.

Care plans were informative and contained clear guidance for staff. They included information about people's routines, personal histories, preferences and any situations which might cause anxiety or stress. Details of how the person wished to be supported with their care needs were personalised and provided clear information to enable staff to provide appropriate and effective support. The person's care plan was presented in written and pictorial formats to enable them to read their plan and be involved in any changes or updates.

Risk assessments were in place for day to day events and for one off activities. Where activities were done regularly risk assessments were included in people's care documentation. People had access to a range of activities. These were arranged according to people's individual interests and preferences. Staff identified with people their future goals and aspirations and worked together to achieve them.

Incidents and accidents were recorded. These records were reviewed regularly by all significant parties in order that trends were recognised so that identified risks could be addressed with the aim of minimising them in the future.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of the principles of the legislation and training was updated regularly.

Support was provided by a small, consistent, motivated and well trained staff team. Staff were well supported through a system of induction and training. Staff told us the training was thorough and gave them confidence to carry out their role effectively. The training was relevant to the needs of the people they supported. New employees undertook a rigorous induction programme which prepared them well for their roles.

The staff team were supported by the registered manager and received regular supervision and staff meetings. These were an opportunity to share any concerns or ideas they had with the staff team and management.

The staff team were supportive of each other and worked together to support people. Staffing levels met the present care needs of people that lived at the service.

People and their relatives knew how to raise concerns and make complaints. There were plenty of opportunities for people, relatives and staff to voice how they felt about the service and any concerns they had.

As the service was newly registered they were actively seeking people's, their relatives and views from the community. Surveys were circulated to all stakeholders and visitors were asked for their feedback. Families were kept informed of any changes in people's needs or appointments.

The service was well led and all of the staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. Staff told us, "We are here for (person's name) and the managers support us to support (person's name)" Staff told us how much they enjoyed their job and they could not identify any areas for improvement.

The management team had a clear set of values which was also apparent in our discussions with staff. Staff told us they felt involved in the development of the service and that management listened to any ideas and suggestions they had and took them on board. The registered manager told us "I am so proud of the team and (person's name). Not only has the team grown and developed but so has (person's name). It's brilliant. We want (person's name) to have the best life (they) can."

There were clear lines of accountability and responsibility at Lowenac and at Greenlight. The organisational values were embedded in working practices and staff worked to provide a service which was designed around the needs of the individual.

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 were confident they could keep people safe whilst supporting them to take day to day risks.

Staff had received safeguarding training and were confident about reporting any concerns.

Staffing levels met the present care needs of the people that lived at the service.

Is the service effective?

Good ●

The service was effective. Staff were well supported through a system of regular supervision and training. This meant people were cared for by staff with up to date information and knowledge.

The service met the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

Is the service caring?

Good ●

The service was caring. Staff spoke about people fondly and demonstrated a good knowledge of people's needs.

People's privacy and dignity was respected.

Family relationships were valued and staff helped ensure they were sustained

Is the service responsive?

Good ●

The service was responsive. Lowenac is a new service and had actively involved people, their families' stakeholders and the community in the introduction of the service to the local area.

Care plans were detailed and informative and regularly updated.

The person living at the home was actively encouraged and supported to engage with the local community, and participate in activities they enjoyed.

There was a satisfactory complaints procedure in place.

Is the service well-led?

The service was well-led. There was a clear ethos in place which focussed on ensuring people had both fulfilling lives and experiences.

The staff team told us they were supported by the registered manager.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

Good ●

Lowenac

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 took place on 16 August 2016 and was announced. The provider was given notice of this inspection because the location provides care for up to two people and we wanted to ensure we would be able to speak with people during the inspection. The inspection was conducted by one inspector.

Before visiting the service we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the person who used the service, the registered manager, deputy manager, operations manager and two support workers. In addition we observed staff supporting the person within the service and inspected a range of records. These included care plans, training records, and staff meeting minutes and the service's policies and procedures. Following the inspection we spoke with a relative and a health and social professional to gain their views on the service. We provided our details for other support workers to contact us if they wished to share their experience of working at Lowenac but had no response.

This service currently provides support to one person. In order to protect this person's confidentiality this report will not make reference to any specific personal information.

Is the service safe?

Our findings

Relatives told us they believed their family members were safe living at Lowenac. On the day of the inspection visit we saw the person moved around the building freely and was comfortable in their surroundings. The person was relaxed and at ease in staff's company. When they needed support they turned to staff for assistance without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. The service had a safeguarding policy and records showed all staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of abuse, they told us they would report any suspected abuse in line with the multi-agency safeguarding procedure. Staff felt assured their concerns would be taken seriously by the registered manager. Staff knew who to contact externally if they felt any concerns were not being acted on. The registered and deputy manager had a sound knowledge of safeguarding and who to contact if they suspected a person was at risk of abuse.

Staff supported people to take day to day risks whilst keeping them safe. For example, we saw the person prepare their lunch. Staff supported the person by verbally prompting them when using particular kitchen equipment to ensure they remained safe. Care plans were well laid out and regularly updated to reflect people's changing needs. They contained risk assessments which were specific to the needs of the individual. For example, we saw assessments had been completed in relation to activities the person enjoyed.

A risk assessment had been completed detailing how the person was likely to respond to a fire alarm and what support they would need to ensure they left the building safely. Risk assessments were regularly reviewed and offered clear guidance for support staff on how to minimise identified risks. This demonstrated that the service protected people from risk whilst supporting them to lead full lives.

If the person became anxious or distressed care plans clearly outlined the process for staff to follow to alleviate the person's anxiety. Staff were made aware of how to recognise when the person was becoming upset and were provided with information on how to help the person manage any anxiety. If any incidents occurred these were recorded and a review was completed following any incident. These were analysed on a monthly basis in order to highlight any trends. All members of the staff team had received training in Positive Behaviour Support Training in order to help ensure they were able to support people effectively if they became distressed.

Staff felt there were sufficient trained staff on duty to meet the needs of the person who lived at the service. Commissioners had assessed the person at the service to ensure the correct staffing levels were identified to meet their individual needs. Staff rotas confirmed the assessed staffing levels were observed at all times.

The staff team of ten provided consistent care to the person they supported. Staff were proud that even when there may be a gap on the staff rota, for example staff sickness, they were able to cover it and felt that

this provided the person with a continuity of care. Staff felt supported by managers and commented "There's always someone to support you even in the night." Staff were able to spend time chatting with people about their day as well as attending to people's personal care needs. The support was unrushed. This meant that there were enough staff on duty to support the person to take part in individual activities, attend appointments and engage in daily chores and routines. Staff rotas were flexible to allow people to take part in activities which overlapped the default shift patterns. For example, if people wanted to go out for the evening this was catered for.

Recruitment processes were robust; all appropriate pre-employment checks were completed before new employees began work. For example, Disclosure and Barring checks were completed and references were followed up.

There were appropriate storage facilities available for all medicines. We reviewed the Medicines Administration Records (MAR). We checked the number of medicines in stock against the number recorded on the MAR sheets and saw these tallied. Training records confirmed staff had attended, or were booked to attend medicines training. In discussion with staff, we found them to be knowledgeable about the medicines that needed to be administered. There was clear guidance for staff when administering 'as required' medicines (PRN). For example, we saw descriptions of the signs and symptoms the person may display that may require these medicines to be administered. There was guidance on how to administer the medicines, and who to inform. This meant there was clear guidance to help ensure a consistent approach from the staff team.

We saw there were effective systems in place to help the person manage their finances. An independent appointee also oversaw the person's finances which made the system more robust. Their relative was satisfied with the financial arrangements and was kept up to date with regards to all expenditure.

Is the service effective?

Our findings

The person was supported by skilled staff with a good understanding of their needs. The registered manager and staff talked knowledgeably and demonstrated a depth of understanding of the person's specific support needs and background. The small size of the staff team ensured the person received consistent care and support from staff that they saw regularly.

The registered and operational manager told us that, as well as preparing new staff for their roles, the induction allowed the organisation to get to know people and identify what services they would "fit into" best. The organisation liked to match staffs interest and hobbies with people they supported. This was confirmed during our conversations with staff.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. The induction was in line with the Care Certificate which replaced the Common Induction Standards in April 2015. It is designed to help ensure care staff that were new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. New staff were required to undertake an induction consisting of a mix of training and shadowing and observing more experienced staff. We met with a new employee who was just completing the induction period. They told us it had been a good preparation for the role with opportunities for self-evaluation to identify any areas for development.

Staff were knowledgeable and well trained. Staff records showed they had completed all training identified as required by legislation. They also sought and attended additional training in a variety of topics which were specific to the needs of the person. This meant the person was supported by skilled staff with a good understanding of their particular needs. Staff demonstrated a depth of understanding about the person they supported and worked closely with them to help ensure they received consistent care and support.

Staff attended regular meetings every six to eight weeks (called supervision) with their manager where they discussed how they provided support to help ensure they met people's needs. Supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people using the service. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. This showed staff had the training and support they required to help ensure they were able to meet people's needs. The manager was planning to hold an annual appraisal to review staff performance and provide a further opportunity to identify staff development opportunities.

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). The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to restrict people's liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of changes to the MCA legislation and had complied with its requirements. The service had a MCA policy and a copy of the Code of practice was available for staff to refer to if needed.

The person chose their own meals and was involved with shopping and preparation of their own meals. We saw the person prepare their lunch with staff support, they had a choice of what they wanted to eat from a well-stocked fridge and cupboards. Fresh produce was available and a menu plan assisted the person to ensure they were supported to maintain a healthy diet.

People were supported to access other health care professionals, for example GP's, opticians and dentists. Multi-disciplinary meetings were held as necessary to help ensure all aspects of people's needs were taken into consideration when planning care. People's care records contained health action plans which outlined what support people needed in an accessible format and contact details for health professionals who were regularly involved in the person care. The registered manager and staff told us how the service dealt with people's changing health needs by consulting with other professionals where necessary.

Is the service caring?

Our findings

The person was relaxed and at ease with staff. It was clear from our observations and discussions with staff, caring relationships had been developed and staff valued the person. Staff spoke with the person kindly and made sure they were comfortable and occupied. Staff were respectful, considerate, unrushed and caring. We saw relationships between the person and support staff was relaxed and friendly. We witnessed easy conversations and laughter throughout our inspection.

Prior to the inspection staff had told the person that we would be visiting and asked if they would like to speak with us and if we could visit them in their own home. When we arrived we were introduced to the person. The person invited us to look around "my home". The person's bedroom was decorated in keeping with their age and gender and reflected their personal tastes. We saw personal photographs and mementoes' were displayed in their bedroom and also in the front room and kitchen. This gave a feeling that the person was fully integrated into the whole environment of the home.

Relatives felt that staff had developed a positive relationship with their family member but also with them. The relative was encouraged by the amount of communication they received from staff so that they were, "Always kept up to date with what (person's name) is doing." They received approximately monthly written updates which included photographs of what activities the person had participated. In addition they had regular phone contact and some visits. The registered and deputy managers spoke of their commitment to supporting families to be involved in the person's life.

Staff talked about the people they cared for fondly and took pride in and celebrated the person's achievements. Staff comments included; "I love my job," "I am so proud of what (person's name) has achieved, (they) have grown so much in confidence" and "It's so nice to see that (person's name) takes more interest in (their) appearance." The registered manager said "We want (person's name) to have the best life (they) can."

The organisational values were embedded in working practices and staff worked to provide a service which was designed around the needs of the individual. We heard of examples where staff had gone beyond their caring duties to ensure the person was cared and supported for well. For example, staff in their own time had made curtains and cushion covers for the person to decorate "their home," and had painted rooms in the colour of their choosing. Staff knew the person loved animals and took in their own pets so that the person with staff support could take the dogs out for walks, and visit a horse. The person wanted to live in a particular style house with a specific coloured front door, they ensured the front door was painted in the colour they requested. This demonstrated that the staff team wanted to ensure the person felt at home in the service and respected their views on how it looked.

Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering and gaining consent before providing care. They told us they felt it was important people were supported to retain their dignity and independence.

The person's care plans showed their preferred communication skills were identified and respected. For example by use of verbal and picture symbols as a visual tool to assist them in understanding what activity they would undertake next. Staff and the person were able to communicate effectively together and staff used the persons preferred methods of communication throughout the inspection. This showed that the service shared information with people in a meaningful way.

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. Along with the person, staff had summarised what was important to them, which outlined their likes and dislikes, preferences, what others liked about them and what was important to and for them.

Is the service responsive?

Our findings

Lowenac is a new service. Therefore people, relatives and staff needed time to get to know each other. The registered manager explained the in-depth transition work that took place with the person, their relatives and health and social care professionals. This work took time, to ensure that the transition for the person from their previous home to Lowenac was undertaken sensitively. We were told of meetings in how each person's care needs were assessed to ensure that the move was individualised for that person. For example, there were introductory visits by staff to the person, and then planned timed visits by the person to Lowenac. The decor of the person's home was also considered and the person chose colour schemes, and took part in decoration of their new home. This all took time to ensure it was completed at the person's pace, and also their relatives pace. This ensured that the transition to the person's new home went as smoothly as possible and with everyone's agreement.

Following the move into Lowenac plans were then agreed between the person, relatives, staff and health and social care professionals about how the person would be supported in settling into their new home. For example how contact with family members would continue. A relative commented, "(Person's name) is settled now. I am more than pleased with them."

The registered manager provided information about the organisation to neighbours. The registered manager is a visible face in the community and has spoken with neighbours to ensure that they know who to contact if they had any queries or concerns. The neighbours have contacted the registered manager to raise some issues which have been resolved. For example, issues with staff parking had been raised and promptly resolved.

The organisation had a complaints procedure which provided information on how to make a complaint. An easy read version was also available for people which used written and pictorial symbols so that this information was presented in a more meaningful way. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. A relative told us they would have no hesitation to raise a concern if they felt the need to.

Relatives told us they received regular communication from the service so that they were kept up to date. In discussion with staff and the registered manager we heard how the service endeavoured to help people maintain relationships with family and friends. Staff arranged for people to see their families and supported them to meet up. A relative told us, "Communication is great".

The person had a care plan which was presented in pictorial and written format so that they could access the document in a more meaningful way. Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support the person. For example, the person's daily routine was broken down and clearly described so staff were able to support them to complete their routine in the way that they

wanted. Staff felt the care plans were informative and provided clear guidance in how to support people.

Care plans were up dated and reviewed on regular basis to ensure they reflected people's changing needs. The person was involved in reviewing their care along with other interested parties. The person's ideas about how they would like to develop their living skills were discussed in these reviews and agreement made as to how this would be achieved. For example, they talked about what they had done well and what future goals they would like to achieve. The person wished to go on a holiday and this had now been planned. This demonstrated that their views and ideas were listened too and acted upon.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a verbal handover of care information and daily logs of people's activity were completed throughout the day. These recorded any changes in people's needs as well as information regarding activities and people's emotional well-being. Daily logs were audited monthly to identify any emerging themes. A communication book was also used to record any general information which needed to be shared amongst the staff team.

People were consulted about the support they received. People had access to a wide range of pursuits which were meaningful to them and reflected their individual interests. We heard staff ask the person what they wanted to do and how they wished to spend their day. The person was also responsible for a number of household tasks. This meant they were able to develop their independence in daily life. In discussion with staff we heard how the service endeavoured to help people maintain relationships with family and friends and attended events with their peers from some of Green light's other services.

People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example, they regularly walked to the local shop. The person was being supported by the staff in these activities. The registered manager told us, although the service was new to the community, people were known in the village and had formed some positive relationships with neighbours.

The person was encouraged to complete a monthly survey to identify if they were happy with the quality of service they had received. We saw examples of completed surveys which showed the person was consistently pleased with the quality of care they received.

Is the service well-led?

Our findings

Staff described an open and supportive culture at Lowenac and in the Greenlight organisation as a whole. All referred to the closeness and supportive nature of the staff team and how accessible managers were. Comments from staff included, "Support from managers is really good" and "Great teamwork too." The registered manager and staff told us they found Greenlight to be a supportive organisation with a strong value base focussed on improving people's lives.

There was a clear ethos at the service which emphasised the importance of supporting people to develop and maintain their independence. The staff were highly motivated and keen to ensure the care needs of the person they were supporting were met. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care documentation.

When potential employees applied to work for Greenlight they were asked about their values and beliefs, and the operational manager told us this section was particularly scrutinised during short listing. The induction included a session on the organisation's ethos and values.

Throughout the inspection the registered manager spoke of the value of establishing personalised relationships with all stakeholders. They talked of the importance of meeting people, families and other professionals, on a face to face basis. They demonstrated a clear commitment to developing an accessible, friendly and approachable service. For example, in how they met with the community as the service was new to the area as detailed in the responsive section of this report.

Staff said they believed the registered and deputy managers were aware of what went on at the service on a day to day basis. Staff meetings and supervisions were held regularly and staff told us these were an opportunity for them to raise any concerns or ideas they had. They felt their ideas were listened to and acted upon.

The registered manager told us they had regular supervision and attended monthly managers meetings. These meetings looked at staffing issues, updates on people using the service and overall day to day management of the services. They also had access to on-going support from the operational manager as they needed it. They told us they felt supported in their role and informal contact with the other managers was also encouraged. An on-line chat facility enabled managers and staff to communicate at any time to access advice or support. In addition senior management were accessible and available at all times and the on-call system provided further support.

There were clear lines of responsibility and accountability within the service. The registered manager was supported by a deputy manager. People had assigned key workers with responsibility for reviewing and updating care documentation, organising appointments and co-ordinating care planning.

Senior management communicated with all staff using a variety of methods. For example, social media and

newsletters. The managing director was known to staff and dropped in at the service regularly. Head office kept the service up to date with any developments in the care sector and shared good news stories from different services across the organisation.

Accidents and incidents were recorded appropriately. Event forms were completed on-line which would then trigger an alert to the registered manager, operational manager and managing director. Event forms were analysed monthly to pinpoint any trends.

As a relatively new service, the quality assurance processes used by the service were still at an early stage of collecting and reviewing information. Regular audits were carried out to help ensure the service was running effectively and safely. For example, there were monthly manager audits in respect of training and supervision records. Quarterly management reports covered all housekeeping areas as well as care planning documentation. The service gathered monthly feedback about the service from the person, relatives and other health and social care professionals about how the service was run. Relatives told us they believed the service was well managed. Greenlight has an effective quality assurance system in place to drive continuous improvement within the service.