Care Quality Commission

Leonard Cheshire Disability
Quantock House

Inspection report

15 Quantock Road
Weston Super Mare, BS23 4DN
Tel: 01934 644971
Website: www.leonardcheshire.org/

Date of inspection visit: 26 November 2015
Date of publication: 25/01/2016

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 took place on 26 November 2015 and was unannounced. Quantock House is a residential home for up to six people with learning disabilities and associated conditions. At the time of the inspection there were six people living at the service.

There was a registered manager in post. 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. Within this service the registered manager is also the team leader.

People had communication difficulties associated with their learning difficulty. We therefore used our observations of care and our decisions with people's relatives and staff to help form our judgements.

People received their medicines in line with company policy. Staff received training in medicine administration

Summary of findings

and had good knowledge of the types of medicine and their purpose. The registered manager ensured that the medicine was securely stored and in line with legislation and good practice.

People at the service indicated that they felt safe. Staff had sound knowledge of how to identify abuse and who to raise their concerns to should they suspect abuse. The service had systems in place to ensure that suitable staff were employed by carrying out checks prior to employment. For example Disclosure and Barring Services (DBS) checks.

Staff told us they underwent a comprehensive induction process when first employed. Inductions were tailored to staff's individual needs and could be extended should staff require additional support and training. Staff received on-going supervisions from the registered manager whereby they were supported to reflect on their work and identify training requirements.

The service had policies and procedures relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and these were followed by staff. These aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not deprive them of their liberty and ensures that people are supported to make decisions relating to the care they receive. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and lawful manner.

Care plans were person centred and where possible people were involved in the development of their care plan. Care plans covered all aspects of care delivered and were regularly updated and reviewed to reflect people's changing needs. Both known and suspected risks were identified and recorded in the risk assessments which gave staff clear guidance on how best to support people when faced with the risk. Staff had a clear understanding on how to minimise these risks and were aware of the importance in following the set guidelines.

Staff told us they could approach the registered manager and the area manager should they need to. Staff stated that the registered manager operated an open door policy and that they found them to be supportive. One staff member told us, "It's all about supporting the people and the registered manager ensures that's what we do at all times".

The service actively sought feedback on the delivery of care. Yearly quality assurance questionnaires were sent to people, their relatives and staff to seek their views on how the service is run. An action plan was then put together to act on appropriate suggestions received.

Staff told us that their complaints and concerns were listened to by the registered manager and the provider and that they could contact senior managers if they felt that they could not approach the registered manager. People's concerns and complaints were recorded and acted upon appropriately.

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?

Good

The service was safe.

People were protected from the risk of harm because the provider had systems in place to manage risks.

People were supported with their medicines in a safe way by staff who had appropriate training.

There were sufficient number of staff to keep people safe and meet their individual needs. Staff recruitment was managed well.

Is the service effective?

Good

The service was effective.

A family member told us that they were happy with the quality of care provided.

People were supported by staff who had received training and support to carry out their duties effectively.

The service met the requirements of The Mental Capacity Act 2005. People who used the service and their family members were involved in decisions about people's care.

People were supported to maintain good health and to access health services when they needed them.

People chose their meals and were provided with the support they needed to eat and drink

Is the service caring?

Good

The service was caring.

We spoke with people who used the service and staff and all staff had a good understanding of people's care and support needs and knew people well.

People were supported by staff who demonstrated understanding and spoke with people in a respectful way. Staff took into account people's privacy and dignity.

People and their relatives told us they were involved in discussions about their care and we saw evidence of this in care files.

Staff we spoke with were aware of people's needs and the best way to support them, whilst maintaining their independence.

People who used the service were supported to maintain family relationships and friendships

Is the service responsive?

Good

This service was responsive.

The care plans were person centred and reflective of people's needs and preferences.

Social, recreational and occupational activities met people's individual needs, and enhanced their sense of wellbeing.

Summary of findings

The service sought feedback from people and their representatives about the overall quality of the care provided.

Concerns and complaints were listened to and dealt with in line with the provider's complaints policy.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of the service and we saw that these were evaluated with improvements made where required.

The registered manager demonstrated leadership and accountability they were approachable and available to people who used the service, staff members and visitors.

Staff members told us that they felt well supported by their manager.

The registered manager had a good working relationship with health and social care professionals and organisations.

Quantock House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 November 2015 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We looked at the information in the PIR and also looked at other 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 spoke with two people who lived at the home. We were able to spend time observing care and support being delivered in the communal areas, including interactions between staff members and people who used the service. In addition we spoke with two relatives, two professionals who had been involved in the service, the registered manager and two members of the care team. We looked at the records maintained by the home, which included three people's care records, six staff recruitment records, policies and procedures, medicines records, and records relating to the management of the service. We also conducted a tour of the building to look at the décor and facilities provided for people living in the home.

Good

Is the service safe?

Our findings

The service was safe.

Not all people who lived at Quantock House were able to talk with us about their experiences as they had communication difficulties associated with their learning difficulty. People who were able to speak to us told us "Yes I am safe here" and "I am happy and safe here". Relatives told us they felt their family members were safe and were well looked after; although one relative told us they had concerns about the shortage of staff at the service. One relative said, "Yes I do feel that [name] is definitely safe. [Name] is well looked after as staff go out of their way." Another relative told us that they did not have any concerns about the care. The one relative, who had raised concerns about staffing levels, went on to say that they did not feel this issue had placed their relatives at any risk.

One community health care professional told us, "The care is good and I have a lot of confidence in them. However, there have been staffing issues and it has been purely about the levels of staff."

The registered manager told us recently several members of staff had left and that they had experienced difficulties when trying to recruit new staff to work at the service. Because of this and long term sickness there had been a shortage of staff working at the home. The registered manager said that extra shifts had been covered by other members of staff in the team or staff from another home close by that is run by the same provider. The registered manager confirmed they had recently employed a new member of staff and they were in the process of starting work at the service the following month, which would improve staffing levels at the service.

During our inspection we saw there were enough staff available to meet people's needs. The manager explained they amended staffing levels based on the needs of the people who used the service, what people were doing and for their one to one hours. For example if people were going out to various activities in the community or going shopping then staffing levels would be increased to accommodate this and the new member of staff would ensure that cover was available for impromptu outings. Copies of rotas for November and December 2015 confirmed there were usually one or two staff on duty plus the registered manager each day dependent on what people had planned. For example one person was supported to go out to a community based activity, swimming and if people were at home or not as some went to stay with their relatives for the weekend. The rotas confirmed staffing levels increased with increasing needs. One member of staff was on duty each night to support people. Staffing was consistent and at the levels the manager had explained to us.

The service had effective recruitment and selection processes in place. We looked at six staff files which had completed application forms and interview records. Checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Staff working at the service told us that they had received comprehensive induction training and that they shadowed more experienced staff before they supported people.

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff told us they would always share any concerns with the registered manager or area manager. The service had an up to date safeguarding policy, which offered guidance to staff. Staff we spoke with told us they had received safeguarding training. Training records we saw confirmed this.

There was a clear whistleblowing policy in place for staff. It confirmed their responsibility to report concerns and provided advice about who to go to. In addition to standard reporting systems, the provider had a 'whistleblowing telephone number' in place, which staff across the organisation could contact anonymously, if they felt unable to speak to a direct line manager. The staff we spoke with said that they knew the whistleblowing policy and would not hesitate to use it if necessary.

People had care plans that included risk assessments. They identify any risks associated with delivering each individual person's care. For example, risk assessments were in place to help identify individual risk factors, such as nutrition, accessing the community, finances and life skills. These had been reviewed regularly to identify any changes or new risks. This helped to provide staff with information on how to manage risks and provide people's care safely.

Good

Is the service safe?

Accidents and incidents were recorded. We saw that these were reviewed monthly by the registered manager, the service manager and the provider via a centralised system, to ensure that appropriate actions had been taken and to identify any trends or further actions that were needed. For example, trip hazards had been identified following falls, rugs had been removed.

People had up to date emergency evacuation plans in place. We saw fire alarm tests took place in line with the fire authority's national guidance. There was a record of fire safety checks which we saw took place in line with the service's fire safety policy.

People had prescribed medicines to meet their health needs. Arrangements in place ensured the safe management, storage and administration of medicines. Medication administration records (MARs) were up-to-date and completed correctly. Each person had a medicines profile in place, this had a photograph of the person and held comprehensive information of their medical conditions and details of their GP. The manager showed us that the service monitored stock levels on a monthly basis. This meant if any errors were identified they could be rectified in a timely manner. There was an up to date medication policy and procedure in place at the service. Staff told us they were only allowed to administer medicines when they had completed training and were competent. People were given their medicine in their rooms and time was taken to ensure it had been taken. The registered manager completed weekly and monthly medicine audits. Staff told us, "We think we are on the ball. When any changes are made to people's medicines the manager records this in people's medicine records and discusses it with us".

We toured the premises during this visit. The manager confirmed there was a plan to re plaster and decorate the building. People were going to choose the paint colours and flooring. The service had a homely feel and was clean. There was appropriate protective equipment which we observed staff used to prevent the risk of infection. This meant people lived in a clean well maintained home.

Good

Is the service effective?

Our findings

The service was effective.

People received effective care and support from staff that had the skills and knowledge to meet their needs. A relative stated they were happy with the support from staff. They said that, "It's a stable staff team now and they are really good at understanding [name] needs."

Most staff had worked at the home for some time. Staff felt they received an induction when they started working at the service. They stated the induction included information about people using the service, policies and procedures and service specific information such as the fire procedure and maintaining a safe environment. Staff had received provider set mandatory training such as safeguarding adults, infection control, person centred practice, food hygiene and medicines awareness. Additional training that related to people's specific needs was also provided, for example, in understanding learning disabilities, and positive behavioural approaches. Training was refreshed on a regular basis, and we saw that the provider maintained an on-line training matrix that alerted the registered manager if any training was due. Two staff members told us that they thought that the training they received was good. We were told, "it's a lot of training but it keeps us on our toes." Staff members also had opportunities to take up care specific qualifications and we saw that staff members had achieved a care qualification.

Staff told us they received regular supervision and appraisal by meeting with the manager and discussing their performance. They told us they found this beneficial as it enabled them to gain further qualifications relevant to their role. For example all the staff we spoke with told us they had been supported to obtain a vocational qualification. Supervision and appraisal records demonstrated the home reviewed the learning and performance of staff

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005. These were consistent with the MCA Code of Practice for health and social care providers. Staff had received training in the MCA 2005 and explained to us when asked that they were aware of the key principles of the Act, how it was about "People making choices and giving consent." and "We can only take action when people don't have capacity and then it's in their best interest". The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. People's care plans included information about restrictions that were in place, with evidence that these had been agreed with others, such as family members and key professionals, to be in people's best interests. Applications had been made to the local authority for Deprivation of Liberty Safeguards (DoLS) to be put in place for people who lived at the care home to ensure that they were not unduly restricted, and we saw evidence of these.

People were supported by staff that used different approaches to communicate. For example, staff used words, signs and pictures to support people to make decisions. Information about supporting choice for people with limited or no verbal communication was contained in people's care plans, as was information about people's capacity to make decisions. For example we saw staff communicating with one particular person using Makaton as the person did not communicate verbally.

People told us they had enough to eat and drink. One person said, "It is nice." We observed lunch taking place. People were supported to make their own lunch and eat it where they chose. For example one person chose to take their lunch into their room. Records of meals maintained by the service showed that people had a varied and healthy diet that reflected the religious and other dietary needs that were recorded in their care plans. One person at the home had diabetes, and meals were designed using dietary guidance that was contained in a folder in the kitchen. Another folder contained pictures of a range of food items that staff members showed to people to assist them to

Good

Is the service effective?

make choices when planning menus and shopping for the home. Fruit and other healthy snacks and drinks were available in unlocked cupboards and the fridge, and people were able to help themselves to these at any time.

There were effective working relationships with relevant health care professionals. Regular appointments were in place, for example, with the speech and language team and diabetes services, as well as the GP and dentist. Staff members accompanying people to appointments had completed a record of what had been discussed and agreed at these. Care plans included information about people's health needs which included details about the support that they required to maintain their health and wellbeing. The daily records maintained by the home showed that people's daily health needs were well managed.

Relatives told us that they were involved in their care and their feedback was sought in regards to the care provided to their relative. A relative said that "I know the staff well and there is good communication between us."

Good

Is the service caring?

Our findings

The service was caring

People said they were supported by kind and caring staff. During our visit we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. Staff were caring and compassionate. From conversations we heard between staff and people who used the service, staff understood people's needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were good. We also saw the staff and people they supported talking, laughing and joking together. One person told us, "I like it here. I like the people here all the staff are nice too." Relatives we spoke with told us, "The staff do respect privacy and dignity, residents are treated with respect. I think the staff are caring and do an excellent job." Another relative said, "I get involved in the yearly reviews with the social worker and care staff. We are very happy with the whole thing." Another comment form a relative was, "Yes, [name] looks very happy, it's much better than where they was before, I go to the reviews. I know they are in the right place."

People were supported to maintain their family relationships and friendships. For instance, people's plans included information about their family and friends and who was important to them. Relatives we spoke with told us that staff supported people to visit them in their family homes and they were made welcome when they visited Quantock House.

Staff respected people's dignity and privacy and treated people with respect and patience. For example, staff asked people if it was alright to assist them, for example with personal care. We found that staff spoke to people with understanding, warmth and respect. The staff we spoke with were able to explain the importance of really getting to know the people they were supporting. We spoke with social care professionals who told us the staff were very good, understood people's needs, were open to any suggestions and followed advice given.

There were notices about advocacy services on notice boards and there was evidence in some people's files that they had used advocacy services, When we asked the registered manager regarding this they told us, "Formal advocates are available for those people who choose not to have any family involvement in their lives and to anyone else who wants it."

Staff told us people were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private.

People had opportunities to express views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions, either verbally or non-verbally with the support of pictures, word boards or individual communication boards.

Good

Is the service responsive?

Our findings

The service was responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. Before a person moved into the service the service manager spent time, depending on need, with the person, their family or care provider in order to get to know them well. This included the identification of their social, physical and emotional needs to ensure the move caused the least anxiety possible.

Each person had a detailed care plan that was regularly reviewed. It guided staff on how to provide the person with their individual care. Staff worked with people through observing behavioural changes and their preferred methods of communication. During the inspection we observed people received care and support in line with their care plans. We also observed that staff offered people choices and did not make assumptions when providing their care and support, for example what they would like for breakfast and what clothes they would like to wear. Staff recognised the importance of people having social contact, companionship and people were supported to engage in occupational and recreational activities, for example one person worked in a local café and another person worked in another home run by the provider.

All the care plans we looked at had an 'about me' section. It confirmed the person's likes, dislikes and preferences. Each person also had identified their individual 'circle of support' such as close family, friends, peers, staff and health care professional. People were supported with using the phone for example, to keep relationships that mattered to them, such as family, community and other social links. We observed people had developed friendships with other people living at the service and they appeared relaxed in each other's company.

People had schedules in place that outlined their individual recreational and occupational activities. For example, the days they went swimming, going food and clothes shopping and carrying out household tasks. The staff said they supported people to choose and plan where they wanted to go on a daily basis.

People were encouraged to contribute to the domestic activities around the home. One staff member told us they tried to support people to retain skills as much as possible and explained to people that carrying out domestic activities formed part of this process so that people would retain their independence.

The service listened to people's experiences, concerns and complaints and they were responded to appropriately, for example a relative explained that they wanted their loved one to look a certain way when they went out for visits and had complained to the manager as this wasn't happening. The service manager and registered manager immediately made sure this changed. The relative was very pleased with the response from the staff and manager. The staff said they had confidence that the manager would respond to any complaints professionally. We looked at records of complaints and saw that the manager had responded to complaints in accordance with their complaints policy.

The service manager sought people's feedback and took action to address issues raised by conducting annual surveys with people, relatives, staff and other professionals. We saw that previous results had been analysed and actions taken. For example, people had raised suggestions relating to the food provided; people wanted help more with the shopping. The manager responded by making people responsible for more of the food buying.

Good

Is the service well-led?

Our findings

The service was well led.

One person told us, "I like the manager and staff". A relative said "This is better than where [name] was before, as the manager is so helpful and approachable." The registered manager told us they were well supported by the area manager. Staff explained to us that a manager was always available in case of an emergency. The staff members that we spoke with told us that they felt that the manager was supportive and approachable. One told us, "I feel very well supported by the manager. They are always available and always very helpful." We saw that the manager spent time with staff members and people who used the service, and that their interactions were positive and informal.

Minutes of regular staff team meetings showed that there were regular opportunities for discussion about quality issues and people's support needs. The registered manager also used the team meetings and supervision sessions to deliver informal refresher training to staff. Staff felt they valued these meetings and that they provided opportunities to ask questions and offer suggestions that were listened to. The registered manager told us that urgent information was communicated to staff immediately, and the staff members that we spoke with confirmed that this was the case. A staff member told us, "there is good teamwork here." Staff members had job descriptions which identified their role and who they were responsible to, which they told us they had copies and understood them. Members of staff told us they liked working at the home and the registered manager was approachable and supportive. One staff said, "We're a good team and we all work well together." The staff members that we spoke with were clear about their roles and responsibilities in ensuring that the people who used the service were well supported.

Staff and the registered manager explained that the culture of the service was based on a set of values which related to promoting people's independence, celebrating their individuality and providing the care and support they needed in a way that maintained their dignity. Staff were clear about how they provided support which met people's needs and maintained their independence and we observed this during our inspection. For example, people were supported to make their own choice of lunchtime meal, staff did not do things for people when they could be encouraged to use their own skills to complete task independently.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

We saw that the service manager conducted regular monthly audits of the care and facilities they provided at the home. These included management of medicines, infection control, care planning, health and safety and the environment, which identified any concerns and relevant action plans put in place. Where actions had been identified as a result of these reviews, we saw evidence that these had been acted on and addressed for example the re-decoration of the communal spaces and people's bedrooms following complaints.

People who used the service, their families and other stakeholders were asked for their views about the home on an annual basis. Completed questionnaires confirmed high levels of satisfaction with the service. A family member had written that their relative 'gets the best care and attention.' We saw that feedback was collated and evaluated by the provider and the registered manager discussed this with the staff team.

We reviewed the policies and procedures in place at the home and they were up to date and reflected good practice guidance. There was a process in place to ensure that staff members were required to sign when they had read the policies.

Records maintained by the home showed that the provider worked with partners such as health and social care professionals to ensure that people received the service that they required. Information regarding appointments, meetings and visits with such professionals was recorded in people's care files.

People were part of their local community. They were encouraged to use community facilities such as local shops, cafes and the gardens along the waterfront. People went into town and accessed their local community throughout the day.

Good

Is the service well-led?

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.