

Tracs Limited

Lester Court

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

We inspected the service on 17 November and the visit was unannounced.

Lester Court provides accommodation for up to eight adults with mental health difficulties. At the time of our inspection, six people were living at the service.

The service is required to have 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. There was a registered manager in post at the time of our inspection.

People felt safe at the service. They knew how to raise a concern and staff knew about their safeguarding responsibilities. Risks had been assessed and people using the service were involved where possible.

Summary of findings

The provider was monitoring health and safety and learning from incidents that had occurred. There was not a comprehensive plan of what to do in emergencies. The registered manager acted upon this when we visited.

People were supported by staff who had been through a thorough recruitment process and staffing levels were suitable to support people using the service. People received their medicines as prescribed by their doctor. We found effective systems for managing medicines but the temperature of the room they was stored in was not being monitored so there was a risk that medicines stored there would not be as effective as they should.

Staff received regular training that was devised to ensure that they could respond effectively to people's needs as they changed. The manager had highlighted further training following an incident. Staff were effective in offering their support in a person-centred way and were able to adapt their style of communication where needed. We found staff to be caring.

Staff were receiving regular support from their manager including formal supervision. Staff and relatives described the registered manager as approachable. The registered manager knew their responsibilities in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards and they had followed the required processes appropriately. We found that people using the service and relatives were involved in reviewing the care and support received.

Some people had their own kitchenette which enabled independence in the preparation of food. Relatives described the food positively. Staff were described as good. We found interactions between staff and people

using the service to be positive. Care was focused on things that were important to people and this had been documented. People were listened to and action was taken by staff to make changes where requested. There were action plans in place to support people to achieve greater independence and develop skills. We found that privacy and dignity were understood by staff and arrangements were in place to embed these values in practice.

People using the service and relatives were involved in the planning of care being provided. People chose to take part in activities and leisure interests that were important to them and we found there were enough staff to support this.

The service had received complaints which had been addressed with outcomes recorded. Relatives knew how to complain and felt they were able to if necessary. When a person using the service had complained, this had been addressed to their satisfaction.

Ideas for improving the service were taken on board by the provider. Relatives told us they were confident to discuss suggestions with the management. There was no formal system in place for capturing the views and experiences of relatives or others coming into contact with the service. The registered manager and senior managers conducted regular audits. These highlighted areas for improvement and we saw that they had taken action where required.

The registered manager understood their responsibilities and accountabilities and had put in place systems to make sure communication was effective, such as staff meetings.

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.

People and relatives told us the service was safe. Incidents and accidents were investigated and health and safety issues within the service were monitored. There were systems in place to keep people safe.

Good



Is the service effective?

The service was effective.

People were involved in decision-making and where this was not possible the service followed the correct procedures. People had access to healthcare services when needed.

Good



Is the service caring?

The service was caring.

Staff supported people kindly and spoke to them with respect. Staff were able to recognise when people wanted time on their own and respected this.

Good



Is the service responsive?

The service was responsive.

The support people received met their needs. The provider promoted independence and listened to people's views. Information on making a complaint was displayed. Complaints that had been received had been investigated and used to improve the service.

Good



Is the service well-led?

The service was well led.

The aims and objectives were shared by all staff and were seen to be displayed by staff. The service reflected on incidents and learned from these to improve the service. The service had ideas of how to improve the service which were documented.

Good



Lester Court

Detailed findings

Background to this inspection

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

This inspection took place on 17 November 2015 and was unannounced. Two inspectors carried out the inspection.

We reviewed information from the local authority about the service. We contacted a social worker and a commissioning worker from a Clinical Commissioning Group (CCG) who had regular involvement with the service to obtain their feedback about how well it met people's needs.

We spoke with two people who used the service and three relatives. We spoke with the registered manager, the deputy manager and a support worker. We carried out observations throughout the day to look at the support being offered. We looked at records in relation to staff, medicines and health and safety. We pathway tracked two people who used the service. Pathway tracking is where people's care records are looked at and then checked to establish if their care is being delivered in line with them. Being a newly registered service, there was not any feedback for people using the service following recent audits of the service by senior management. We also looked at records about how the service was managed, policies, procedures and quality assurance processes.

Is the service safe?

Our findings

One person using the service told us they felt safe. A relative told us, “[person’s name] is safe” and they had “No concerns about people living in the home”. Another relative told us if they had a concern they “Would talk to the manager or go to the headquarters”. Three staff we spoke to were able to tell us ways they kept people safe. For example they assessed risks relating to people’s care on an ongoing basis. Records we viewed showed that staff were doing this.

Staff were able to describe key points of the safeguarding policy and identified types of abuse which had been covered in recent safeguarding training. If staff had concerns, they knew how to report these and were confident action would be taken by the registered manager. One person told us if they had a concern they could, “Speak to staff, any of them or the manager”. A staff member told us about their approach to supporting people to raise concerns which involved sitting with the person and reassuring them so that they felt able to discuss the issue. Where people may have demonstrated behaviour that challenged, this was documented, assessed and staff supported them in a way that was person-centred and least restrictive.

One person told us they were involved in the review of their needs to keep them safe. The risk assessments that we viewed were devised with and reviewed by people they referred to. There were risks to people’s mental health deteriorating and these had been considered with action plans in place for staff to follow. When discussing risk, one staff member told us, “We never make a choice for them [people who used the service], but we can try and steer them, but it’s their choice”.

The service had planned for some emergencies including what to do in the event of a fire. However, a full range of emergency situations had not been fully considered and incorporated into a plan for staff to follow. The manager took immediate action on the day of the inspection to start to address this to consider people’s safety.

Accidents and incidents were logged and the deputy manager stated that any incidents were discussed during a

handover. There were monthly health and safety reports that looked at accidents, incidents and near misses. These detailed the causes and identified actions to reduce future occurrences.

We saw the premises and equipment were checked regularly to keep people safe. A full range of fire safety checks had been undertaken. The last practice fire evacuation occurred in March 2015 although the log sheet specified this should be undertaken every three months. There were generic risk assessments relating to the premises which had been reviewed.

People considered that there were enough staff to meet their needs and to keep them safe. One relative commented that staffing levels were, “Just about adequate”; they added that there had been times when there were not enough staff to accompany their relative on activities in the community. On the day of inspection there were enough staff available to meet people’s needs and requests for support. We saw that staff were supporting one person to take part in community activities. We also saw staff offers of support being declined by people. The manager showed us how staffing levels were calculated on the basis of the assessed support needs of people using the service and we saw that the number of staff on duty during our inspection was consistent with the rota.

Staff recruitment was robust and relevant checks on new employees had been carried out prior to them starting work at the service. The staff records we looked at confirmed this. This meant the service checked staff were suitable to meet people’s needs.

Medicines were administered to people as prescribed by their doctor, at the correct times and were recorded on medicine’s administration records (MARs). One person told us, “Staff give me my tablet. . .I don’t always want it”. We checked medication records to look at how the service dealt with people missing their medicine. We found these incidences were carefully recorded and appropriate advice and guidance had been sought from health professionals. We saw medicines were generally stored safely. However, the temperature of the medication room was not being monitored and this was an internal room with no ventilation. This meant that there might have been a risk of the medicines being stored at inappropriate temperatures and therefore not being fit for the purpose they were intended. We fed this back to the manager who said they would purchase a thermometer.

Is the service safe?

Medicines were checked on a weekly basis and competency checks were planned to occur. In this way, the provider had systems in place to make sure people's medicines were handled and administered safely.

Is the service effective?

Our findings

People had mixed views about how well staff were trained and supported to deliver the care they or their relatives required. One relative told us, “Perhaps not all of the staff have the knowledge or experience in mental health issues”. Another relative told us “I feel the home know [person’s name] needs”. A commissioner told us their overall impression was that, “They have a good understanding of [person’s name] needs”. During the inspection we saw staff responding to the needs of people and they knew how to do this confidently. One member of staff told us, and records confirmed, that they had received an induction when they started work with the service which they described as good. We looked at the training records of four staff and found that they all had completed training relevant to supporting people who lived at the home. We found that following a recent incident, the manager had booked all staff on safeguarding training. Staff had also received training to assist them to respond appropriately to new or changing needs. For example, staff now received epilepsy training following a person who used the service being diagnosed with epilepsy. This meant that people were receiving support from staff who had knowledge and relevant training.

We found that staff had regular meetings with their manager that were detailed and provided guidance in working well with people who used the service. The performance of staff was being monitored and an action plan was created to support future development. This meant that people were supported by staff with the right skills and guidance. One member of staff said “I think that when we set up we were left a bit, there could have been more involvement with us as new starters. Things are good now; the manager is really good and readily available”. Appraisals for the staff had not occurred yet and the manager confirmed these would occur once the staff had been in post for a year.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 service had followed the requirements of DoLS and legislation that requires the service to submit applications to a supervisory body for authority to deprive people of their liberty.

A DoLS application had been made for one person which meant that restrictions for the person had been considered and the service was taking appropriate action. A commissioner told us “The home advocated for the need of a DoLS...They are aware of the legal implications”. Two staff confirmed they had received training in the Mental Capacity Act (MCA) and DoLS.

Two staff members told us about their roles and responsibilities in relation to the MCA and DoLS which included the need to assess capacity, making best interest decisions and what to do if a DoLS authorisation was not granted. We also found considerations in relation to capacity regarding medicines. One person was involved in a review of their medicines and was central to the decision-making process.

Records confirmed that people were involved in the planning of their care and any decisions and choices made were recorded.

People told us that they had a good choice of food. One person told us “I can eat whenever I want” and described the facilities they had in their room. A relative told us “It’s lovely really, it’s flexible, [person’s name] likes the food. It’s fresh and cooked from scratch.” We saw records that showed staff had considered people’s likes and dislikes. There was a rolling menu displayed which detailed food on offer. Staff told us this was flexible as often people would choose what they wanted on a daily basis. We observed that snacks and drinks were available for people throughout the day. Most people had a kitchenette in their rooms which meant they had access to food and drink

Is the service effective?

whenever they wanted it. We observed people before a mealtime. People were smiling and conversing with other people who used the service and staff were happy and engaged.

We saw that where people were identified as being at risk of losing weight, support and assistance was offered. One person was being supported to be weighted regularly whilst another person's meals were recorded for monitoring purposes. A risk assessment had been completed for one person at risk of choking which guided staff on how to reduce the likelihood of this occurring. Records indicated that specialist support had been requested for this person. This meant that the person was getting the necessary advice.

One person told us, "I have my own doctor" and described a recent appointment. One relative told us that health care appointments "mostly" happen whilst another relative said, "The home respond to [person's name] health needs". One staff member told us that people were encouraged to have six monthly health checks with their GP to check their physical health. We saw health appointment sheets showing that people were accessing healthcare services. We saw that people's mental health was supported by multi-disciplinary teams with the involvement of people where possible.

Daily notes showed that staff carefully recorded and passed on information about a person's health and well-being meaning that staff had information about people's changing needs.

Is the service caring?

Our findings

People described staff as caring. One person told us, “I get on well with most of them” when talking to us about staff. A relative told us, “Staff are very good; they cope well with the issues”. We were also told by a relative “[person’s name] wanted to go out for [person’s name] birthday. The staff helped us with this”. A commissioner told us “The staff have a desire to do the right thing”.

We saw that interactions between staff and people who used the service were friendly and warm. People were supported by staff who wanted to provide help and support and people looked happy and settled. Reassurances were given by staff when necessary which was done in a supportive way. Staff changed and adapted their communication methods where necessary when they were speaking with different people or dealing with different situations. This meant that people received support from staff who cared. Daily notes showed staff focusing on things that were important to people, for example, we saw that a person was being supported to be independent when accessing the community. This was something that was important to them and staff attending to it showed that they mattered.

People were being respected. One person told us they could access the information the service held about them and knew how to do this. We saw that people who were present during our visit understood the information that was available such as the menus. Advocacy services had been offered to a person to support an important decision but this had been declined.

One person told us that staff always knocked before they entered their room. We saw that people were left to rest in their rooms if they chose this with staff being available if needed. Three relatives confirmed they could visit when they choose to. One relative said, “[person’s name] sometimes doesn’t want to see us and the staff phone me to let me know before I visit”. This was seen as a caring approach by staff to avoid the person becoming anxious. We found the environment was suitable to meet the privacy needs of people. There was a quiet room as well as communal areas and people’s own bedrooms. People had been supported to personalise their bedrooms with things that mattered to them and people had keys to their rooms. The deputy manager told us there was an intercom system so staff did not always need to go into people’s rooms to check if they required help or support.

The service had a confidentiality policy and we saw that records were stored securely which meant that people’s privacy was being maintained. One member of staff told us if they saw someone not being treated with respect and dignity they would raise the concern with their manager. One relative was concerned that professional boundaries were not always being maintained by staff. We saw in a person’s record that humour was sometimes used with a person although it was made explicit that professional boundaries needed to be maintained. We did not see any unprofessional practice by staff during our visit.

Is the service responsive?

Our findings

People told us that they received care that was tailored to their needs and that they were listened to. One person told us they were involved in the planning of their care including reviews. One relative told us they were asked for information when the person moved into the service. Another relative told us they were involved in care plan reviews and were aware that their relative's care plan had been changed recently as the person required new equipment. Staff were able to confirm this had been actioned. Records viewed showed us that people's needs were assessed and reviewed on an individual basis and we saw this happening during our visit. Two staff members were able to explain what good person-centred care and how to offer this. This meant that people received care and support that was responsive to their needs.

Staff were able to describe the Recovery Star System (The Recovery Star system is used by Mental Health services as a tool for optimising individual recovery and gaining the information to create recovery-focused care plans). We found these to be completed with people using the service as part of their own evaluations of their needs. The evaluations looked at the previous month, what had worked well and where things needed to change. A person told us they wished to return to a place they used to live and it was documented that staff were making plans to visit.

People's independence was being encouraged. One person told us "I want to live independently". One staff member told us "We encourage independence by showing them [people using the service] and then support them to do it in the future on their own". Staff gave us an example of how they had given people the time and space they needed to achieve their goals. A relative told us "[Person's name] wouldn't shower or clean their room before moving to Lester Court but here they encourage [person's name]". Another relative told us, "More could be done about supporting [person's name] to be independent, encourage [person's name] to participate more". A commissioner told us "When the person was discharged to the home the person refused medication and the home quickly dealt with this and looked at options with the CCG".

Records confirmed that plans and action plans had been made to promote people's independence.

On the day of our visit some people were accessing the community both with and without the support of staff. Some people were relaxing in their rooms. We saw information about activities at the local church displayed on the noticeboard. The deputy manager told us that the service had a good relationship with the church. A member of staff told us, "Every Sunday we sit with people to plan what they want to do". This meant people had choices about how to spend their time. Records showed us that different activities were explored with people and we found that one person was volunteering locally.

We found pictures being used to support one person to plan their activities in relation to their likes and dislikes which supported the person to engage. We saw that contact with family and friends was recorded which showed us that people are supported to maintain relationships that are important to them. One relative told us, "We want [person's name] to get involved in some groups, it's not happened yet but it is maybe more to do with [person's name] than the home". A staff member told us, "Where people want to go to church this is supported. There is a person who wants to do this". On the day of our visit people's hobbies and interests were being supported and we saw action plans to support people to take part in activities where requested.

All three relatives we spoke with told us they had not had to make a complaint about the service. One relative commented, "There are no complaints and we have conversations with the service about our views". Another relative commented they had the head office's number should they need it. On the day of the visit we saw easy-read information displayed on how people could make a complaint. Two members of staff described how they supported people to raise their concerns.

The complaints procedure had been discussed with people to make sure people knew how to do this. Where a person who used the service had raised a complaint this was investigated with actions taken being fed back to the person which meant a positive change in their support. We saw that the complaints policy described the procedure for dealing with complaints. This included the contact numbers for the organisation as well as other agencies people could approach. A senior manager within the company had recently visited the service to make sure that complaints had been dealt with thoroughly. The outcomes were documented and fed back to the manager to reduce

Is the service responsive?

the likelihood of similar complaints arising again. This meant that people's views were respected and appropriate actions were being taken to address concerns and complaints.

Is the service well-led?

Our findings

Relatives and staff told us they felt they were able to give their views on the service. A relative told us, “I have made suggestions for improvement” whilst another said “I haven’t given any views yet but I am there quite a lot”. A staff member described how they made suggestions for improvement, “Team meetings are used to discuss any ideas”. Another member of staff told us how they had shared their thoughts about the medicines audit process being robust enough. This had led to the service making improvements in working systems and practices.

One person told us they could talk to the manager if they needed to. All of the relatives told us the manager was approachable but fed back that they had not been asked for an opinion of the service formally. Relatives and staff we spoke with confirmed the service was open to new ideas and suggestions. We looked to see if the service had completed any internal auditing. A senior manager had completed these and visited the service unannounced. The audits covered checking out the manager’s own values and the impact of these on the service, risk areas of the service, and feedback from people who used the service and staff. They also identified any actions that needed to be taken and we saw that the registered manager had followed these through. This meant that people were using a service that was open and challenged itself to improve where needed.

Two staff members told us how they could whistleblow about another member of staff if they had concerns about their practice. One staff member said “The office door is always open, the manager is approachable”. Staff we spoke with confirmed the registered manager was supportive and could speak with them when needed. We were also told by staff where contact details were kept for senior members of the management team within the organisation for any additional support they might have required.

We spoke with a member of staff about the key challenges to the service and were told that the referral processes needed to be reviewed to ensure the service could offer future placements that were appropriate. We were made aware of this concern prior to the inspection by a social

worker. We saw that learning was taking place around the assessment process and an increase in training for staff had occurred. This meant that the service had learnt when things had gone wrong.

We looked at the service’s aims and objectives which included the services offered, the promotion of independence and the vision it aspired to. These were included in the statement of purpose. This document needed a review as it still contained information about the previous manager. We spoke to the registered manager about this who said it would be updated. Staff were able to confirm and describe how they worked towards the aims and objectives and we saw them in practice during our visit. We saw the manager and deputy manager were acting as role models which included being available throughout the home and supporting the staff group.

The registered manager was able to describe a range of duties they were responsible for and described the support available from the senior management team. The registered manager was aware of and was carrying out the requirements of their role. This involved making notifications to the relevant authorities when a significant incident had occurred. We saw records demonstrating that systems were in place to deliver high quality care. These included the supervision of staff and auditing of the service.

We saw that communication between staff was effective on the day of our visit. Staff told us that the team work well together and the registered manager was important in making sure this happened. Records showed us that staff meetings had occurred in the last three months. Items such as staffing, issues affecting people using the service and training were documented. Staff confirmed they had been part of these meetings meaning they were receiving consistent information and communication about service requirements.

Staff told us about possible developments to the service in the next year. The registered manager described to us the development of the flats to the rear of the property with a view of increasing people’s independence further. This showed us that the service is looking to develop and offer new opportunities for people who used it.