Larkstone Supported Living Limited

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Inspection report

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16 December 2016
06 January 2017

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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

This inspection took place on the 14 December with an unannounced visit to the registered office. We then completed two further visits to people using the service, which were announced. These occurred on 16 December 2016 and 6 January 2017.

Larkstone supported living service provides personal care to people in their own homes and covers two main geographical areas; Ilfracombe and Bideford. People using this service either have a learning disability or a mental health issue and require assistance with activities of daily living to ensure their safety and well-being.

There was a registered manager in post, who has been working at the service for just over 12 months. 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.

Care and support was well planned and delivered by a staff team who understood the needs and wishes of people who received a service. Staff showed a good understanding of how to support people in the least restrictive way, promoting their dignity and ensuring their human rights were protected.

Staff knew what mattered to people and were therefore able to offer personalised care and support to suit people's needs, wishes and preferences. People were actively involved in the development and reviewing of the care plan, where possible. Usually care was well planned, although we did receive feedback from one healthcare professional to say one person they had reviewed, did not have a care plan and their risk assessment was in need of updating. The provider said there was a care plan but this had needed to be updated, which had now been completed. The impact on the individual was minimal as the care workers knew the person well and knew how to support them safely and effectively.

People were protected from the risk of potential abuse as staff understood what to do to minimise risks, report any concerns and work in a way which promoted people's independence whilst being mindful of their vulnerability.

Recruitment processes ensured new staff employed were suitable to work with vulnerable people. There was a comprehensive induction programme which followed national standards.

Staff had training, support and supervisions to help them develop their role and skills. Staff felt valued and said they had good opportunities to gain further skills and qualifications.

People, staff and relatives of people using the service had confidence in the management approach. There were a variety of ways the service sough their opinions and actioned any concerns or complaints.

People were supported to maintain their health, be encouraged to eat a healthy diet and receive their medicines at the right time.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005 and when needed were able to support people to make best interest decisions, including the involvement of independent advocates.

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 said they felt safe. Care workers were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

A core team of care workers ensured people had continuity and that arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Care workers received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well by a small team of consistent care workers. They supported people to access healthcare support if required.

People's legal rights were protected because care workers had an understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People, where required, were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People said care workers were caring and kind.

Care workers relationships with people were caring and supportive. Care workers knew people's specific needs and how they liked to be supported.

Is the service responsive?

Good

The service was responsive to people's needs.

Care files were personalised to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. People were confident their concerns would be listened to by the registered person and acted upon.

Is the service well-led?

Good

The service was well led.

Care workers spoke positively about the registered manager and how they
worked alongside them and listened to their views.

People's views and suggestions were taken into account to improve the
service.

A number of effective methods were used to assess the quality and safety of the service people received.

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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 14, 16 December and 6 January 2017. The first day was unannounced. We gave notice of our intention to return on the other days as we wanted the registered manager to check that people who used the service would be happy to talk with us. We also wanted to ensure care workers would be available to speak with. The inspection was completed by one inspector.

Before the inspection, we reviewed the information we held about the service and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care. Following the inspection we requested information from the registered person to tell us about the service they provided. We also reviewed the service's 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 spoke with five people about their views of receiving a service from Larkstone, which also included visiting four people to look at their care plans and daily notes. We also spoke with the parent of one person who used the service. We reviewed information at the registered office. This included complaints and compliments, we checked three staff recruitment and training files and looked at a range of other documents which helped us understand how well the service was being monitored and run We spoke with a director, administrator, registered manager and six care staff. We asked for feedback from six health and social care professionals and received information back from three.

Good

Is the service safe?

Our findings

People said they felt safe. One person said ''I moved here three years ago. I have my own key and lock my flat. Staff are always around if I need them. I do feel safe here.'' Another person said ''I like living here, yes I feel safe. Staff always check to see if I am okay.''

People received safe care and support because staff had the right skills, training and equipment to ensure they were able to deliver the appropriate care. For example, when the service noted one person's physical needs had increased, staff worked with other healthcare professionals to ensure they had the correct equipment and training to meet this person's needs. One staff member said ''We work closely with the local physiotherapist and occupational therapist so we were able to get the right equipment and they trained us in used it safely.'' Healthcare professionals confirmed they were consulted in a timely way and their advice was followed.

Risk assessments ensured people were supported in the least restrictive way to ensure their safety. One professional raised a concern about one person not having access to their kitchen as the room was kept locked. This was following an incident where the person had scalded themselves making a hot drink. Their risk assessment had been updated to reflect this risk and a decision had been made to keep the kitchen locked when the person did not have support available. We saw that this was only for short periods during the day and overnight. The staff group covering waking nights did offer the person a hot drink before they retired to bed and the person had access to their own fridge with cold drinks and snacks available at all times.

Other risk assessments included people's ability to access the local community, whether there were risks and how staff should support people to minimise these risks. This meant for some people that they carried identity cards in their wallets so if they became lost or distressed in the local community, they could show someone the card and they would have numbers to call for support. For others whose vulnerability may have been too significant to go out alone, their planned support hours were organised at times to suit when they wished to access the local community with support. Sometimes this was with a support worker on their own and other times for some people, they shared support hours and enjoyed outings with one or two other people. The registered manager explained that this way, their support hours could be stretched further to encompass more support time. People had agreed to this arrangement and said they were happy to share support hours.

Where there may be a possible risk of infection control, detailed instructions were recorded for staff to follow to ensure this risk was minimised. For example for one person there was an identified risk of possible cross infection with the use of their hearing aids. The risk assessment and support plan asked staff to clean the hearing aids daily and this was recorded within the daily medicines record.

There was sufficient staff to meet the assessed needs and packages of care agreed for each person. The registered manager said they were in the process of recruiting further staff and that this was a continual process, but that they were able to provide the right support for people without having to use agency. Some

staff were willing to pick up extra hours to cover sick and annual leave. People were given their visit list each week to show who was coming at which time to support them. This also showed how long the staff member would be with them and what tasks they would be doing to support the person. The registered manager said that if there was a need to change the time or a staff member was running late, they would phone the person and/or leave a message under their door. In the last 12 months there had been no missed visits. People said their care workers came on time and stayed for the right amount of time.

People were protected against the risks of possible abuse because staff had received training to understand the types of abuse and what to look for. Staff confirmed they had received training and were confident in explaining types of abuse and who they would report their concerns to. There had been two safeguarding alerts which the service had notified CQC and the local safeguarding team. The issues identified were dealt with and measures put in place to ensure the person involved was not in a position where they were likely to be abused. This also included how best to support someone with their money.

The service had a comprehensive recruitment process. This ensured only staff who were suitable to work with vulnerable people were employed. New staff were only able to work unsupervised once all checks and references were completed and assessed as satisfactory. Disclosure and Barring Service (DBS) checks formed part of this process. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Gaps in employment were explored as part of the interview process and potential new staff were asked a set of key questions to help the service employ staff with the rights skills and qualities. The registered manager had recently been on a training day about safe recruitment processes with Devon County Council.

People received varying levels of support when taking their medicines. For example, from prompting through to administration. Care workers had received medicine training and competency assessments to ensure they were competent to give out prescribed medicine safely. Audits were completed to ensure the records relating to administration of medicines were signed and kept up to date. Spot checks were also completed and during these senior staff checked that care workers were following the medicines policy and procedure when assisting people with their medicines. Where errors had occurred the staff member responsible had been taken off the role of administering medicines and was going through some re-training. The director said these staff would not resume the medicine management role until the registered manager and director agreed they had gained further skills and were competent. They said they would also undertake more spot checks and audits to ensure further errors did not occur.

Good

Is the service effective?

Our findings

People described their care and support as being effective and meeting their needs. One person said ''I have grown so much more confidence and staff support me when I need the help or someone to talk to.'' Another person said ''The staff do everything I ask or need of them.''

Staff felt they were able to provide effective care because they had the right support and training. One staff member said ''I have completed loads of relevant training and am also doing my diploma in care.'' The training matrix produced by the service showed there were some gaps in staff needing updates on specific areas, but we were assured these were either already booked or were being booked. The service provides training in all areas of health and safety such as first aid, moving and handling and fire safety. They also provided staff with specific training on working with people with autism, challenging behaviours and mental health conditions.

Staff said they received regular supervisions to discuss their role and future training needs. All staff also had an annual appraisal. Records showed these were in process and staff signed to say they had agreed to the records of supervision and appraisals.

New staff were supported to understand their role and responsibilities with a comprehensive induction programme. This followed the key areas of the Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction if they have not worked in care before. One staff member said they had completed this as part of their induction. New staff were also able to shadow more experienced staff to help them understand the role and tasks required. The registered manager said the induction process was tailored to the individual staff member's needs. For example, if the new staff member had not worked in care previously, they might shadow other staff for longer before they were expected to provide care and support on their own. The provider information return (PIR) stated that the service manager/registered manager closely monitored new staff to ensure they were competent to do their job.

People's rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. There were several examples of how the service had protected people's rights with the use of best interest decision meetings and the involvement of an independent advocate. Care workers demonstrated an understanding of the MCA and how it applied to their practice. For example helping people to make choices about how they lived their lives, respecting people's decisions to not always follow advice and to ensuring that people's mental capacity was always recorded.

Staff were able to describe how they supported people to be independent and to make decisions and choices throughout their day. This may mean helping someone choose the right clothes to wear when going

out in the cold, by respecting their individual style but encouraging people to stay healthy and warm in cold weather for example.

People's healthcare was documented within their care plan and, if needed, support was provided to assist people to attend health appointments. Staff said they ensured people had support when they were anxious about healthcare appointments or needed support to understand what treatment options might be available. Some people had specialist input from the learning disability team. For example one person needed to have their bloods checked. This procedure made them very anxious so the learning disability nurse completed this procedure in the person's own home, and a mild sedative was used to help them stay relaxed and calm.

People were supported to maintain a healthy balanced diet; this level of support varied depending on people's needs. One person told us ''I have cooked my own pasties, some for tea and some for the freezer. Staff help me decide what I would like to cook and I like to do it myself. ''Visit times were planned around what support each person needed with their meal preparation, shopping, cooking and budgeting. Staff prepared food for some people to ensure they ate safely and drank sufficient amounts. Where there was a risk of people not eating and drinking sufficient amounts to maintain good health, detailed records were kept about the amounts people had eaten and drunk each day. If staff were concerned about people not eating and drinking enough they would talk to them about getting advice from their GP or a referral to a dietician. One staff member said if they read the person had not eaten much at lunch, they would make sure they prepared something they knew the person liked for their tea.

Good

Is the service caring?

Our findings

People said staff were kind and caring towards them. One said ''Staff are always there if I need to have a chat. They understand that I need to talk about how my day has gone. I think they are very good.'' Another said ''They are my friends. They look after us. I like all the staff.'' One parent spoke positively about how staff had been caring towards them and their relative. They said ''I don't think you could expect any more from a staff group. They do genuinely care. I believe them all to be very caring and kind.''

It was clear staff had a genuine affection for the people they worked with. Staff spoke about people's positive attributes and what they enjoyed doing rather than discussing people's conditions or their needs. One staff member had been working on a life story book with a person in their own time. They had taken pictures of the person doing things they enjoyed and of people who were important to them.

People were supported in a way which ensured their privacy and dignity was maintained. There had been a recent concern expressed from a professional that people's dignity may not always have been fully considered. This related to them wearing dirty or inappropriate clothing. We did not find any evidence to support this. The care plans detailed instructions for staff to check and support people with changing their clothes and ensuring they were in suitable clothing for the weather.

The provider information return (PIR) stated ''We use a person-centred approach in our support to respond to gender, cultural and spiritual needs in a caring and compassionate way. Our support
plans are developed to continue to change and review our Service Users preferences, aims and goals.'' Staff confirmed they planned their support hours to ensure people were enabled to do what they enjoyed most with the people who were important to them. For example, people were supported to visit their friends and family, and to stay in touch with people who were important to them.

Staff understood the importance of offering people choice and respecting people's wishes. Staff were able to describe how they ensured people were afforded as much choice as possible in the way they delivered care and support.

There were many compliment cards showing the caring values of staff were appreciated people and their relatives. Examples included "thank-you for the continued support , you provide a proactive safe/personal/caring support in meeting my son's needs" And ''Always up to date and members of staff always put themselves out to make my visit enjoyable.''

Good

Is the service responsive?

Our findings

People felt the service was responsive to their needs. For example, one person said ''My support time is planned so staff spent time talking to me about my day and how it went, as this is important to me.'' Another person described how they had support time to help them with their shopping which was important to them.

The service was responsive to people's needs because people's care and support was well planned and delivered in a way the person wished. Care plans clearly showed where each support hour was being used and how staff should support people to achieve their goals. This may be in activities of daily living such as getting up and dressed each morning. It could also include ensuring people had activities to prevent social isolation. We saw for example two people shared their support hours, because they enjoyed spending time together and this also meant they could have more time getting out and about with support. The PIR stated 'We recognize that we need to
continue to provide resources to prevent social isolation and involvement in the community for our Service Users. Five of our Service Users are now employed in regular paid or voluntary work and are on the waiting list to attend work experience workshops. Nine attend woodwork, pottery, arts and craft, gardening workshops, art sessions and college.'

People were actively involved in the development and reviewing of their care plan. Usually care was well planned although we did receive feedback from one healthcare professional to say one person they had reviewed did not have a care plan and their risk assessment was in need of updating. The registered manager said there was a care plan but agreed this had needed to be updated, which they have now completed. The impact on the individual was minimal as the care workers knew the person well and knew how to support them safely and effectively. One person showed us their care plan, which they had developed themselves with minimal support. Staff confirmed care plans were useful documents and they were reviewed in light of people's changing needs.

Where people's needs had changed the service were quick to request advice and support from healthcare professionals and also to request reviews from the funding authorities. The service held annual reviews for people to look at their package of care and support and to plan for future needs. These were not always attended by funding authorities and the registered manager and director were looking at how they could engage with their partners more proactively to ensure they could be responsive to people's changing needs.

People's views were sought and their suggestions implemented in a variety of ways. The PIR showed the various ways people were asked to be involved in making their views known. It stated 'Our Service Users are involved in our service. We hold quarterly meetings where they have been instrumental in reviewing policies and procedures, our Service User guide and keeping them safe. We inform our Service Users they have access to independent advocacy support. We have Service Users present at staff interviews, who may contribute to the decision making in appointing staff. We ask for feedback from our Service Users during the induction period of new staff to ensure staff are caring/respectful of Service Users needs and preferences. When we recruit staff we include questions to ascertain their kindness caring qualities as well as privacy and

dignity. Before we provide support we carry out a detailed assessment followed by relevant risk assessments with our Service Users which formulates their support plans that meets their needs and preferences. We ask our Service Users to give feedback of new staff during their induction 12 week period to include if staff are polite/respectful/keep them safe and if they wish for them to continue to support them. Our survey of service users families and professionals are happy with the support we provide.'
Complaints and concerns were taken seriously and acted upon. Where people had made a complaint, their complaint issues were fully investigated and a response was given to the complainant. People had access to an easy read complaints process and were asked on a regular basis if they had any concerns they wished to discuss. People confirmed they knew who they should speak to if they had a concern. The staff showed a real willingness to respond to complaints and concerns and to look at how they could learn from mistakes and be responsive to people's needs.

The registered manager was also proactive in raising concerns on behalf of people if they had not received a good service. For example, they had raised two complaints about access for health care for people. These had resulted in positive changes for people.

Good

Is the service well-led?

Our findings

People knew who the registered manager was and were confident in their ability to ensure the service was well-led. The registered manager visited people in their homes as part of the quality monitoring processes. She knew people, their support plans and which staff supported them. Staff said the management approach was open and inclusive. Staff felt valued and said their opinion and suggestions were listened to. The service acknowledged and celebrated staff achievements with Staff Achievement Award (nominated by service users and next of kin). Staff training and ongoing learning was also seen as an important part of the service development and improvement plan.

People who used the service were actively involved in the review and development of the service. For example, people were involved in interviewing new staff. They were also asked for feedback following staff completing their induction. The PIR stated 'We hold quarterly meetings where they have been instrumental in reviewing policies and procedures, our Service User guide and keeping them safe. We inform our Service Users they have access to independent advocacy support.' One person told us they were involved in the editing of the newsletter which the service sent out to people and their relatives.

People were also asked to get involved in reviewing key policies and procedures and the service were developing a 'kite mark' to show when a policy had been agreed by people who used the service. Staff were also encouraged to be part of quality assurance processes. The service had held staff forums with the focus being asking for their views on improvements for the future. Staff said their views were sought in a variety of ways. This included staff forums, team meetings and one to one supervision sessions. Staff had confidence in the management team.

There were accident and incident reporting systems in place at the service. This was a means to gather the information in order for the registered manager to be able to monitor any adverse events. Any accident or incident report was reviewed by the registered manager for trends and ways further events could be prevented. This showed a willingness to learn from mistakes.

Comprehensive audits were used to drive up improvement and enhance the lives of people using the service. This included spot checks on staff completing the support hours they were commissioned to do, checks on records including medicine records, care plans and risk assessments. The registered manager said the review of care plans had been a huge undertaking as they needed to be refined. The quality assurance and improvement team from Devon County Council had praised the service for their care plans and the fact they were comprehensive and person centred.

Annual surveys were another tool used to gather the opinions of people using the service, their families and staff. This also included asking for the views of other professionals. The last survey showed 83% of next-of-kin surveyed indicated they were 'Always happy with the support and guidance of managers.'

The registered person was meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.