Care Quality Commission

Care Services (UK) Ltd

Lanrick Cottage

Inspection report

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Rugeley
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Ratings

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

Overall summary

This unannounced inspection took place on 26 January 2016 and was unannounced. The inspection was undertaken by one inspector. At our last inspection on 8 February 2014 the provider was meeting the legal standards we inspected.

Lanrick Cottage provides accommodation and personal care for up to four people with a learning disability. There were four people living there at the time of our inspection.

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.

Staff understood their responsibility to keep people safe and protected from harm and the actions they should take if they had any concerns. Risks to people's health and wellbeing were assessed. Staff were provided with guidance on the best way to manage people's risks and support people positively. People's medicines were administered, recorded and stored correctly to ensure they received their prescribed treatments.

Summary of findings

There were sufficient staff to meet people's needs and support them to take part in activities which interested them. There were processes in place to ensure staff who came to work at the home were suitable to work in a caring environment.

Staff received training to provide them with the skills they needed to care for people. Staff were supported to discuss their work and personal development on a regular basis. People were referred to other healthcare professionals when specialist support was required.

People were treated kindly by staff. Staff knew people well and were able to interact with people who could not communicate or express themselves verbally. People were given the opportunity to share their views on the service and the care they received. There was an audit programme in place to monitor the service and identify where improvements could be made.

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's risks had been identified and there were management plans in place to provide people with care that reduced their risk of harm. There was a sufficient number of suitably recruited staff. People's medicines were administered, recorded and stored safely.

Good

Is the service effective?
The service was not consistently effective. The provider was not following some of the principles of the Mental Capacity Act 2005. People who lacked capacity to make decisions for themselves were supported by staff, however the reasoning behind decisions made in their best interest was not always demonstrated. People had the opportunity to eat together and choose the foods they wanted to eat. The advice and support of healthcare professionals was sought whenever it was necessary.

Requires improvement

Is the service caring?
The service was caring. People received kind and caring support from staff. People were supported to maintain the relationships which were important to them.

Good

Is the service responsive?
The service was responsive. People received the support they wanted because staff understood their likes, dislikes and preferences. People were supported to be involved with the community and take part in activities which interested them.

Good

Is the service well-led?
The service was well-led. People and their families were encouraged to share their opinions about the service. There were quality monitoring audits in place to identify where improvements to the service were required.

Good

Lanrick Cottage

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 January 2016 and was unannounced. The inspection was undertaken by one inspector.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt was relevant. We looked at the information we held about the service and the provider, including notifications the provider had sent us about significant events at the home.

Some of the people who used the service were unable to tell us about their experience of care so we observed care in the communal areas to understand their experience of care.

We spoke with two people who used the service, two members of staff, a team leader and the registered manager

We looked at two care plans to check that people were receiving the care planned for them, two recruitment files and other information related to the management of the home.

Good

Is the service safe?

Our findings

Relatives we spoke with told us people were safe living at Lanrick Cottage. One relative told us, "They always make sure [the person who used the service] is safe. I have no issues with that". Staff told us how they protected people from harm both inside the home and when people were out. Staff were aware of the types of abuse people might be vulnerable to and the actions they would take if they had any concerns. One member of staff said, "We keep a close watch on people. If I had worries I'd speak to the manager. I'd write down all the facts and concerns I had. We have a flow chart displayed showing us the steps we need to take".

Potential risks to people had been identified and there were risk assessments in place for all aspects of their care. We saw that for people who had seizures there was information provided for staff to ensure they were supported appropriately and safely. There were also risk assessments in place for outings and holidays to ensure people were safe when they were away from home. For example we saw there was information for staff about road safety for one person which read, 'Staff to ask if it safe to cross. [The person who used the service] to sign yes or no. Staff to check again before crossing'. This demonstrated that this person's road safety awareness was assessed on an on-going basis.

Some people demonstrated behaviour which challenged their safety and that of others. We saw there were specific assessments in place to support people and ensure their risks were managed appropriately. Staff recorded each incident of challenging behaviour and where possible identified what may have triggered the person to become unsettled. Staff we spoke with were aware of their role in reducing risks. One member of staff told us, "We try and support people to feel secure to calm them". We saw that the risk assessments were reviewed regularly and that staff signed to confirm that they had read the updated information and acknowledge that a change had been made to the person's care.

We saw that people were supported to take their prescribed medicines to keep them well. Medicines were administered, recorded and stored correctly. Staff told us and records confirmed that staff who handled medicines were trained to do so and observed regularly to ensure they remained competent. We saw that a full audit of medicines was completed daily to ensure stock levels and recording was accurate. This demonstrated suitable systems were in place to manage medicines.

Relatives we spoke with told us that there were sufficient staff to support people. One relative told us, "There are always staff around when I visit". A member of staff said, "We can be a bit short sometimes but we plan things so that there's no impact on people". We saw there were enough staff to support people and meet their needs. There were recruitment processes in place to ensure staff were suitable to work within a care environment. One member of staff told us, "I had to provide references and wait for these and my security checks to come back before I was able to start work here. I also came and had coffee with everyone to make sure the people here were okay with me".

Requires improvement

Is the service effective?

Our findings

We heard people being given choices about how they spent their time and what they wanted to do. 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.

We saw that there were capacity assessments in place for people who needed support with their decision making and we saw that some decisions made for them were demonstrated to be in their best interest for example, the reason why staff took charge of their medicines. However we did not see that the reasoning behind some of the other decisions made for people were recorded. For example, the implementation of positive behaviour plans for people without recording the discussions, the person's capacity to understand and their agreement to the change in their support.

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. Some of the people who used the service were deprived of their liberty as they were unable to make decisions about their safety for themselves. We saw that staff had made the deprivation applications as required to ensure they provided care which met the principles of the MCA.

A relative we spoke with told us, “The staff definitely know how to care for [the person who used the service]”. Staff told us they were supported to gain the skills and knowledge to care for people effectively. One member of staff told us, “I had training on autism and it made me realise why some people ask the same question over and over. It’s because they need reassurance”. Staff told us there was an induction programme for new staff to ensure they were able to learn about people and be supported by more experienced staff before they had responsibility for people. The new members of staff and some of the existing staff were following the newly introduced Care Certificate. The Care Certificate has been introduced nationally to help care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were provided with regular supervision to discuss their performance, any concerns they had and their future development. One member of staff told us, “Supervision is a very open session. You can discuss what you like”. Another member of staff said, “I would like the opportunity to learn more sign language and I mentioned that in my supervision. They’re looking into it”.

We saw that people were supported to enjoy a sociable mealtime. Everyone, including the staff sat together to eat their meal. There was conversation and laughter around the table and occasional gentle reminders from staff to advise people to slow down and eat their food at a more leisurely pace to reduce the risk of them choking. One person was supported by staff to eat. We saw that staff kept the person’s plate out of their reach but passed them the spoon to feed themselves. A member of staff told us, “This is stage one of getting the person to eat independently. They have had difficulties in the past and we’re doing this to build up to feeding themselves safely”. There were arrangements in place to monitor people’s weight regularly to ensure any changes were identified and reported appropriately.

People living in the home were supported to maintain their health and wellbeing. We saw people had access to health care professional including their doctor, dentist and the learning disability support team. A relative told us, “The staff always ring me if [the person who used the service] is unwell even if it’s something minor like a sore throat”.

Good

Is the service caring?

Our findings

We asked a person if the staff were kind to them and although they were unable to speak with us they gave us a 'thumbs up' to show they agreed they were. A relative told us, "I am really pleased with the home. They're fine there". Some of the people who used the service were not able to tell us about their experience of care so we observed how people and staff interacted together. We saw that staff were kind and caring with people. Staff engaged well with people and offered non-verbal support and reassurance through gestures such as placing a hand on their arm whilst chatting. Staff demonstrated patience with people. One person asked staff the same question several times. Staff told us this was because they needed reassurance. We heard staff reminding the person that they had asked the question before and prompting them to recall what answer they'd been given.

We heard staff addressing people by their preferred name and saw there were good interactions between them. Staff communicated with people in a way that met their needs, using sign language when appropriate. One member of staff said, "People have been here for a long time and they're settled". Staff recognised people's rights to privacy and we heard them knocking on people's doors before going in to speak with them.

Staff promoted people's independence. We saw that people were encouraged to undertake household chores which included setting and clearing the table at lunchtime, doing their washing and cleaning their bedrooms with the assistance of staff. One person had pets in the home and we heard staff telling them they would help them clean out their cage later that day.

People were encouraged and supported to maintain the relationships which were important to them. Relatives told us they could call in at any time. One relative said, "The staff take [the person who used the service] to visit their friend. They've been friends since they were small and it's a nice friendship. I'm pleased the staff can take them". Other people made regular visits to see their families. Some people did not have regular contact with their families and we saw that staff had arranged for them to have support from an advocate. An advocate works independently to represent people's interests, support them with decision making and if necessary speak on their behalf.

Good

Is the service responsive?

Our findings

People were provided with personalised care which reflected their preferences. We saw that people and their families had been asked about what was important to them and this information was recorded within their care plans. For example people's preferences and routines were recorded, such as if they preferred a bath to a shower and their morning and bedtime routines -. This information supported staff to provide individualised care. We saw that people had the opportunity to sit with a member of staff to ensure they were happy and content and didn't want to make any changes to their care. Relatives were also invited to be involved care reviews. One relative told us, "I was in a couple of months ago for the meeting. We try to involve [the person who used the service] but they just wander in and out".

Everyone had opportunities to socialise both inside and outside of the home with staff support. One person told us they had been to the gym that morning and said, "I went on the treadmill". Other people went shopping with staff and for a walk. We saw that when people were in the home they did what they wanted to do. One person watched the television and another chose to spend time alone in their room. Staff told us they always managed to support people to do what they wanted. One member of staff told us, "Sometimes we have to rejig staffing or get cover from our other home but we make sure people can do what they want".

Staff told us they had supported people on a holiday to Wales. One person showed us the mug which they had bought on the last holiday. A member of staff told us, "Everyone goes. They completely change when we go there. They love it". We saw photographs of people enjoying horse riding and spending time in the garden. People were supported to maintain links with the community and attended social evenings at community halls and clubs. One person had expressed an interest in going to church at Christmas and we saw they had been supported to attend a carol service.

People had information in their bedrooms to help them if they wanted to make a complaint or raise a concern. Relatives we spoke with told us they wouldn't hesitate to raise concerns with the staff. One relative said, "I always have a chat with staff. If I wasn't happy I'd say something". The registered manager told us that no complaints had been received since our last inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager but the everyday management of the home was fulfilled by the deputy manager who was on holiday when we inspected the service. Staff told us they felt well supported. One member of staff told us, “The manager is very fair and I feel we can tell her anything”. Another member of said, “There’s an open door policy. The manager is very good and approachable”. Staff told us there was a whistle blowing policy so that they could report concerns about the service anonymously if they preferred. Staff told us they would feel happy to raise concerns and thought they would be supported. One member of staff said, “I can tell the manager anything in confidence and the area manager is also very approachable”.

People had the opportunity to share their views on the service during a weekly informal meeting referred to as the ‘chat group’. We saw in the minutes of the meeting that people discussed what they had and hadn’t enjoyed during the week, if there was anything outside of their planned activities they’d like to do and what shopping they needed. There were arrangements in place for people and their relatives to express their views of the service in an annual satisfaction survey. The results of the most recent survey were not available but we saw the previous survey reflected the views of people and their relatives. We saw that the results of the survey had been analysed and the provider had not been asked to make any changes to the service. Staff told us they had regular meetings to discuss changes in the home. We saw at the last meeting they had discussed arrangements for Christmas and planned activities for people to enjoy.

We saw that the provider had measures in place to monitor the quality of the service and drive improvement. Audits were undertaken on medicine administration, people’s monies and health and safety around the home.