

Alliance Home Care (Learning Disabilities) Limited

Lingfield

Inspection report

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Ratings

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

Summary of findings

Overall summary

Lingfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This location is registered to provide accommodation and personal care to a maximum of six adults with learning disabilities. Six people lived at the service at the time of our inspection. People who lived at the service had different communication needs. Some people were able to communicate verbally, and other people used gestures. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This comprehensive inspection took place on 26 February 2018 and was announced. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they liked living at the service, they were safe and supported by enough staff. However, there were concerns about the turnover of staff.

The service was last inspected in January 2016 and was rated as 'Good' overall. At this inspection we found the evidence continued to support the rating of good.

During our inspection we reviewed how people's needs and risks were assessed and managed. We found that risks associated with people's care were appropriately assessed and staff were provided with guidance on how to manage these risks.

There were systems in place to manage the risk of fire.

People were supported to maintain their independence and control of their lives and staff supported them in the least restrictive way possible. People were supported to meet with family members and to attend activities.

Staff underwent recruitment checks before they worked with people. The home was clean and being maintained. People could be involved in cooking and staff undertook the cleaning. The premises suited people's needs.

People had support to keep well and healthy and to take the medicines they needed. People were involved

in making decisions about what happened at the service so that they all had a say. The registered manager had been managing the service for five months and had experience of supporting people with learning disabilities.

There was a complaints procedure available for people who used the service.

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. Risks to individuals were assessed and acted upon. People told us that people were supported by staff, however, there were concerns about the turnover of staff. Staff were checked before they worked with people. The premises suited people's needs. The home was clean and being maintained.

Is the service effective?

Good ●

The service was effective. People were supported to maintain their independence, have control of their lives and staff supported them in the least restrictive way possible. Training was provided regularly for staff. Consent to care and treatment was sought in line with legislation.

Is the service caring?

Good ●

The service was caring. People had support to keep well and healthy. People's dignity was protected. People were enabled and supported to access the community and maintain relationships with families.

Is the service responsive?

Good ●

The service was responsive. End of life care plans had been completed. Some of people's preferences and choices were documented to enable them to be fully respected. A complaints procedure was in place and people knew how to make a complaint

Is the service well-led?

Good ●

The service was well-led.

Staff had been appraised in the past year. The registered manager, staff and provider encouraged people to be involved in developing the service. A quality assurance and monitoring system was in place and the registered manager used this to identify areas that could improve. Feedback was sought from people through regular meetings and satisfaction surveys.

Lingfield

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 26 February 2018 and was announced. We telephoned the service 48 hours before the inspection visit because the service was a small residential home for adults who are often out during the day. We needed to be sure that people would be in.

The inspection was carried out by one inspector. Before the inspection the registered manager completed a Provider Information Return and we used this as part of the inspection process. We require providers to send us a Provider Information Return at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the last inspection report and other information including any notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We spoke with two members of staff and to the registered manager. We sampled various records including two care plans, medicine records, audits, checks and supervision notes. We observed how people were supported and how staff interacted with people. We also spoke to two people who used the service as well as two relatives.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person told us, "Yes, I'm OK. I am safe." A relative said, "I'm happy with the service. [name] is safe there."

Risks to people were being managed safely. Support plans highlighted risk posed to people. One person had been assessed by an occupational therapist (OT) and recommendations had been made, which included food to be cut up in to manageable pieces. There was a nutrition assessment form in the support plan however, this did not provide detailed measures staff needed to take to reduce the risk of choking, such as the need to cut food up and how finely food needed to be prepared. After the inspection we were provided with the persons' support plan which included how to prepare food to reduce the likelihood of choking. There was a risk assessment for diet, nutrition, weight issues and health risk support in the kitchen. This did not include the persons risk of choking. The registered manager confirmed the diet, nutrition, weight issues and health risk support in the kitchen was in place to reduce the risks associated with using the kitchen. The registered manager advised us that the risk assessments needed to be updated and that one needed to be prepared specifically for choking. We were provided with a copy the risk assessment for choking after the inspection.

One person, who had hearing difficulties, had a red light installed in their bedroom to act as a visual aid to indicate when the fire alarm had been activated. We received Certificates of Inspection of fire equipment and evidence of weekly visual checks following the inspection.

All staff received fire training. Fire procedures included individual Personal Emergency Evacuation Plan (PEEP). PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. We saw evidence that portable appliance testing had been carried out, gas and electrical safety checks had been conducted and a legionella risk assessment had been carried out in the past two years. Water systems were being maintained in line with guidance.

The service continued to have safe recruitment systems in place. Employment checks including, references and Disclosure and Baring Service checks (DBS) had been completed. These checks identify if staff are safe to work in care. We saw there were enough staff onsite to keep people safe and to support them with their activities. The rota's we looked at indicated staffing levels were being planned appropriately and maintained.

Staff had received training in safeguarding adults and records confirmed this. Staff were able to identify the different types of abuse and were aware of their responsibility for reporting any allegations of abuse. The staff were able to describe the different types of abuse and knew how to report concerns inside and outside of the organisation. The registered manager was aware of their responsibility to liaise with the local authority where safeguarding concerns were raised. One incident had been reported in the past year. The incident had been reported, investigated and action taken to prevent it from happening again. We saw evidence that accidents and incidents had been recorded and lessons learnt as necessary. For example, a safe had been fitted for a person in response to a previous incident.

The home was clean and tidy. Cleaning schedules were being updated. We looked at how the premises was maintained and we saw evidence that any issues identified had been logged on maintenance sheets and actions taken to rectify. The provider employed a maintenance person, who was onsite three days a month to carryout checks and repairs. There was a long term maintenance plan in place, which included redecoration of communal areas, in place, which was being completed. We observed that staff used Protective Personal Equipment (PPE), such as gloves, appropriately during our inspection.

Medicines were stored securely in locked and designated medicine cabinets. Medicine administration records (MAR) were correctly used to show that administration had occurred. MARs included people's allergies, current medication and dosage. This meant that medicines were stored and administered safely. Staff had been trained to administer medication and their competency to do so had been assessed. We observed the lunchtime medication round, staff administered medicines to people and accurately recorded when they had been taken. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage, frequency and purpose of the medicine and ensured these were given appropriately.

The staff we spoke to were aware of the whistleblowing procedure in place and were able to tell us the protocol for reporting concerns.

Is the service effective?

Our findings

People told us staff were friendly and kind to them. One person said, "They are good to me." A relative said, "The staff are friendly and nice." We observed staff being patient and kind to people and taking time to include people in conversations throughout the day.

Staff received appropriate training to enable them to develop the knowledge and skills needed to provide care. Training provided included medication, fire, positive behaviour support and specialist training in supporting people with bi-polar disorder. A member of staff told us, "I completed bi-polar training recently. This has helped me to understand the condition better." Staff told us that their competencies were checked after completing some training, such as medication safety. Staff told us supervisions were carried out and used to reflect the care and support they provided and we saw evidence of this. Records showed staff learning was monitored as part of the governance of the service. Newly appointed staff completed an induction period and there was evidence of this in the recruitment files we looked at. We were told and saw evidence of new staff shadowing more experienced staff before they started to support people alone.

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 are called the Deprivation of Liberty Safeguards (DoLS).

At the time of inspection the registered manager informed us that three people had been referred for a DoLS authorisation, one of which had been approved. The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. People's consent and ability to make specific decisions had been assessed and recorded in their support plans. People had signed consent forms to be assisted with medication and for support with their finances. Records showed that when people lacked the capacity to make certain decisions about their lives, their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests.

Staff demonstrated a good understanding about people's communications needs and support plans detailed how to communicate with people as well as how they were supported to make decisions. There was information about people's health needs, mobility and likes and dislikes. Support plans were being reviewed and updated every three months.

People accessed health care professionals to ensure their health needs were met. Professional advice was included in people's care plans and contact details for their psychiatrist, GP and dentist was included. We observed people taking part in meal preparation. One person told us, "I can go and help myself [to food and drink] when I want to." We saw that there was a four-week menu rotation. Each menu was based on the

preferences of people who used the service. People's preferences were recorded in their support plan and people were supported to choose food options by staff during house meetings. Some people had their own food cupboard in the kitchen, did their own shopping and were supported by staff to prepare their own meals. However, we saw that people were given the opportunity to join in and eat the main meal prepared for the people living at the service.

People we spoke with told us that they got enough to eat and drink. People had a nutrition assessment in place and were weighed monthly to reduce the likelihood of malnourishment. We were told by the registered manager that people would be referred for specialist support if they lost weight to the level it could impact on their health. People's allergies, religious and cultural needs were recorded in relation to their dietary needs.

We observed the handover meeting, which was held at the start of each shift. This ensured important information, including people's health needs was shared, acted upon where necessary and recorded to ensure people's progress was monitored. An update was given about each person who used the service, including how they slept, which activities they had attended and medication given.

The service was clean and in reasonable repair and the physical environment was suitable to meet people's needs. We saw bathrooms and en-suites had been adapted to meet people's needs. The service had responded to people's request to personalise bedrooms. One person told us, "I picked the colour of my walls."

The staff were able to explain their understanding of equalities and diversity. We were told, "Everybody is treated fairly here."

Is the service caring?

Our findings

We observed positive interactions between staff and people using the service. These were relaxed, friendly and appropriate. We saw people being treated in a caring way, with compassion. A person told us, "They are kind to me here." We were also told by the person about the good support staff had given when one of their friends had died. Relatives told us that support workers were kind and treated people with dignity and respect.

We saw kind interactions from staff to people throughout the inspection and that people were allowed time to make their own decisions and choices. Some people who lived at the home enjoyed relatively independent lives with the support of staff.

People were able to get involved in the planning of the service, including choosing activities and holidays during resident meetings. People's views were recorded and followed up by their key workers. This meant people living at Lingfield were able to express their views and that they were being listened to. People told us what activities they liked to do, including attending an outreach centre. Each person using the service had a 'key worker'. It was the keyworkers responsibility to make sure people's support plans were up to date and reviewed. A person told us their key worker was "alright" and held them to plan their activities and home visits.

Staff were knowledgeable about the people they supported and knew about their likes and dislikes and could tell us about the things that were important to them. People told us that they were supported to maintain relationships with family. One person said, "I go home to stay with my family a lot." People said there were no restrictions on their family or friends visiting them.

People's privacy and dignity were appropriately supported. We observed staff knocking on doors before entering rooms. People were supported to be as independent as they could be. Some people went out freely and regularly out to the shops or to the seaside alone.

People's preferences, likes and dislikes were recorded in their support plans. The staff we spoke with knew the people they were supporting well and were able to describe their routines and activities.

People were supported to practice their religion freely. People visited the local church regularly alone or with the support of staff. There was a weekly plan of activities for each person. This included trips to Brighton, outreach centres and going to the pub.

The staff we spoke to had a good understanding of equality and diversity. We were told, "We treat everyone fairly and with respect." We were told how people would be supported to have intimate relationships.

Where people lacked capacity and did not have any relatives, the registered manager told us that they were able to contact advocacy service on the person's behalf. At the time of inspection, there was no one living at the Lingfield who used advocacy services.

Care files were stored securely in the registered manager's office and was only accessible to staff working at the service.

People were supported to maintain relationships with family. People could have visitors when they wanted to and were able to visit relatives in their homes when they wanted to. Relatives told us they felt welcomed by the staff and were looked after when they visited the service.

Is the service responsive?

Our findings

The people we spoke with told us the support provided by the service was good and that staff were nice.

People had been living at Lingfield for many years. They saw that they were happy in the presence of staff. We saw staff being responsive to people's needs and requests. People's needs had been assessed before they moved into the home and had been used to develop personalised support plans, which included food likes and dislikes and how people needed to be supported. The two support plans looked at included end of life care plans.

The service was flexible to meet the needs of people. One person told us that they were able to change the day they went out on activities, with support from staff. This was to help them to maintain contact with friends.

People's bedrooms were personalised and decorated according to their wishes. People told us they were happy with their rooms. We observed that people were supported to have pet fishes and birds in their rooms and were helped to look after them.

There was a complaints procedure in place in easy read format. People said they knew how to make a complaint, but had nothing to complain about. One person told us, "I'd speak to the manager if I needed to." A relative told us, "I've never had anything to complain about but would speak to the manager, if needed." Another relative said, "There isn't anything to complain about. The service is good." The registered manager talked us through the complaints procedure; there had been no complaints since the last inspection. The staff we spoke to were aware of the complaints procedure and knew how to support people to make a complaint. The registered manager confirmed concerns or complaints were taken seriously, explored and responded to. There had been no complaints made in the past year.

People's independence was being promoted. People were able to go out with support on a regular basis. People's needs had been considered in relation to the Equalities Act and there had been some consideration of this in people's support plan. Their communication methods had been detailed, with some people able to use pictures to help them to communicate as not all could read. However, there was limited pictorial displays and notices in communal areas such as the lounge and dining areas to help to better communicate with people who were non-verbal or who had learning disabilities.

People told us that resident meetings were held weekly and it was used to discuss what activities people including holidays. Weekly activity planners continued to be developed and accessible. Each person had a key worker, who spent time with the person discussing their needs and preferences.

One person had recently enrolled on a computer course to learn how to use the computer recently purchased and had plans to use it to access social media sites in the future.

Is the service well-led?

Our findings

We saw there was enough staff available to meet people's needs. However, care staff told us that although there was sufficient staff, the retention of staff was an issue. People who used the service also told us that staff retention and turnover was a concern. A person who used the service told us, "The staff are alright but they keep changing. I don't like it when they change." The registered manager had been in post for five months at the time of the inspection. The registered manager confirmed that retention of staff was an issue. However, the Registered Manager was reviewing ways to improve staff retention.

We looked at the arrangements in place for quality assurance and governance. There was evidence of staff having appraisals completed. We looked at the minutes of the staff meetings which were held for all members of the team. Staff told us that they were able to express their views and any concerns they had.

Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. There were some systems in place to monitor the quality of the service that was being provided to people. The provider carried out audits to review the standard of the service. Audits included a review of medication records. The way medication was administered had been changed as a result of the audits. Cleaning audits were also being conducted.

The registered manager engaged with the staff team, and held regular staff meetings and supervision meetings so staff felt valued and included. Staff we spoke with said they "liked" working at the service. The service had a '5' star National Food Hygiene Rating. We saw from the documentation in the support plans and other records that there was communication with other professionals about people's needs and care.

The provider had carried out a survey in February 2018 to obtain feedback from people and their relatives. However, the feedback had not been summarised with actions at the time of the inspection due to recently being carried out. The registered manager advised us of the process currently underway.

The registered manager told us that an annual satisfaction survey was sent to relatives. The last relative's survey was completed in February 2018. Four responses had been received however, the results had not been fully assessed and action plan had not been generated at the time of the inspection. People were also asked to complete a survey about the house on annual basis also. The registered manager told us the house survey was last conducted in February 2017 and there was only 1 response at that time and it was positive. The annual house survey was due to be completed at the time of the inspection.

The registered manager told us there was limited partnership working in place with external organisations. However, they did attend meetings with manager meetings with sister care home leaders.