

C J B Care Limited

Leigh House

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

This inspection took place on 21 August 2015 and was unannounced. This was the first inspection since registration in September 2014.

Leigh House provides personal care for up to 3 younger adults with a learning disability and associated conditions. There was one person living at Leigh House on the day of our inspection.

There was a registered manager in post at the time of our inspection. 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 how to protect people from abuse and were responsive to their needs. People were protected against the risk of abuse, as checks were made to confirm staff were of good character to work with people. Sufficient staff were available to meet people's diverse needs.

Summary of findings

Risk assessments and care plans had been developed with the involvement of people and their representatives. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way.

The home provided spacious communal areas and facilities, that had been designed to accommodate people's physical and well-being needs. Bespoke facilities and private accommodation had been provided to ensure people's diverse needs and preferences were met. Equipment was in place to meet people's diverse needs which enabled them to maintain choice and independence.

Staff understood people's needs and abilities and were provided with training to support them to meet the needs of people they cared for. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. People's needs and preferences were met when they were supported with their dietary needs.

Staff supported people to maintain their independence and develop their communication skills to enable them to make choices. The culture of the home empowered people to maintain their dignity and privacy. Staff

understood the needs and preferences of the people they supported and worked in partnership with them and their representatives. Staff treated people in a caring way and they were supported to maintain good health.

The delivery of care was tailored to meet people's individual needs and preferences. People were supported develop and maintain hobbies and interests within the local community to promote equality and integration. The provider actively sought and included people and their representatives in the planning of care.

Complaints were used as an opportunity for learning and improvement. People's representatives knew how to make a complaint and were confident that their complaint would be fully investigated and action taken if necessary.

Arrangements were in place to assess and monitor the quality of the service, so that actions could be put in place to drive improvement. There were systems in place to supervise and manage all staff, to ensure staff's practice was monitored and to identify when additional support or training was required. The management of the service was open and transparent. Positive communication was encouraged and people's feedback was sought by the registered manager to further develop the service and drive improvement.

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.

Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines as prescribed. There were enough staff available to meet people's needs and preferences. Recruitment procedures were thorough to ensure the staff employed were suitable to support people.

Good



Is the service effective?

The service was effective.

Staff were supported through training and development and had the skills and knowledge to meet people's assessed needs. Staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Good



Is the service caring?

The service was caring.

A visible person-centred culture was in place. Staff provided care that was kind and promoted people's dignity. Staff treated people respectfully and supported people to maintain their privacy. Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes. People were supported to maintain their independence and autonomy. Staff worked in partnership with people and their representatives which empowered people to be involved in discussions about how they were cared for and supported.

Good



Is the service responsive?

The service was responsive.

People's individual needs and preferences were central to the planning and delivery of the support they received. Integrated person-centred care was provided to support people to maintain and develop their interests and hobbies. People, and their representative's were actively encouraged to make their views known about their care, treatment and support needs. They were encouraged to be involved in decisions which affected them. People were supported to maintain relationships with people that were important to them. The complaints policy was accessible and people received a satisfactory outcome when they complained or expressed their concerns.

Good



Is the service well-led?

The service was well led.

People, their representatives and staff were encouraged to share their opinion about the quality of the service, to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided. The service worked in partnership with specialist health care professionals.

Good



Leigh House

Detailed findings

Background to this inspection

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

This inspection took place on 21 August 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR.

We reviewed information we held about the service and contacted commissioners for their views on the support provided to people. Commissioners are people who work to find appropriate care and support services which are paid for by the funding authorities.

We spoke with the relatives of one person who lived at the home and the relatives of two other people who used the service for respite care. We also spoke with three care staff, the home leader and the registered manager.

We observed how staff interacted with people and looked at two people's care records to see how their care and treatment was planned and delivered. We looked at the meals to check that people were provided with food that met their needs and preferences. We looked at the medicines and records for one person to check that people were given their medicines as prescribed and in a safe way. We reviewed two staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet people's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Although the people that used the service were unable to express their views our observations of care showed that people were relaxed with staff and enjoyed their company. Relatives told us they were confident that their family member was supported in a safe way. One relative said, “I trust all the staff. I don’t have to worry because they (staff) know what they’re doing. “Another relative told us, “We feel very fortunate that [person who used the service] is here. We know they are safe because the staff understand their needs and know how to support them safely.”

The provider had taken steps to protect people from abuse. Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff were aware of the signs to look for that might mean a person was at risk of harm, and understood how to report their concerns. We saw there was a detailed safeguarding policy in place which guided staff on any action that needed to be taken. Staff told us and we saw that staff had undertaken training to support their knowledge and understanding of how to keep people safe. Discussions with the registered manager confirmed they knew how to refer people to the local safeguarding team if they were concerned they might be at risk of abuse. Staff were aware of the whistleblowing policy. This is a policy to protect staff if they have information of concern. Staff knew they could contact external agencies, such as the local authority or the Care Quality Commission, if needed. Staff told us they were confident that the management team would support them if they raised any concerns.

Risk assessments were in place regarding people’s assessed needs. The assessments included the actions needed to reduce risks. We saw that actions were in place to minimise the risk, whilst supporting them to maintain as much choice and independence as possible. For example, we saw that people were able to access community activities of their choice such as swimming, as risks had been minimised through detailed risk management plans. Discussions with staff and a check on the daily records showed plans were followed to ensure people were supported safely and restrictions on their freedom, choice and control were minimised.

The staffing levels were determined according to the needs of each person and the activity they were undertaking. The three people that used the service required one to one

support for most of the time during the day. However the records confirmed and staff told us that when accessing some community facilities additional staff were provided to support people. For example one person was supported by two staff go swimming. People’s relatives confirmed that the staffing levels were always maintained to ensure people were safe and able to undertake activities of their choice both within the home and community. One relative told us, “It’s marvellous, because there are enough staff so [person who used the service] is always out and about doing different things.” Another relative said, “The staffing levels meet [person who used the service] needs, they aren’t limited in what they can do because they have enough staff available to support them.” Records confirmed and staff told us that people were supported according to their assessed needs throughout the night. One person required continuous supervision and this was provided for them throughout the night. Additional staff were on duty throughout the night to support the other two people when they accessed the service.

The registered manager checked staff’s suitability to deliver personal care before they started work. Staff told us that the required checks had been completed by the registered manager. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We saw that medicines were managed safely as the provider had processes in place to store, administer, control stock levels and dispose of medicines safely. We saw that people were supported in a safe way as trained staff supported people to take their medicine. The records showed that all the signatures were of staff who had received training.

We looked at how staff supported people to take their medicines. Information in people’s care plans included the way they took their medicine. We saw that one person received their medicine through a percutaneous endoscopic gastrostomy (PEG) tube. A PEG tube is a way of introducing food, fluid and medicines via a thin tube that is inserted through the skin and into the stomach. Staff told us they had undertaken training to support them in providing medicine this way and records seen confirmed

Is the service safe?

this. A medicines administration record was kept and we saw that staff signed when medicine had been given. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs and promote their wellbeing. One relative told us, "The staff have the right skills and knowledge to support [person who used the service] who has very complex needs. I don't worry about them at all because the staff know what they're doing." Another relative said, "The care is excellent, the staff understand about [person who used the service] needs and we have confidence in them, they have been trained to look after people." Evidence was available to demonstrate communication between relatives and the home was well established and outcomes of conversations and meetings were effective.

The staff we spoke with were positive and enthusiastic about the training and support they received. It was evident that the provider considered training for staff to be an important aspect of their personal development programme. The provider stated in their PIR form that all staff had completed a full induction and received both basic and specialist training. Staff told us and records showed that they had been provided with training and support to enable them to meet people's individual needs. One member of staff said, "The people we support have quite complex needs so the training covers things like tracheostomy care and other specific training that we need to support people." Another member of staff said, "The manager is very supportive and ensures we have a good understanding of people's needs through training and supervision." We saw that staff received supervision on a monthly basis. Staff told us that supervisions provided them with an opportunity to discuss any issues and receive feedback on their performance. This demonstrated that people were cared for by staff that were well supported.

The provider stated in their PIR form that all staff completed a full induction and worked with experienced staff to ensure they were comfortable and competent with carrying out care. Staff told us the induction included attending training, shadowing experienced staff and reading care plans. One member of staff said, "I am working with experienced staff, so I have been given lots of time to get to know people and understand their needs and preferences. I think it's great because this has enabled me to build up my confidence as well as my knowledge." This showed us that people were supported by staff that understood their needs and preferences.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff told us and we saw that they had undertaken training in relation to the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. The provider stated in their PIR form that people were empowered to make choices, for people who were unable to make verbal choices, other ways were sought to determine choice, such as eye gaze technology. We saw that this technology was used for one person which enabled them to make choices independently. Information in this person's care plans and discussions with their relatives demonstrated that the provider, through providing this technology had empowered this person to make choices and decisions on a daily basis.

The MCA Deprivation of Liberty Standards (DoLS) requires providers to submit applications to a supervisory body for authority to deprive a person of their liberty. Applications should be made when a person without mental capacity requires continuous supervision and would not be safe to leave the home independently. The registered manager confirmed that Deprivations of Liberty Safeguards (DoLS) applications had been submitted for two people that used the service. This demonstrated that the provider understood their legal obligation to ensure people's rights were protected.

People were supported to maintain their nutritional health with guidance from health care professionals. We saw that people were empowered to choose meals of their choice through pictorial menus and eye gaze technology. This technology enabled the person to communicate by using their eyes to make choices. People were supported to eat out in the community on a regular basis to enable them to integrate with the local community. Meal choices were based on staff's knowledge of people's preferences and dietary needs. This knowledge had been gathered from relatives and from getting to know the person's likes and dislikes by offering a variety of choices. One member of staff said, "We know what people like, most of us have worked with them for a long time." The staff were provided with clear guidance to ensure additional food supplements were provided as needed to maintain people's nutritional health. Staff told us and we saw that they had been

Is the service effective?

provided with guidance on how to determine the amount of supplements required over a 24 hour period. Training had been provided for staff on how to administer these supplements. Records showed that staff followed this guidance to ensure people's dietary support needs were met.

Discussions with staff and records seen demonstrated that staff supported people to maintain their health care needs. Relatives also confirmed this, one person said, "The staff know what they're doing. [Person who used the service]

has complex needs but all the staff are trained to meet their needs, I don't have to worry at all. I can relax knowing they are looked after very well." Another relative told us, "We have regular meetings with staff and the communication is very good, so if there are any health issues we are informed straight away." The care plans we looked at showed that people received support from healthcare professionals. Staff followed guidance from health care professionals and worked with them which demonstrated that safeguards were in place to promote good health care.

Is the service caring?

Our findings

Relatives spoke highly of the support their family member received. One relative told us, “We can’t speak highly enough about the staff and the manager, they have enabled [person who used the service] to experience so much, we are delighted that they are here.” Another relative said, “It’s the most wonderful place I have ever known, the support is amazing. The care is based on people’s individual needs, the staff are competent and so caring.”

Staff spoke fondly about the people they supported. It was clear from our discussions with staff that they had a positive relationship with people and recognised and valued them as individuals.

Although people were unable to tell us about their experience of care, we observed the care provided in communal areas of the home. People were treated with kindness by staff and we saw staff were able to communicate with them. As the support provided was on a one to one basis we saw that people’s needs were met on an ongoing basis.

We saw that people’s diverse needs were met by staff that had a good understanding of their needs, preferences and methods of communication. There was a commitment to caring on an individual basis. People’s daily routines varied, dependent on their preferences and there was no expectation that a routine had to be followed. People were supported to attend church services of their choice, participate in interests and hobbies outside of the home and relax at home in their preferred way. This empowered people to have a voice and to realise their potential, enabling them to lead a life that was based on their choices and interests.

Relatives told us they were kept informed and involved in their family members care. One relative said, “ We have regular meetings about the support [person who used the service] receives. It is an ongoing process and we all work

together.” Another relative told us, “We are fully involved and know what’s happening, the manager and staff are always coming up with new things for them to try and they keep us up to date with everything.”

We saw that staff had an approach that placed people at the centre of their care. For example enabling people to make choices and decisions by providing the right tools for them to do this, such as eye gaze technology and pictorial menus. Staff took time to work at a pace that was right for the person that enabled them to be in control. For example we observed staff supporting a person with their lunch, this support was provided at a pace that suited the person.

People were enabled to spend time doing things they enjoyed and relaxing when they preferred to, by spending time in an environment that was adapted to meet their preferences and needs. The provider told us in their PIR form that people’s privacy and dignity was promoted through training that met the needs of people. We saw that this was an accurate reflection of the care provided. One person’s bedroom faced onto neighbouring gardens and to ensure their privacy, the windows had been covered with a privacy screen. This provided privacy whilst allowing the person to see outside into their own personalised garden. We saw that staff supported people to maintain their appearance and sense of style, by supporting them to choose clothing and accessories that met their preferences. This demonstrated that people were partners in their own care, experienced care that was empowering and provided by staff who treated them with dignity, consideration and respect.

People were supported to maintain relationships that were important to them. Relatives spoken with and records seen confirmed this. One relative told us, “ We have an excellent relationship with the staff and feel able to visit at any time and [person who used the service] visits us too.” Our observations demonstrated that relatives were made to feel welcome and relaxed when visiting their family members.

Is the service responsive?

Our findings

The provider had ensured that people's communication needs were incorporated into their plan of care and equipment was available to assist people in making choices and decisions. Eye gaze technology was used to enable one person who was unable to communicate through spoken word. The provider stated in their PIR form that they were liaising with the manufacturer to upgrade the current system to enable this person to have control over their environment, such as switching lights on and off and music systems. We saw that other methods of communication were also used to support people in making choices and decisions, such as pictorial menus to enable people to choose their preferred snack or meal and beverages.

We saw that the environment was adapted to meet people's individual needs and their preferences in décor and style. The person who lived at the home on a permanent basis had their own facilities within the home which provided them with a space that suited their preferences and met their needs. For example their own bedroom had en suite facilities, a lounge, sensory area and patio and garden area. We saw that these areas had been adapted and designed specifically to meet this person's needs. Relatives told us that this had been done in consultation with them and from staff that knew and understood their needs and preferences. Staff confirmed that the person had developed their patio and this showed us there was a proactive approach to understanding people's preferences, so that the delivery of care met people's needs and promoted equality.

The support people received was responsive and personalised, to ensure their needs were met and their wellbeing was enhanced. Two people accessed the service on a short term basis as and when required. One relative told us, "At other services we had to book at the beginning of the year all of the respite we wanted. Now we can have the respite when we need it, it's a wonderful service."

Discussions with relatives, staff and information in care plans confirmed that people were supported to participate in their chosen interests and hobbies. We saw that people were supported to go out which promoted inclusion, such as accessing sports facilities, arts and craft centres, shops

and eateries. One relative told us, "The staff take [person who used the service] out and about all the time, they find things that they like, so they have lots of opportunities to join in and experience new things."

People were supported to take holidays. One person had recently returned from a holiday abroad where they had been supported by staff. Discussions with their relatives and staff demonstrated that a surprise holiday destination had been chosen as the person had enjoyed a holiday there previously. Although the person was unable to tell us about their experience on holiday, one member of staff that supported them said, "The holiday was a great success they loved it and had a big smile on their face, I don't think they wanted to leave really."

We saw that people received continuity in the support they received because they were supported by a regular team of staff that knew and understood them. Staff had the relevant information required to support people. We saw that a full assessment had been completed that included people's needs and preferences. Plans were specific to individuals and staff we spoke with demonstrated a good understanding of people's needs. Professionals we spoke with told us they had no concerns about the care provided and said it was responsive to each person individual needs.

Reviews of care were completed in partnership with people and their representatives and we saw these were centred on people's diverse needs. One relative told us, "The care and support is continuously reviewed with us to ensure it meets their needs. If we think something needs to be changed or improved we just say and it's done, we can't speak highly enough about the manager and all of the staff."

Staff told us that any complaints or concerns made to them would be reported to the home leader or registered manager. Relatives confirmed they were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One relative said, "I have never needed to but I am quite sure if I had any worries they would be dealt with immediately." Another relative told us, "I know that any issues would be addressed straight away because we all work together." This showed us that people's representatives were involved and felt able to express any concerns or areas for improvement.

Is the service responsive?

A complaints procedure was in place and this was included in the information given to people when they started using the service. One written complaint that had been made by the general public. This did not relate to the care or support people received but we saw this had been addressed promptly by making improvements to the external facilities

at the home. The registered manager told us, “ It’s important that we maintain positive relationships with people, so this concern was addressed immediately.” This demonstrated that complaints were used as an opportunity for learning or improvement.

Is the service well-led?

Our findings

The registered manager had been in post since the home opened in September 2014. People's relatives told us that the culture within the home was open and transparent. One relative said about the registered manager, "He is very good, very open and honest and has a fantastic team of staff that are trained and competent." Another relative said, "If we didn't think the home was well managed then [person that used the service] wouldn't be here. We really can't fault the management." The provider told us in their PIR form that they planned to introduce a carer of the month award, where staff that had gone above and beyond would be recognised as being outstanding in the level of care they provided. This demonstrated that the leadership of the home motivated staff to succeed and be the best they could be.

The provider told us in their PIR form that they encouraged and supported people's relatives to express their views about care arrangements. This was done through monthly house meetings with people and their family to express their views and through sending out surveys to people and their family, the staff employed and relevant professionals. Records seen and discussions with relatives and staff confirmed this. We saw that all of the comments received were positive regarding the support and services provided to people. One relative wrote, 'We have been so impressed with how [person who used the service] is looked after, treated with respect and supported to live an independent life by people who truly care.'

Records seen demonstrated that the registered manager and staff worked with relevant health care professionals to ensure people's holistic needs were met. Comments from professionals that were involved in people's care were positive and confirmed that they had no concerns regarding the quality of care provided to people.

We saw that the registered manager and home leader worked in a supervisory role to support staff on a daily basis and through monthly supervisions and team meetings and yearly appraisals. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at Leigh House. One member of staff said, "It's great here, the support I get is fantastic and the care is so personalised." Staff confirmed that the culture of the home was open and transparent. One member of staff told us, "If we have any concerns, any issues or any suggestions they are listened to." Staff confirmed and records showed that team meetings were held on a monthly basis. One member of staff told us, "We discuss a variety of things like care practices, ensuring people's preferences are met, house maintenance and anything else that needs discussing. If we can't make the meeting there are minutes available to read." This demonstrated that staff were encouraged to express their views and were kept up to date with any changes.

An on call system was available for staff to ensure they had support from the management team on a 24 hour basis. A member of staff said, "There is always someone available if we need some advice or support."

The quality monitoring system in place included checks on how the service was provided. Audits were undertaken on a monthly basis and included all areas of care, medicine management, accidents and incidents, maintenance, staff recruitment, performance and appraisal and compliments and complaints. We saw that where improvements were identified actions had been put in place. This included introducing in house trainers to enable the provider to be more responsive in addressing staff's training needs and installing an air conditioning unit to ensure an ambient temperature was maintained in the warmer months. We saw that records were written in a way so that all staff could read and understand them and were stored securely which ensured only authorised persons had access to them.