New Link Residential Homes Association

Leyland House

Inspection report

22 Leyland Avenue
St Albans
Hertfordshire
AL1 2BE
Tel: 01727 763707

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Ratings

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

Overall summary

We undertook an unannounced inspection of Leyland house on 21 April 2015. Leyland House provides accommodation and personal care for up to three people with learning disabilities and /or mental health conditions. At the time of our inspection there were 3 people living in the home.

We last inspected this service in April 2014 and found that the service was not meeting the regulations with regard to care and welfare of people using the service, concerns around the safeguarding of people who used the service and the quality monitoring procedures were ineffective. During our most recent inspection in April 2015, we noted the home had made some improvements but we still had concerns.

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.

Summary of findings

People were mostly kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs, however the service lacked consistency around staffing levels. Staff were aware of people's choices and provided people with support which was caring and compassionate.

The provider had a robust recruitment process in place which ensured that qualified and experienced staff were employed at the home. Staff had worked for many years at the home so continuity was very good. Staff received training and support and were able to demonstrate a good working knowledge of their responsibilities.

Detailed care plans were in place detailing how people wished to be supported. People were not routinely involved in making decisions about their care because they were unable to. However family were asked to contribute to the process and decision making. Although care plans were reviewed regularly 'no changes' were recorded repeatedly and this did not demonstrate individualised care planning.

People were supported to eat and drink sufficient amounts and had a choice about what food and drinks they liked. Likewise people were supported to access healthcare appointments when required. Staff were usually able to respond to peoples' changing needs, however this was sometimes reliant on the availability of staff.

Medicines were administered by staff who had received training on the safe administration of medicines.

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?

Requires Improvement

The service was not consistently safe

Staff had been trained in safeguarding and were aware of how to protect people from avoidable harm.

Safeguarding training for staff included, signs to look for, and the processes that were to be followed if they had concerns

Staffing levels were not always appropriate to respond to unplanned events.

Medicines were managed appropriately.

Is the service effective?

Requires Improvement

The service was not consistently effective

Training was not always provided in a timely way and sometimes refresher training was overdue.

Staff had the skills and knowledge to meet people's needs.

Supervision and support was 'management led' and was not always effective.

Staff were aware of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLs).

People were supported to eat and drink sufficient amounts and to maintain good health.

Is the service caring?

Good

The service was caring

People who used the service had established well developed and positive relationships with staff at the service.

People had information available to them in a way they understood.

People had choices, and were encouraged to be independent where they were able to.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

Staff were aware of people's support needs, their interests and preferences.

Staff were not always able to respond immediately to peoples changing needs as this was sometimes reliant of the availability of staff.

Summary of findings

People were not always provided with opportunities to raise any concerns that they may have.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People's voice was not always evident in the way the service was run.

Support, fairness, and transparency, was demonstrated between staff, but required development with the managers.

There were some Links with local community.

The service lacked direction and a clear vision and values.

The quality monitoring of the service was inconsistent.

Leyland 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 April 2015 and was unannounced. One inspector carried out the inspection.

Before the inspection, we asked the provider to complete 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. We also reviewed other information we held about the service this included information we had received from the local authority, since the last inspection. We had not received any notifications of incidents or action plans following the last inspection. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with two people who used the service, the registered manager and deputy manager of the home and two care staff. We reviewed the care records of the three people that used the service. We did not review staff records as these had not changed since our last inspection. We also looked at other records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection visit we contacted three relatives of people who used the service by telephone.

We also contacted service commissioners, monitoring staff, and professionals involved with the service in order to gain feedback from them on the quality of care provided by the home.

Requires Improvement

Is the service safe?

Our findings

Relatives of people who used the service told us '"they felt their relatives were safe and well looked after at Leyland house" 'People told us that they "felt safe".

Although people told us that there was "enough staff" to care for them and during the course of the day, we found that the provider did not consistently have suitable arrangements in place to keep people safe from harm. For example staffing levels fluctuated and in the afternoons, up to three times a week there was only one member of staff available to care for the three people living at Leyland house. This meant that in the event of an accident, incident or untoward event, one staff member would have to deal with the situation, leaving the three people unsupervised. Similarly staff could not safely implement de-escalation techniques for people who had behaviour that challenged, as this would mean that the other people were left unsupervised and may be at risk. Events such as this were rare but nevertheless a number of incidents had ben recorded in the daily communication log. There were no records to show how the events were managed or what the outcome was.

We observed on the day of our inspection that a person who lived at the home was asked if they wanted to accompany a member of staff to the day centre to collect another resident. This was because there were no other staff at the home. Staff told us this happened regularly and usually the person agreed that they wanted to go. However we asked the provider what the arrangements were if the person did not want to go with the staff member. The provider said they would 'call on a member of staff who lived nearby' or that they would call the provider to come in. However both options would take time and did not support a consistently personalised and responsive service. It suggested that personalisation and responsiveness was reliant on the availability of staff.

It also meant that the other person being collected from the day centre may had had their privacy and dignity compromised, as another resident accompanied the staff member to collect them and therefore their 'personal time' was 'shared'. Staff told us that people were 'accepting' of these arrangement, and always said 'yes' when asked if they wanted to go. However we observed throughout the inspection that people were compliant with all requests and answered 'yes' to everything they were asked.

We had not received any safeguarding referrals from the provider since our last inspection.

Staff we spoke with had completed training in safeguarding and were able to demonstrate a good knowledge of the processes they would follow to report anything which they considered to be neglectful or abuse. There was information displayed in the office relating to safeguarding and we saw the policy and procedure which staff would follow if they had any concerns.

People had individual risk assessments in place for all aspects of their care and support plan. These included managing finances to safety in the home and assessments for people when they were away from the home. Although the assessments were signed to say they had been reviewed in all three files, there were 'no changes' recorded in all the risk assessments. Some changes had occurred in the level of risk, for example the redecoration of a persons bedroom, so there was an additional risk to the environment but this had not been documented. We also noted that some documents were not dated and this questioned whether they were current and still relevant.

In the case of one file there were details of what the risk was but not clear on how the risk was being managed. For example we saw an incident record which related to a person who had presented behaviour that challenged. But the record did not detail triggers, de-escalation techniques or how to reduce the risk of a reoccurrence of the event. It also did not clearly document what the desired outcome of the risk assessment was. This demonstrated that that the risk was not managed effectively and may have put the person at risk.

We saw that there was a 'communication book' for each person and this was completed during each shift. Staff coming on the next shift read it to ensure they were up to date with events and or concerns. This helped to ensure people were kept safe and events followed up appropriately.

We saw that the home had assessments relating to the home and maintenance checks such as gas safety checks which contributed to keeping the safekeeping of the home. There was a fire risk assessment and evacuation plans, which ensured that in the event of an emergency people using the service, were kept safe and could be removed from the service safely, and quickly.

Requires Improvement

Is the service safe?

Staff recruitment and pre-employment checks were in place. This enabled the manager to check that staff were suitable and qualified for the role they were being appointed to. The staff working at Leyland house had been employed for over 15 years.

We saw that medicines were administered by staff who had received training on the safe administration of medicines. Staff were able to tell us the process for administering medicines. Medicines records had been appropriately completed to show when medicines was given or if it had been refused. We saw medicines being administered to people and saw that staff were focused on the task and ensured that they had a drink available to assist them in taking the medicines.

We saw the latest audit completed by a local pharmacy and noted that there were no concerns raised. Staff told us the process for the ordering and return or safe disposal of medicines. We reviewed Medicines Administration Records [MAR], charts and found that staff were administering and recording the medicines in line with the medicines policy. We saw that checks were in place for all medicines coming into and leaving the home. Medicines were stored securely.

Requires Improvement

Is the service effective?

Our findings

People received care and support from staff that were knowledgeable about their needs. Staff were able to demonstrate that they were able to communicate effectively with people who lived at Leyland house, and knew when and what level of support people needed.

Staff told us that they had had some training since our last inspection and that the availability of training had improved. However there was still a shortfall and training was not always provided in a timely way. The provider told us that they were in the process of confirming the availability of relevant training and dates. We could not identify if staff training was up to date because the staff training matrix was not up to date. The provider told us they were members an organisation who provided training on a range of topics and that they accessed this training regularly. Staff said they had received training in a range of subjects such as safeguarding, fire safety, moving and handling MCA/Dols and that the training assisted them in understanding more about the people they supported and care was more effective.

Staff confirmed they had supervision with their line manager, however they told us the meetings were not always very supportive. An example of this was that the agenda was pre-set, mainly about management type issues, but staff told us that they were not always given an opportunity to talk about what was important for them.

Staff told us that consent was sought before care or treatment was provided. For example when giving people medicines. We noted that as verbal communication was limited, consent was often 'implied' and not immediately clear to people observing the process. This was not an issue for people who used the service as staff were able to assess body language and respond accordingly. Staff were clear about the process and confirmed that if people did not agree to care or support it would not be provided.

Consent forms were in place and where people were unable to consent to specific things it was recorded that, where appropriate the person's family had been involved in decision making. However where a person was deemed as not being able to consent because of a lack of capacity a formal assessment had been completed under mental capacity arrangements (MCA). Staff confirmed that they were awaiting decisions for one person.

Menus were not planned in advance and people were able to choose what they wanted to eat just before it was cooked. Staff were involved in the cooking of all meals. In some cases people who lived at Leyland house helped with preparation of simple meals and tasks associated with meal times. We saw that people were offered drinks and snacks at regular intervals. People were supported and encouraged to plan meals that were healthy, although if they did not choose the healthy option their choices were respected. People's weight was monitored and if required would be referred to a dietician for advice and on-going management.

People were supported to access healthcare appointments when required and there was contact with health and social care professionals involved in their care if their health or support needs changed. Staff told us that they regularly attended people's appointments, with them. People were able to attend GP surgeries and other appointments, however if they were unable to attend the professionals would be asked to attend the home.

We observed that the home was not decorated in a way which reflected and promoted the health and wellbeing of the people who lived there. The provider told us they were in the process of redecorating the home and was planning to replace the carpet, because the carpet was loose and well worn. This was planned for, once the redecoration had been completed. The paintwork was chipped and marked and although work had commenced the provider did not confirm when asked what arrangements had been made to complete the work. The provider told us they were planning to get the work completed by the end of May 2015. One bedroom had been stripped three weeks before our inspection and the person was still using the room as no alternative provision had been made. We observed that the room was dishevelled. For example the chair in the bedroom was piled high with puzzles and games which would normally have been housed in the cupboard, there was personal items which were covered in dust and staff told us that they had no where to put them during the redecoration. This demonstrated that the persons choice dignity and respect had been compromised, and no alternative arrangements had been made for the person during the redecoration. However following the inspection the provider has informed us that people living in the home were going on holiday for a few days to enable the work to be completed.

Good

Is the service caring?

Our findings

A person told us they "liked the staff very much". We observed people were supported by staff that were kind and caring towards them. We saw positive interaction between staff and the people who lived at Leyland house. Staff took time to speak with people in a caring and compassionate way. Generally staff provided care and support in a person centred way but this in some cases task orientated. For example people being able to go out shopping were only able to do so depending on the availability of staff, this demonstrated it was about the task rather than the person's wishes.

There were no restrictions on visiting. Relatives told us that they were able to visit the home when they wished and staff were always pleased to greet them and were always cheerful.

We observed throughout the day that staff assisted people in a kind and respectful manner. Care was provided in a personalised way by care and support staff. Staff had good understanding and knowledge of the people they supported. Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. For example we observed that one person was in an anxious state when they returned from being at day centre The person was unable to settle. We observed the staff provided them with reassurance which helped them to calm down.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst assisting with personal care. However 'there were no written records to show how people were involved in making decisions about their care'. Staff were able to explain to us how they involved people, however these explanations were not supported by records or policies we saw. People had lived at the service a long time and some of the communication around involvement was not evident. This did not impact of the care provided to people.

People's independence was promoted appropriately by staff. For example where people could do things for themselves they were encouraged and supported to do so. This was important to people so that they could retain and learn new life style skills. For example people were encouraged to do as much of their own personal care as possible and to assist with tasks around the home such as sorting out their laundry and food preparation.

Staff we spoke with clearly understood the importance of engaging with people in a way that they understood, and had good understanding of dignity and respect. Staff were aware of each person they cared for and their history. When we spoke with staff they were able to provide us with information about people's like and dislikes and their mood states.

We noted that people's end of life wishes had not always been discussed and documented. We spoke to the provider about this as this had been identified at a previous inspection. The provider told us that people were "not comfortable to discuss this issue". However by not having this information, it could compromise people's choices around their end of life wishes. The provider told us they would try to engage with people and their relatives to address this.

Requires Improvement

Is the service responsive?

Our findings

Staff responded to people's day to day care needs. One relative told us "staff are very helpful". Another said they felt that staff were responsive and "very good". Staff told us that they were aware of people's individual needs

The provider told us that "people were supported to access the community in order to minimise the risks of isolation" and "that people were all able to go out and do whatever they wanted". The provider told us about community links which had been developed with other organisations to ensure they were meeting people's needs effectively. An example of this was the Allotment project and 'passport to leisure' a group which supports people and facilitates social events. By engaging with these organisations they felt that the activities provided an opportunity for people to participate in and to support the development of interaction with people within the community.

The staff told us that these events provided social stimulation and interaction for people who used the service. When we spoke with two relatives they told us "there was not always staff available to pursue hobbies and outings with people". The provider told us that the events described were only accessed in the 'better weather'. Relatives and staff said they were occasional, about every 3- 4 months.

Although there was some social activities and events it was clear that these were not a regular feature. Relatives also told us that they were not aware of any events in the home, and "there were occasional outings" they felt that this was not a "regular occurrence". A person told us they enjoyed watching films on the television and also going to the local shops. It was not documented how often these events happened. However staff told us that people were offered every couple of weeks but sometimes declined.

Relatives described the activities within the home as, "not often enough" and another said there was "little to keep people occupied". We observed that people who liked to be active around the home were supported to do so. A relative told us that they had asked about their relative being assisted to attend a local weekly event but were told "it was not always possible because they did not have the staff to do this". Another person told us "things could be improved in this area". A person suggested they would enjoy "karaoke" or games but this had not been provided.

People received positive attention from staff that knew them well and recognised when they were becoming distressed. Staff responded quickly to diffuse situations and to reassure people. We saw that there was little in the way of activities going on in the home on the day of our inspection. However staff told us this was because people did not always want to participate in things organised within the home.

We saw the three care plans and noted that although they followed the same format the plans were individual and personal. The care plans contained information about people's personal likes and dislikes as well as their needs. The care plans included information about how people communicated and their ability to make decisions about their care and support.

Each person who lived at the service had been involved with recording a short summary of their life history. We saw that this identified what was important to people. The care records contained information about people's preferred daily routines. This meant that staff were able to provide care that was personal to the individual. The service also operated a key worker system. This system identified a named member of staff to spend time to get to know the person for whom they are a keyworker. Although staff told us they were not always involved in the care plan review which meant some of the day to day detail was not included in the review.

The home had a complaints policy and procedure which was available and within easy access to all people that used the service. People who lived at the service did not necessarily relate the procedure to complaints but one person said they tell the staff "if they were not happy about something". Relatives spoken to had not had to make a complaint, but said they would talk to staff and had done in the past if they "had any gripes".

Most people using the service were unable to tell us if they were involved in the planning of their care. Family members confirmed that they were not routinely involved, but added that their relative "had lived at Leyland house for "many years". Indicating that they knew the persons care needs "well enough", and they did not have any concerns about this.

We saw that each person had a 'purple folder' which contained a summary of the person's care needs. The

Requires Improvement

Is the service responsive?

purple folder went with people where ever they went, to ensure that relevant information was available to other professionals for example if the person was attending a Hospital appointment.

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Requires Improvement

Is the service well-led?

Our findings

The action plans following the previous inspection had not been received by the Care Quality Commission although copies were provided following the inspection on 21 April 2015. We found that not all the required improvements had been made.

Staff told us they did not always feel that there were clear lines of accountability. It is a small home and therefore the arrangements are less formal. There was a deputy manager in the home and the provider who is also the registered manager. There is a small staff group of just five people including the provider and deputy manager.

The deputy manager confirmed that supervision arrangements were in place. They had supervision with their manager and said that the staff were very supportive to each other. The provider and manager also told us that they were available by telephone for support.

We observed that staff had a good knowledge of the people who used the service and people were very comfortable in their presence. The registered manager explained that part of their role was to "oversee all aspects of the home". However we found there were gaps in this oversight. For example, the manager carried out regular quality checks within the home. These included checks of the premises, and utilities. But there was little evidence about the monitoring arrangements for the quality of care provided. The provider told us they had undertaken a quality monitoring survey which included looking at if people were happy with their care, the staff and the food but the results were not analysed, therefore there was no action or improvement plan in place to demonstrate a commitment to continuous improvement of the quality of care provided to people.

Relatives of people, who lived at the home, described the staff and manager of the home as approachable however one relative told us people felt they were "not always listened to by the provider". So things did not improve.

We asked the provider about the plans for continuous improvement and development of the service. He told us to "redecorate the home" and after to "replace carpets". However he was not able to describe how he was working towards good practice, or what the objectives of the service were in terms of the quality of care and support provided.

We were shown a 'welcome document' which detailed some of the objectives the provider had identified for Leyland house. This provided an overview of staff and people who lived at Leyland house but no strategy or business plan for the future development. The provider told us they planned to 'improve' the home, and told us about the redecoration and not about embracing good practice and improving the experience for people who used the service.

Staff told us that there was always at least one senior person on duty. But on reviewing the rota we noted that at times there was only one member of staff on duty, who was not the manager or the deputy. We spoke to the provider about this and they told us that there is a "contingency plan" and senior management support was available should it be required. However staff did not appear to know the 'senior management cover arrangements'.

The deputy manager explained to us the recruitment process and how staff employed were given direction and supported through training, supervision and appraisal. Staff told us they did not always feel their concerns or feedback was acted upon. For example the staffing levels vary and this has been brought up at meetings but things have not changed. For example, staff had made suggestions about having more regular activities or entertainment in the home but again this has not happened.

Two staff members told us the home was a good place to work and said: "People who use the service are treated the way I would want my family to be treated."

There were inadequate quality assurance and monitoring systems in place to monitor care and plan on-going improvements. Although a survey had been completed the details had not be evaluated or acted upon. There were audits and checks in place to monitor safety and quality of the building but not so with regard to the care of people.

The provider told us that residents meetings were held every so often but that "they were not recorded because they were more of a chat about things". Relatives could not recall being invited or involved in any kind of residents meetings. Staff meetings were held but again notes from these were extremely sparse, and did not demonstrate actions taken.

The home lacked robust systems to ensure that documentation within the home was accessible and up to

Requires Improvement

Is the service well-led?

date. For example some records were locked away and not accessible by staff. We had to wait until the provider arrived to view staff records. Records within peoples support plans were not dated, for example a persons personal abilities form was not dated so we were unable to tell if it was current or when it had been assessed. A persons end of life wishes had two dates one in 2003 and another in 2011, however there was no evidence that these had been reviewed since 2011. This demonstrated that the persons current end of live wishes were not documented and therefore were not known to staff.

For example about the redecoration of a person's bedroom and the arrangements for the person during this time. We spoke to the provider about this and other incidents which are required to be notified. However the Care Quality Commission had still not received the notification at the time of this report.