Lifeways Community Care Limited

Gypsy Corner (Registered Care Home)

Inspection report

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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 inspection took place on 4 and 5 March 2015 and was unannounced. Gypsy Corner provides accommodation and personal care for up to four adults with a learning disability, an autistic spectrum condition and/or a physical disability. Three people were living at the home when we visited and they had a range of support needs including help with communication, personal care, moving about and support if they became confused or anxious. Staff support was provided at the home at all times and people required the support of one or more staff when away from the home.

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 and associated Regulations about how the service is run.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The evidence was gathered prior to 1 April 2015 when the

Summary of findings

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were in force. The service was not meeting the requirements of the Deprivation of Liberty Safeguards as applications to the local authority to deprive people of their liberty had not been made when appropriate. You can see what action we told the provider to take at the back of the full version of this report.

People were supported by a caring staff team who knew them well and treated them as individuals. Staff worked hard to understand what was important to people and to meet their needs despite the difficulties some people had communicating. Staff were patient and respectful of people's unique preferences. One relative said, "the regular staff know [name] really well."

Staff supported people to take part in activities they knew matched the person's individual preferences and interests. This had improved significantly following feedback from external agencies. People were encouraged to make choices and to do things for themselves as far as possible. In order to achieve this, a balance was struck between keeping people safe and supporting them to take risks and develop their independence.

Some people had complex physical needs and these were met by staff who worked closely with health and social care professionals. This included providing people with nutrition and helping them maintain a healthy posture. Staff understood when they needed guidance from professionals. People were helped to keep safe and take part in activities as the building and furnishings had been adapted to meet their needs.

Staff felt well supported and had the training they needed to provide personalised support to each person. Staff met with their line manager to discuss their development needs and action was taken when concerns were raised. Learning took place following any incidents to prevent them happening again. Staff understood what they needed to do if they had concerns about the way a person was being treated. Staff were prepared to challenge and address poor care to keep people safe and happy.

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?

Good

The service was safe. The risks people faced had been assessed but the reasons behind the subsequent decisions had not always been recorded.

People received the medicines they needed from trained staff but stock records were not being correctly completed. They were protected from preventable harm as learning and action took place following any incidents and staff had a good understanding of safeguarding requirements.

Sufficient staff with the relevant skills, experience and character were available to keep people safe and meet their needs. The premises were well maintained and clean and had been adapted to suit people needs.

Is the service effective?

Requires improvement

The service was not always effective. Some people may have been deprived of their liberty and a request had not been made to the local authority to check they were being supported in the least restrictive way.

When people without mental capacity had decisions made on their behalf, staff followed the right steps to make sure the least restrictive option was chosen. People were supported to stay well and have a healthy diet.

The training staff needed to support people had been assessed and training was planned to address the gaps identified. Staff met with their line manager to receive feedback on their practice and discuss development needs.

Is the service caring?

Good

The service was caring. People were treated with kindness and respect by staff who understood the importance of dignity and confidentiality. Relatives and healthcare professionals spoke positively about the care provided.

People were supported to communicate by staff who knew them well. They were encouraged to make choices and to be as independent as possible. Staff were prepared to challenge and address poor care. Staff showed a passion for supporting everyone in a personalised way.

Is the service responsive?

Good

The service was responsive. Staff knew people well and people's support plans reflected their needs and preferences. Each person was treated as an individual. People were supported to take part in a variety of activities in the home and the community.

Complaints had been dealt with appropriately in the past and relatives said they would be able to complain if they needed to. Staff monitored people's behaviour to identify if they were unhappy.

Summary of findings

Is the service well-led?

Good

The service was well-led. The quality of the service was regularly checked by staff from the home and the provider. Family members were asked for feedback and action was taken to address any shortfalls identified. Feedback from other agencies was also acted on to improve the service provided.

The registered manager was supported by the provider to manage the service effectively. The provider had clear expectations about the way staff should support people and staff understood and acted in accordance with these expectations. Staff understood their responsibilities and felt able to share concerns with the registered manager.

Gypsy Corner (Registered Care Home)

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 4 and 5 March 2015 and was unannounced. An adult social care inspector carried out this inspection.

Before the visit, 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. We reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification.

Before the visit we also received feedback from an occupational therapist and a psychiatrist who had worked with people living at the home. Commissioners shared the results of a quality visit they completed in March 2014.

During our visits we spoke with the registered manager and four members of staff. We spoke with two relatives and spent time observing the care and support provided by staff. We looked at three support plans, staff training records and a selection of quality monitoring documents.

Good

Is the service safe?

Our findings

People received their medicines when they needed them from trained staff who had access to the information they needed to safely administer them. Medicines were stored safely and staff disposed of medicines at the right time. The administration records were accurately completed but new stock and stock carried over from the previous month were not being recorded correctly. The staff responsible for this agreed they had not understood how to record stock and this had not been picked up by senior staff auditing the records. This decreased the chances that a medicines error would be picked up as soon as possible.

The risks people faced were being managed by staff. The way these risks should be managed had been assessed and recorded using risk assessments but the decision making processes behind some of the assessments were not always recorded. This made it more difficult to regularly review if the decisions in place were the least restrictive option for each person. The registered manager told us this would be addressed. Staff described how they approached balancing risks and people's right to make choices. For example, one person liked to stand during baths and to manage the risk of falls staff used a bathmat and ensured everyone knew the correct handling techniques. Staff had worked with people and their families to make sure that plans to keep them safe were fully understood and followed by all concerned. They had helped everyone to understand the risks of not following the plans and the reasons for having them in place. This had resulted in people receiving consistent care from everyone involved in supporting them.

The risks of people suffering preventable harm were reduced because learning and action took place following any incidents. This reduced the likelihood of similar incidents occurring in the future. Incidents were recorded and reviewed and this resulted in changes to people's risk assessments and support plans. For example, a referral to an occupational therapist had been made for one person who had almost fallen on more than one occasion. All incident reports were reviewed by the registered manager and the provider health and safety manager on a monthly basis to identify any patterns and to make sure the necessary actions had been completed before they were signed off.

Some people could become very anxious and upset. Staff now recorded in detail what took place before the person became upset and how the person responded to staff attempts to reassure them. This detailed information made it possible to identify trends and patterns so staff could help people avoid situations that were known to upset them. For example, one person was now known to become upset before staff helped them wash. A change to the way staff communicated with them and prepared them for washing had reduced the anxiety they showed.

People were supported by staff who had access to guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. They had received training and safeguarding was discussed at staff meetings and individual supervision meetings. Staff described the correct sequence of actions to follow if they suspected abuse was taking place. They said they would report abuse and were confident the registered manager would act on their concerns. The registered manager explained she operated an open door policy for anyone wanting to share a concern. She felt this was working as staff had shared concerns and these had been acted on. Most people would be unable to verbally communicate if they were being abused so staff monitored their behaviour for unexpected changes that needed following up. Staff also spoke with people's families regularly to see if they had any concerns. Staff were aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively.

There were enough staff on duty to meet people's needs and staff had the time to sit and talk with the people they were supporting. The number of staff needed for each shift was calculated using a combination of general care hours and specific activity hours. Staff confirmed the required number of staff were on duty for each shift. When additional shifts needed covering, staff at the service or a sister service provided cover. This meant only staff who knew people well were providing care. Two staff were being recruited to return the staff team to full strength. The registered manager had made changes to the way shifts were arranged for staff who provided overnight sleeping in duties. They had changed the start and finish times to help reduce staff tiredness the following day. This had been successful and had been well received by staff.

Good

Is the service safe?

Safe recruitment procedures were in place and managed by the provider. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to establish whether the applicant has any convictions that may prevent them working with vulnerable people. Any gaps in an applicant's employment record were followed up to ensure a full history was obtained. Where possible, prospective staff were interviewed at the home to ensure they understood the service and to allow current staff to observe how they interacted with people using the service.

The home was clean, tidy and bright. A healthcare professional commented on the quiet and spacious environment available to people. The building had been personalised with colours and pictures that were significant to each person. There was plenty of space in the sitting room, conservatory and kitchen for people to spend time together and people had private space when they wanted to be alone. Changes had been made to the layout and furniture to suit people's needs. For example, low kitchen surfaces enabled people to be more involved in food preparation and a high table helped one person to feed themselves.

Staff had a system for requesting building maintenance and they said requests were actioned in a timely fashion. The cleanliness of the building was checked regularly at handover and monthly by the registered manager. A health and safety officer from the provider checked the building annually and actions, such reviewing fire drills, were completed by the registered manager. Other checks to keep people safe, such as water temperature checks and portable device testing were completed and acted on. There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency. Fire alarms and equipment were regularly tested to ensure they were in working order.

Requires improvement

Is the service effective?

Our findings

The service was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. People living at the home received constant supervision and would not be free to leave the home unaccompanied. Despite this, an application to the local authority to deprive these people of their liberty had not been made as the registered manager had not understood this was required in these circumstances. This could mean people were being inappropriately deprived of their liberty. **This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People's rights under the Mental Capacity Act 2005 (MCA) were being met. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. A mental capacity assessment and record of the decisions made was in place each time a decision had been taken on behalf of someone without capacity. For example, where a sound monitor was used and where staff managed a person's medicines for them. This indicated staff understood their responsibilities under the MCA and that they were respecting people's rights under the Act.

People's health needs had been assessed and were recorded in their health file. The person's key worker booked routine appointments for them and monitored their health needs as part of the monthly key worker meetings. People's immediate health needs were addressed quickly by staff. A healthcare professional said staff had a good understanding of the people they supported but were aware of their limitations and sought guidance when needed. Guidance provided by professionals around supporting people if they became anxious and to promote good posture was followed to help keep people well. Some people had a hospital passport in place to guide professionals if they needed to be admitted but this was not in place for one person. Staff told us they would address this. Where needed, staff kept records of information such as people's activity levels and weight as requested by health care professionals.

People were offered a healthy diet and appeared to enjoy the food prepared for them. One relative told us the food was "good" and said they were involved in choosing the food. One person was being supported to eat as independently as possible and this had been facilitated by providing a higher table so they could eat in a safe position. Staff tried to introduce people to new foods to widen their diet. They helped people to choose what to eat using pictures and objects. People's diet was monitored to make sure they received enough food and drink. People received food prepared in the way advised by an occupational therapist so they could eat safely. People who received nutrition using a tube straight into their stomach were supported by trained staff who followed the care plans in place.

People were supported by staff who had received training specific to their needs. For example, staff had completed training on supporting people with an acquired brain injury. Staff told us they felt competent and could ask for additional training when they needed it. The provider had a system to monitor the training staff needed and these needs were regularly shared with the registered manager so she could ensure staff completed the necessary courses. A small number of staff needed to complete refresher training in line with company policy. A plan was in place to address the gaps and organise training for the future.

People knew staff well and benefitted from the knowledge and skills of experienced staff. All staff met with their line manager to discuss their performance and training needs and had annual appraisal meetings. They also discussed the needs of the people they worked closely with. Where actions were needed, these were followed up at future meetings. Staff were regularly observed to make sure they were following company policy and people's support plans. This included assessing their competency to administer medicines. Staff also read key policies on an annual basis and then answered questions to check their knowledge.

Good

Is the service caring?

Our findings

There was a friendly atmosphere in the home and staff behaved in a caring and professional manner. Each person was treated as an individual by staff who knew them well and people looked comfortable with the staff supporting them. A member of staff spent time reading to one person and they responded by smiling and laughing and seemed to enjoy the activity. A relative told us they were happy with the care staff provided and described staff as "brilliant". Another relative said, "we like all the carers". A healthcare professional said they observed staff acting in a caring manner.

People were spoken with patiently and thoughtfully by staff. They talked with people about topics of general interest that did not just focus on the person's care needs. They used physical contact and music to reassure and comfort people. People were supported by staff who understood the different methods they used to communicate and gave them time to express themselves. People were informed about what was happening by staff in a way they could understand. Staff were being supported to explore evidence based ways of communicating with people with limited communication such as imitating and copying sounds and movements. One relative told us they felt staff had begun interacting more with people and they were pleased about this.

Staff had detailed knowledge about the people living at Gypsy Corner. Staff explained what could upset people, what helped them stay calm and what people were interested in. This closely matched what was recorded in people's support plans. We saw staff applying this knowledge during our visit. When people became upset or indicated they needed support, staff acted quickly to meet their needs. The registered manager used case studies to help staff explore the most caring way to support people. This helped prevent staff making assumptions about people based on existing knowledge about the person without exploring their current preferences.

People were encouraged to make choices, for example about what they drank, when they got up or the music they listened to. Staff patiently explained choices to people and then waited for a response. Staff described how they had consulted relatives about the best way to support people and how they valued the detailed knowledge some relatives had. One relative told us they felt very involved in the person's care as their views were regularly sought and they were always invited to relevant meetings. Service user meetings were held to gather people's views on activities they would like to take part in and to review the menu. To help people take part, staff made suggestions and then pictures and objects were used to help people indicate their preferences. When people had no friends or family an advocate was arranged to make sure their best interests were being taken into account.

Staff were aware of the need to protect people's dignity, particularly whilst helping them with personal care. A healthcare professional told us they had no concerns about staff maintaining people's dignity during their visits to the home. Staff ensured people had privacy when they wanted it and were careful to hold confidential conversations away from other people. Care records were stored securely to make sure people's personal information was kept confidential. Staff always spoke about people and to people in a respectful way.

The risk of people experiencing poor care was reduced as staff and the registered manager were prepared to address problems as they arose. The way staff supported people was checked during observations to make sure they were following company policy and people's support plans. Staff then received feedback to help them improve the way they worked with people. A family member had raised concerns about the attitude of one member of staff and this had been successfully addressed using training.

Good

Is the service responsive?

Our findings

Each person using the service had a support plan which was personal to them and gave others the information they would need to support them in a safe and respectful way. Staff had assessed each person's needs over time using input from people's families. People's level of independence was constantly monitored and this was reflected in their support plans. For example, one person was now being supported to communicate decisions and this had not been possible before.

Support plans included information on maintaining people's health, their daily routines, how to support them emotionally and how the person communicated. It was clear what the person could do themselves and the support they needed. Information on the person's known preferences and personal history was also included. Where people could become very anxious, there was clear information about how to support them to manage their anxiety. We observed staff using these techniques. Each support plan recorded who had contributed to the plan and how involved the person concerned had been.

People were supported by staff who could explain their needs and preferences in detail. People's needs were complex and staff spoke confidently and competently about the best ways to support each person. Staff got to know each person and the support provided was built around their unique needs. Staff monitored how people responded to different situations and used this to build up a picture of their likes and dislikes. When changes occurred and new information came to light, the person's care plan was updated. Each person's needs and progress were discussed at monthly meetings which involved their families. One relative said, "the regular staff know [name] really well." People's plans for the future were also discussed at annual meetings called person centred planning meetings. Each section of their support plan was reviewed and possible next steps were identified.

People were supported to take part in activities within the home and in the community. In March 2014, both the local authority and the Care Quality Commission (CQC) had identified that some people were not being supported to be as active as they could be. Since then, an activity coordinator had been appointed and work had been done to address practical barriers such as a lack of drivers. Staff told us about the research they had done to identify appropriate activities for people. They had started going on days out on a monthly basis and had arranged local activities on a daily basis. This included going for meals out, visiting local amenities and taking part in tasks around the home.

Staff had the insight to tell us they had become complacent about activities but were now actively addressing this. The deputy manager followed up each instance when a planned activity did not take place to make sure this had been the appropriate decision. A folder of possible activities had been put together to give staff ideas, particularly if a planned activity had been cancelled. Each person now had a readily accessible box containing objects they liked and were interested in. This included music, books and items to hold. Staff said this helped them to provide regular, short activities for people throughout the day.

The service had a complaints procedure and complaints were recorded and addressed in line with this procedure. One relative told us they would be happy to tell staff if there was a problem and knew it would be acted on. One complaint had been received from a family member since our last inspection. The registered manager had communicated with the family after acting on the complaint and they agreed the matter had been addressed. Most people living at the home would be unable to make a complaint verbally so staff monitored their behaviour for changes. If someone's behaviour changed, staff tried to find out if they were unhappy and address it.

Good

Is the service well-led?

Our findings

The provider's expectations of how people should be supported by their staff were laid out in their "ethics of excellence". These expectations included treating people as individuals, respecting each person and involving people in their care. Staff understood these values and told us they featured in company communications and training. We observed staff acting in accordance with these expectations.

Staff were committed to listening to people's views and the views of the people important to them in order to improve the service. Most people could not express their views using words so staff gathered feedback by monitoring people's mood and behaviour. People's relatives were asked for feedback and actions were taken to address any concerns. A personal choice review had recently taken place to assess how well the service supported people to be independent and treated them as individuals. The review helped staff to critically review their approach to care. A family satisfaction survey had also been sent out. A summary of responses had been received but the service had not yet received the details behind the summary to allow them to take meaningful action to improve the service.

Staff told us they worked well together and were able to use their individual strengths to benefit the team. Staff felt able to share concerns or suggestions at team meetings or during meetings with their line manager. Staff were positive about the support they received to do their jobs and said they understood their roles and responsibilities. This was discussed at induction and reiterated at meetings with their line manager. Each role within the service had a clear list of tasks associated with it. We asked staff what the key challenges facing the service were at this time. They talked about getting the staff team back to full capacity and having more drivers to facilitate activities. We got the same response from the registered manager which showed she was in touch with the issues affecting the staff team.

The registered manager split her time across two services. She was supported by a deputy manager and senior care workers. One relative told us, "the registered manager is brilliant with us and [name]. She tries her best." Staff praised the dedication of the registered manager but said they would prefer to have a manager permanently based at Gypsy Corner. They did say, however, that they could contact the registered manager whenever needed. Healthcare professionals mentioned some difficulties ensuring all staff provided care in a consistent way as the registered manager did not work at this home full time. There were arrangements in place to support staff when the registered manager was not on site.

The registered manager took part in monthly meetings with other managers. This gave her an opportunity to discuss concerns and share best practice. She had regular contact with the area manager and had supervision meetings in line with company policy. A monthly quality return was completed by the registered manager that included a review of incidents that had occurred, a record of care plan reviews and a summary of staff support meetings that had taken place. This return also recorded when finance, medicine and safety audits had been completed by the registered manager. This gave the provider oversight of the quality of work being undertaken at the service. Annual quality checks were completed by the provider and the registered manager described the actions that had been taken as a result, such as helping people to set more specific plans for the future.

The local authority inspected the home in March 2014. Some action points had been identified, such as increasing people's activity levels. To address this, staff had been encouraged to identify possible activities and record keeping had been improved to show what activities were being successfully completed. Areas for improvement identified in the last Care Quality Commission (CQC) inspection report, such as updating medicines profiles, had also been addressed.

Important information is shared with the CQC using notifications. The service had submitted timely notifications to CQC and this helped us to monitor the safety and effectiveness of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment A service user was being deprived of their liberty for the purpose of receiving care without lawful authority.