

Amethyst Arc Ltd

Libra Lodge

Inspection report

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 9 December 2015 and was announced so that we could be sure that the registered manager, staff and people who used the service would be available to speak with us.

The service was registered to provide personal care to people in their own home. The service registered with us in July 2014 and had been providing care for people since December 2014. This was the first inspection. At the time of the inspection the service was providing care to three people who all lived in the same house.

There was a registered manager at the service. 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. The registered manager had been managing the service since 21 October 2015.

When people first started to use the service they and their families and not been supported to claim all the benefits available to them, In addition proper processes were not put into place regarding people's tenancy of their home and their rent payments.

Staff were aware of how to keep people safe from harm and were clear on the processes to report any incidents which caused them concern to the provider and external agencies. Staff were aware of the risks to people while receiving care and provided care to keep people safe. However, the risks were not always fully identified in care plans.

People's medicines were available to them when needed and stored safely. However, care plans did not contain information to support staff to consistently administer medicines prescribed to be taken as required and staff training around administering medicines was not robust. Staff told us that they were supported by the manager and had received some training. However there was no ongoing training in place to ensure staff skills remained up to date.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. The provider has systems in place to ensure people were supported to make decisions where they were able to and that more complex decisions were made in the person's best interest.

The provider had systems in place to ensure staff had background checks completed to ensure they had the appropriate skills and experience to care for people. However, the provider did not ensure staff had contracts of employment. Records showed that there were enough staff to care for people safely and that people's identified one to one support needs were covered. However, the registered manager had identified that extra staff were needed to provide cover for holidays and sickness and were working on enlarging the staff group.

People were supported to make choices about their meals and to make and eat meals together. A four week set menu was in place for the evening meal which had been agreed up on by all the people using the service. However, information in the service including care plans was not presented in a format which was accessible for people using the service and supported them to make choices about their care.

People's one to one support was flexible and provided at times which allowed them to maximise their access to the community. Staff knew about people's individual needs and care was provided to ensure people's needs were met.

The provider had systems in place to engage people in the development of the service. In addition they worked with the local authority to improve the care provided to people. However, systems to monitor the quality of the service provided had failed to identify concerns with risk assessments.

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 not always safe.

People had not been supported to ensure their tenancy was secure and they had accessed all their benefits.

Risks to people were not always identified in the care plans and emergency evacuation plans would not fully support people in an emergency.

There were enough staff to usually meet people's needs, however holiday and sickness cover was not always available.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The provider had worked in accordance with the Mental Capacity Act 2005 and people were appropriately supported to make decisions.

People were supported to eat a healthy diet and had choices about the food they ate.

Staff were supported by the registered manager. However, training was not in place to maintain staff's skills.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff using the service supported people in a kind and caring way.

People were supported to be involved in their care. However, information about the service and the care people received was not available to people in a format they could access.

Good ●

Is the service responsive?

The service was responsive.

Good ●

People were supported to work access and work in the community as well as developing hobbies and interests.

Staff knew about peoples' care needs and provided appropriate care.

Is the service well-led?

The service was not always well led.

The registered manager and the provider were approachable and supported staff. People using the service and their relatives were support to help the provider develop the service.

Audits in place to monitor the service did not always identify concerns

Requires Improvement 

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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 9 December 2015 and was announced. We told the provider we would be completing the inspection to ensure that they and people who used the service were available to speak with us. The inspection was completed by a single 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 planned to make. We also reviewed other information we held about the provider including information on events they are required to tell us about by law.

As part of the inspection we spoke with the relative of one person using the service. We also spoke with two people using the service. We contacted the local authority to get their views on the care provided for people. We also spent time observing the care people received and the relationship between people using the service and the staff.

During the inspection we spoke with the registered manager, a care worker and a director of the provider's organisation. We reviewed the care plans for two of the people using the service and looked at their medication administration records. We also looked at records related to managing the home.

Is the service safe?

Our findings

The service provides care to people in a supported living environment. This is where people live in their own homes and have a tenancy agreement with their landlord. However, since moving into the service the provider had not ensured that people had signed tenancy agreements in place and the provider had failed to support people to pay their rent. This left people vulnerable to being asked to leave the house by the landlord with little notice. In addition people had not always been supported to apply for the full range of benefits they were entitled to. This impacted on the amount of money that people had available to ensure they had a fulfilling lifestyle. We raised this as a concern with the registered manager and the local safeguarding authority.

People's care plans contained some information about the risks people faced while receiving care. They did not fully identify all the risks and how staff should support people to be safe. Some were generic and not person centred. For example, one person was being supported to be more independent while using public transport. However there was no risk assessment in place to support the person. We saw that the care provided ensured that people were safe as care staff were aware of different risks and could tell us about how they kept people safe. For example, we saw that they monitored people when they made themselves a hot drink.

We saw that people had personal emergency evacuation plans in place to support them in case they needed to evacuate the home. However, they did not fully identify people's need and how they may behave in an emergency and may not support people or emergency services to be safe. Incidents and accidents were monitored and reviewed to reduce the risk of them reoccurring.

A relative we spoke with told us that they were confident their relative was safe at the home and they had no concerns about them being there.

The member of staff we spoke with was able to tell us about the different types of harm and how to recognise when a person was at risk of harm. In addition they were aware of the provider's safeguarding policy and how to raise concerns within the provider's organisation. Staff were also supported to raise concerns externally with the contact details and telephone number for the local safeguarding authority on display on a poster on the wall. Where concerns had been raised with the local safeguarding authority the registered manager worked collaboratively with them to ensure people received appropriate support.

There were four permanent staff employed to care for people at the home. However, the registered manager had identified that if a member of staff was sick this would impact on the care people received. The registered manager had plans in place to identify staff from another care home they managed so that extra support could be available when needed. They told us that they planned to provide training around the support people needed and arrange shadow shifts for staff to get to know the people using the service.

All the people using the service had dedicated one to one support for accessing the community or taking part in activities. Staff told us and rota's showed these hours were separately identified on the rota to ensure

full support was provided.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the service. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the service.

People's medicines were stored safely in locked furniture. Systems were in place to ensure medicines were available when people needed them. In addition to prescribed medicines some people had homely remedies such as cough mixtures and multivitamins available for them and staff monitored these to ensure these were in date.

We saw that the medication administration records had been accurately completed for medicines prescribed by the GP. However, where medicine was prescribed to be administered as required, there was no information available in the care plans to identify when the person may require the medicine.

Staff had completed some training around administering medicines by watching a DVD but had not been observed administering medicines to see if they were competent. The registered manager told us that they had arranged some face to face training for staff and were planning to complete observations following the training.

Is the service effective?

Our findings

Staff told us that when they had started working at the service the provider had supported them to work with another member of staff for two shifts so that they got to know the people they were supporting and their needs.

However, at the time of our inspection there was no ongoing training programme to support staff to develop and maintain the skills needed to provide care for people using the service. The registered manager told us that they had identified this as a problem and had arranged for staff to join in with the training provided at another care home they managed. They also confirmed that all staff had completed the care certificate assessment which identified if they had any unmet training needs. Records showed that this had been discussed with staff at a meeting on 30 November 2015.

Staff told us they had been supported with regular supervisions with the previous manager and that they were confident these would continue with the new manager. In addition they told us the registered manager called into the service or contacted the service most days to ensure that they did not have any problems. Annual appraisals were scheduled to be completed in January 2016.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Where people may not be able to make decisions for themselves we saw their ability to make individual decisions had been assessed. Where people were unable to make complex decisions we saw that they were supported to do so by family members. However, it was not always clear in people's care plans what level of responsibility for making decisions family members had the legal right to make. For example if a family member had a power of attorney agreement in place for health or welfare this would enable them to give or refuse consent to care and treatment on their relative's behalf.

We saw that people were supported to have a free choice of food at breakfast and lunch. The evening meal was taken together as a family and people took turns in cooking and clearing up supported by a care worker. There was a set menu in place, however this was only for guidance and people could change the meal if they wanted. People using the service were also supported to go food shopping so had the opportunity to purchase whatever food they wanted.

Hot and cold drinks were available throughout the day and we saw people were supported to make a hot drink for themselves whenever they wanted. No one using the service had any specific care needs in relation to being able to eat and drink safely. A relative we spoke with told us that since using the service their relative had been eating healthier food and that they had lost a little weight which was good.

Records showed that people were supported to access health care advice when needed. Care plans had a health action plan in place which helped people and staff plan to appointments for regular check-ups such as with the dentist or optician.

Is the service caring?

Our findings

People told us they liked the service provided to them. One person told us, "It's nice living here." A relative told us that they trusted the staff and that the staff kept them up to date with their relatives needs and would always ring if there was a problem. there was a warm and caring relationship between staff and people using the service. Staff knew people's likes and dislikes and supported them to receive appropriate care. For example, when we arrived at the home one person was excited to show us their toe nails which a member of staff had painted for them.

We saw that staff had supported people using the service to enjoy the Christmas celebrations. The home had been decorated and had a Christmas tree around which people were keeping their presents. One person told us they were excited about Christmas and showed us their Christmas jumper which they were planning to wear to a pantomime.

We saw that family birthdays were recorded in people's care plans so that people could be supported to buy cards and presents for their loved ones. This enabled people to feel engaged with their families and supported their relationships.

People had been supported to make decisions about their care. For example, people had been involved in developing the four week menu for meals, by looking in magazines and on the internet for any recipes they wanted to include on the menu.

People's allocated one to one hours were flexible during the week. This meant they could maximise their opportunities for attending events in the communities and other activities. In addition while a member of staff was identified to cover people's one to one hours, if people wanted the other care worker on duty to support them this was accommodated.

Some of the people using the service were not always able to verbally communicate their needs. Care plan contained information to support staff to understand people's communication skills and to provide appropriate care for people. For example, the types of behaviour a person may display to indicate they were in pain and needed help.

Information in the service was not always presented in a way which enabled people to access it independently. For example, we saw that care plans were not presented in an easy to read format. This meant that people needed to rely on care workers to tell them what was recorded in their care plan.

We saw that the house was kept clean and tidy and people had been able to personalise their rooms to suit their personalities. One person had a room on the ground floor which opened into the lounge and we saw this door was kept closed when the person was not there to maintain their privacy.

Is the service responsive?

Our findings

A relative told us they were happy with the care and it was meeting their relative's needs. They told us that when they go out their relative was always happy and looked forwards to going back to the service. They said, "We are happy that he is really content there."

People's care plans contained information which supported staff to provide appropriate care. For example, we saw one person's care plans noted that they needed help to identify weather appropriate clothing. Staff were able to tell us about the support each person needed and this reflected the care recorded in the care plans.

People were supported to grow as individuals and develop their independence. Plans were put in place with social care professionals to support people to take more responsibility and access the community independently. For example, one person was supported to work one day a week in the local town and plans were in place to give the person confidence to travel to work independently.

In addition, people were supported to engage with the local community. One person told us, "I went to the local arts and craft club in Holbeach." People were supported to be part of the community with part times jobs.

During their free time people were supported to be active and pursue hobbies and interests. One person showed us that they had their own exercise bike in their bedroom and told us how they used it. Another person told us, "I do different things, I go for meals and go bowling or to the cinema and I build with Lego."

The provider had not received any formal complaints for this service. Information on how to complain was available. However, it was not presented in a format people using the service could access independently.

One person living at the service indicated to us that they were more than happy to raise any complaints with any of the staff. They said, "I feel safe living here." Relatives told us they knew how to raise complaints but that they had never had to do so as staff were responsive if they suggested improvements to care.

Is the service well-led?

Our findings

The provider had a suite of audits in place to monitor the quality of the service provided. Records showed that the audits were regularly completed and any concerns they had identified were actioned. However, during our visit we identified that risk assessments did not always support the care people needed. This showed the provider's audits were not as comprehensive as they believed.

We discussed the concerns identified during our inspection with the registered manager who had only been in managing the service for six weeks. They were aware that all of the issues we raised were areas where work was needed to support people to be safe and to manage the service effectively. However, there was no action plan in place to show when these concerns would be resolved.

The registered manager also managed a large care home and so was not based in the service. However, they told us and staff confirmed that they visited the service most days to ensure that people were safe and happy and that staff had no concerns. Staff told us that the registered manager was approachable and they felt supported by them. However, staff told us and the registered manager confirmed that staff contracts were not in place.

The registered manager told us that they felt supported by the provider and that they could go to the senior management team if they had any concerns about the service. They told us the provider responded positively to improvements they suggested for the service.

Relatives told us that they were happy with the care provided and felt that they could speak with staff if they had any concerns. People using the service and staff benefitted from regular meetings to discuss the quality of service, any concerns they had and any improvements in care that were needed. The provider had surveyed people using the service and their relatives to see what they thought about the care they received. Records showed feedback from the survey was positive.

Prior to the inspection the provider told us they had worked closely with the local authority when setting up the service. The local authority shared their November 2015 report of the service with us. They had identified a number of concerns and the provider had an action plan in place to ensure appropriate action was taken to improve the service provided.