Almond Villas Limited

Lancaster 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

Summary of findings

Overall summary

This inspection took place on 14 September 2018.

Lancaster House provides rehabilitative support and accommodation for ten adults with enduring mental health needs.

Lancaster House is a large terraced property situated in a residential area close to Blackburn town centre. There were eight people accommodated at the home on the day of the inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Risk assessments were in place to keep people safe. We saw individual risk assessments were in place in relation to people's health care needs. We also saw risks in the environment had been considered to ensure the safety of people who used the service, staff and visitors.

Medicines were managed safely. Staff had received training in administering medicines and their competencies were checked regularly. We found medicines were stored safely and the medicine administration records were completed without any gaps.

Recruitment systems and processes in place were robust. We saw references, identity checks and Disclosure and Barring Service checks were completed before staff were employed. People who used the service told us and records we looked at showed adequate numbers of staff were on duty.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

All new staff members were expected to complete an induction when they commenced employment. Training courses were available to staff which were relevant to their roles. Staff members told us and records confirmed that staff members received supervisions and appraisals on a regular basis.

People who used the service told us staff were kind and caring. We observed interactions from staff that were kind, caring and respectful.

Staff members knew people very well, including their preferences, background and history. People's care records contained information relating to their sexuality, cultural/spiritual needs and relationships.

All the staff we spoke with told us they would be happy for a family member to be cared for by the service.

We saw detailed, person centred support plans were in place. These clearly reflected people's choices and preferences, including what they had already achieved and what they still wanted to achieve. Records also showed that people were supported by their key worker, to identify 'SMART goals'. These goals were both realistic and achievable and gave people a direction and something to work towards.

None of the people we spoke with had needed to make a complaint but they were able to tell us who they would approach if they needed to. The service had a complaints procedure in place.

All the people we spoke with knew who the registered manager was and told us they were approachable.

The service's management and leadership processes achieved good outcomes for people.

The service was meeting all relevant fundamental standards.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Lancaster 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 was a comprehensive inspection which took place on 14 September 2018 and was unannounced.

This inspection was conducted by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our inspection we gathered feedback from health and social care professionals who visited the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts, information from whistle blowers and statutory notifications sent to us by the registered provider about significant incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us.

During our inspection visit, we spoke with two people living in the home, three members of staff, resident engagement officer, deputy manager and the registered manager.

We had a tour of the premises and looked at a range of documents and written records including three people's care records, three staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, staff meeting minutes and records relating to the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. We reviewed how people were protected from abuse, neglect and discrimination. Staff told us, and records we looked at showed, that staff had undertaken training in safeguarding. Staff were able to tell us how they would respond to any safeguarding concerns.

Risks to people's individual safety and well-being were assessed and managed. Care records contained risk assessments in relation to areas such as physical health, medicines and mental health. Risks within the environment had also been considered.

One person we spoke to about their medicines told us, "Staff help you along the different stages of becoming self-medicating". Staff had completed medicines training and their competency was checked on a regular basis. All the people who used the service had varying responsibility for their medicines, which were securely stored in either the staff office or their own bedrooms (depending on what stage they were on). Regular temperature checks were undertaken to ensure medicines were stored safely. The appropriate medicines assessments, including risk assessments were in place and were reviewed regularly. We found there were no protocols in place for those medicines given 'as required', to direct staff. We discussed this with the registered manager who assured us they would put these in place.

Staff recruitment procedures protected people who used the service. We reviewed three staff personnel files and found any gaps in employment had been checked, references gained and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The service made sure there were sufficient numbers of staff to support people to stay safe and meet their needs. People we spoke with told us there were always enough staff on duty. One person commented, "There is definitely enough staff around." Staff members we spoke with also confirmed there were adequate staff on duty to meet people's needs.

Appropriate action had been taken to ensure the premises and equipment were safe. All gas and electrical equipment had been checked and/or serviced to ensure it remained safe. There was a legionella risk assessment in place, shower heads were cleaned regularly and water temperatures were checked and recorded to ensure they remained at safe limits.

Safe systems and processes were in place in relation to fire safety. Regular maintenance checks of fire equipment were undertaken, fire drills were done regularly and people who used the service had personal emergency evacuation plans in place.

Staff members were aware of their responsibilities in relation to infection control. One staff member told us, "We do training online and recently the people who use the service did a course on hand washing." All the staff members we spoke with told us they had access to personal protective equipment (PPE) and adequate

supplies of these were available.

These systems and processes ensured that people were safe whilst receiving support from the service and its staff members.

Good

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager confirmed all of the people using the service had capacity to make their own decisions and were able to access and leave the premises when they wanted to. Staff members had received training in MCA and DoLS. People using the service had choice and control over their lives and were not subjected to any restrictions.

Records we looked at, and staff members we spoke with, confirmed they had an induction when commencing employment. On the day of our inspection there was a new employee who was in attendance to work through a section of their induction booklet. Staff we spoke with all confirmed they received training which was suitable for their roles. The training matrix we looked at showed various courses staff had undertaken such as dignity in care, equality, diversity and human rights, fire safety, health, safety and welfare, mental health and dementia. Regular supervisions and appraisals were held to support staff. The service made sure that staff had the skills, knowledge and experience to deliver effective care and support.

People who used the service told us they cooked their own meals. Comments we received included, "Everyone cooks their own meals but staff help those that can't cook. We have an allowance each week and I go to the supermarket to buy food" and "I cook Sunday dinners. I have done a national vocational qualification level two in catering." It was part their rehabilitation at Lancaster House that people planned, budgeted and prepared their meals, with as much support as necessary. Dietary advice was also given by staff to encourage people to eat healthy.

Records we looked at contained detailed information on people's health and well-being. People living at Lancaster House had access to other health care professionals such as GPs, community psychiatric nurses, dentists and opticians. One person we spoke with told us, "Staff will take us to the doctors if we are unwell but if you are capable you have to ring the doctor yourself, because you would have to that in your own flat if you were unwell." Staff we spoke with told us some people were independent in attending health appointments but others required some level of support with this.

Good

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. Comments we received included, "They are nice. Just right and not overpowering. I get on well with my key worker, I can talk to him about anything" and "Yeah staff are really nice." Throughout our inspection we saw staff treated people in a kind, sensitive and respectful manner. The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. We noted a compliment from an external professional, which stated, "The service users have always appeared happy and very well supported. I have observed staff with the service users, and they all go that extra mile for them."

We looked at how the service promoted equality and diversity. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. We saw staff had received training in equality, diversity and human rights. Those staff we spoke with told us, "We always promote equality and the needs of each resident. We have a good ethos and we do it as second nature" and "We have had residents that might have different catering needs that we have catered for. The team is quite diverse so there is a good understanding of equality." Staff members knew people very well, including their preferences, background and history. People's care records contained information relating to their sexuality, cultural/spiritual needs and relationships.

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. One person who used the service told us, "I have some review every two weeks, to see where I am up to with my goals." Records we looked at showed that key workers regularly met with people to discuss their support plans and goal setting.

Records we looked at showed no one using the service was being supported by advocacy. However, there was information available to people should they require this service. The registered manager confirmed the local advocacy service had arranged to come and speak to people about the service they offer. This would benefit people who did not have access to support from family/friends.

The service empowered and enabled people to be independent. The purpose of the service was to enable people to be as independent as possible, in order for them to be able to move into less supported types of accommodation. All the people we spoke with told us they were encouraged to remain as independent as possible. One person told us, "Staff always encourage us to do things for ourselves. Independence works two ways because sometimes I need help and other times not."

People's privacy and dignity was respected and promoted. People had a key to their own room and staff were only allowed to enter without the person's consent if they had concerns about their well-being or needed to undertake health and safety checks.

We found records relating to people who used the service and staff members were stored securely. This helped to maintain the confidentiality of people who used the service.

All the staff we spoke with told us they would be happy for a family member to be cared for by the service.

Good

Is the service responsive?

Our findings

The service delivered person centred care using the recovery model. The aim of this was for people to eventually become independent and move on. We saw detailed, person centred support plans were in place. These clearly reflected people's choices and preferences, including what they had already achieved and what they still wanted to achieve. There was also detailed information on supporting the person to stay well, including early warning signs and triggers that may affect a person's well-being. Records also showed that people were supported by their key worker, to identify 'SMART goals'. These goals were both realistic and achievable and gave people a direction and something to work towards.

When discussing support with staff, one told us, "It is a really nice place here. So much support. When you see the residents from when they first come in and the new skills they have learned it is really nice and rewarding."

We noted the service had received a compliment from an external professional who commented, "Staff have shown commitment in enriching the lives of their service users, always thinking of new ways and activities which will help them. I have noticed that they support each individual to achieve their own individual objectives. When service users voice their wishes, staff work with them to get a plan in place to develop their skills. I have then seen these plans being put into practice.

People were supported to engage in activities within the local community and pursue their hobbies and interests. One person we spoke with volunteered in a local nursery, cooking meals. Another person we spoke with did volunteering in a local craft warehouse. On the day of our inspection we noted people accessing the local community independently, we saw staff support people to go and play pool, some people had accessed IT training and others had gone for a walk with staff. Records showed people were very much part of the local community.

Technology was used to support people to receive care and support. The resident engagement officer also showed us the 'Reach IT' course they had been successful in gaining which was funded through the European Union and National Lottery. This was brought in as a way of supporting people to learn basic IT skills so when they were living independently they could access things such as online banking, finding jobs online and online forms for universal credits. On the day of our inspection we noted two people attended this course to enhance their skills. The service also had Wi-Fi available throughout the building.

We asked people who used the service if they were able to make choices. One person told us, "I can go to bed when I want and get up when I want within reason. If I am really late in a morning staff will knock on my door to prompt me." We observed staff giving people choices about how they wanted to spend their day.

None of the people we spoke with had needed to make a complaint but they were able to tell us who they would approach if they needed to. The service had a complaints procedure in place which was available in communal areas of the service. The registered manager told us people were informed about this within house meetings.

We checked whether the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. One person's records we looked at contained information in an easy read format, with pictures. This supported the person to understand information being given to them. The registered manager was able to tell us what they could access should someone be admitted with communication needs.

Care records contained detailed information about people's wishes in the event of their death. This included information such as if the person wanted a burial, where they wanted their possessions to go, any family members they wished to be involved and if they had made a will. This would ensure their needs and wishes were met at the end of their life.

Good

Is the service well-led?

Our findings

All the people we spoke with knew who the registered manager was and told us they were approachable. One person told us, "[Name of registered manager] comes here all the time but she is very busy as she has other houses to manage too. We have team leaders and key workers who we can go to as well." Staff also told us the registered manager was approachable. One staff commented, "She is very approachable. We can approach any of the managers and team leaders." Staff felt the service was managed well.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating within the service. We found that the interim manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

There were monitoring systems that ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. The registered manager undertook a number of audits within the service. Action plans were developed as part of audits to ensure improvements were made.

People who used the service, staff and others were consulted on their experiences and shaping future developments. We saw there was a resident's forum in place; this was set up so that people who used the service could have a voice about where they lived. Surveys were sent out to people; these had recently been returned and had not been analysed. However, we saw that people's feedback about the service and their experiences was positive. House meetings were also undertaken on a monthly basis.

We saw regular staff meetings were also held. Staff told us these were regular and they were able to bring up topics for discussion. Policies and procedures were in place, which were regularly reviewed, to guide and support staff in their roles.

We asked staff if they knew what the visions and values of the service were. One staff told us, "To support and rehabilitate people who use the service. Supporting them to move on to more independent living by teaching them life skills." The registered manager told us the aim of the service was to provide people with the skills to live more independently and manage on their own.

The service's management and leadership processes achieved good outcomes for people.