

Lansdowne Road Limited

Halifax Drive

Inspection report

72 Halifax Drive
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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

About the service

Halifax Drive is a residential care home that can provide accommodation and personal care for up to 33 younger adults with learning disabilities, autistic spectrum disorders, and/or a mental health needs. The premises was divided into four units, Ash Lodge, Beech Lodge, Cedar Lodge, and the Bungalow. There was a range of communal areas including lounges, dining rooms, and gardens. At the time of our inspection there were 31 people using the service.

The service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This ensured that people who use the service can live as full a life as possible and achieve the best possible outcomes. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was situated in a large building, bigger than most domestic-style properties. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks.

People received support from staff who had undergone a robust recruitment process. They were supported by regular live-in staff who knew them and their needs well, which promoted continuity of care. Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection.

People's needs, and choices were fully assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being. Staff supported people to live healthier lives and access healthcare services.

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

The service had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. Staff provided care and support in a caring and meaningful way. They knew the people who used the service well and had built up kind and compassionate relationships with them.

People and relatives, where appropriate, were involved in the planning of people's care and support. People's privacy and dignity was always maintained.

Care plans were detailed and supported staff to provide personalised care. People were encouraged to take part in a variety of activities and interests of their choice. There was a complaints procedure in place and systems to deal with complaints effectively. The service provided appropriate end of life care to people when required.

The service was well managed. There were systems in place to monitor the quality of the service and actions were taken, and improvements were made when required. The service worked in partnership with outside agencies. Staff, people using the services and relatives were encouraged to provide feedback which was analysed and acted upon.

Rating at last inspection

The last rating for this service was Good (published 12 August 2017)

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Halifax Drive

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Halifax Drive is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since our last inspection and sought feedback from the local authority.

We used this information to plan our inspection.

During the inspection

We spoke with nine people using the service and three relatives. We had discussions with five members of staff including the deputy manager and four care and support staff. We reviewed a range of records that included four peoples care and medication records. We also examined a variety of records relating to the management of the service such as staff recruitment files, quality assurance checks, staff supervision records, safeguarding information and accidents and incident information.

After the inspection

We looked at training data and additional evidence the provider submitted.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and said staff checked on them regularly and there was always someone there for them. One person said, "I am able to go out and I feel safe with a staff member." A relative commented, "They keep [family member] safe; they talk to [family member] and sort things out for them, no problems."
- The provider had policies and procedures to keep people safe. Staff received training on safeguarding vulnerable adults at risk of abuse. They were aware of the signs of abuse and the procedure for raising concerns.
- The registered manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the Care Quality Commission (CQC). Records showed that these were completed.

Assessing risk, safety monitoring and management

- Staff completed risk assessments to identify and manage risks to people's health and safety. For example, we saw a risk assessment in place for one person who was supported to access the community independently. They had a bus pass which they referred to as their 'guardian angel' because it ensured they got home safely. Staff made sure the person had a personal mobile phone and staff contacted them regularly whilst they were out. The person could also contact staff at any time if they felt unsafe.
- Risk assessments were kept up to date and were updated swiftly if potential risks to people changed. A relative told us, "They always assess risk, all things are looked out for."
- An emergency evacuation plan was in place for each person, to describe the support they would need in the event of a fire or other emergency evacuation of the building. These were up to date and reflective of people's current needs.

Staffing and recruitment

- People told us there were enough staff to support them safely. They said when they called for assistance staff responded in a timely way. One relative said, "They [meaning staff] respond quickly to [family members] requests, they're well staffed and responsive."
- There were sufficient numbers of staff to meet people's needs. A staff member said, "We have enough staff. There is really good team work and we support each other." Staff rotas showed that staffing levels were consistent.
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People's medicines were managed safely. Processes were in place for the timely ordering and supply of people's medicines and they were stored in accordance with requirements. Staff administered people's medicines safely and followed best practice guidance.
- Medicines to be administered on an 'as needed' basis were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.
- The provider completed medicines management audits and any actions were identified and addressed. Staff received annual medicines updates and a competency assessment.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements. We observed staff using personal, protective clothing and equipment safely.
- The environment was visibly clean and hygienic.

Learning lessons when things go wrong

- Staff reported accidents and incidents and the registered manager reviewed and collated information from these. This enabled themes to be identified and ensure that any actions required to reduce the risk of recurrence were implemented.
- Staff said they received feedback about changes to practice at the shift handover meetings and at staff meetings. They said they had the opportunity to contribute their views and that communication was good.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care was assessed before they went to live at the service. The assessment process considered people's physical, and mental health and their social care preferences. It also looked at people's culture, identity and beliefs.
- Assessment documentation considered the characteristics identified under the Equality Act and other equality needs. The assessment process also considered compatibility with other people using the service.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started working in the service. Staff told us they were given plenty of opportunity to shadow experienced staff, get to know people and read their care plans, prior to working independently.
- Records showed, and staff confirmed, they received mandatory training updates in subjects such as safeguarding and people handling. In addition, there was a wide range of specialist training that included, behaviour management training and dysphagia training (swallowing difficulties).
- Staff felt supported in their role and received regular supervision and an annual appraisal. They said they could request further support if they needed it.

Supporting people to eat and drink enough to maintain a balanced diet

- People using the service were positive about the meals provided. One person said, "I like my dinners. They are lovely."
- We observed the lunchtime meal. This was quite casual, and people came and went as they wanted, some made their meals independently and others had support to make their lunch.
- Staff assessed people's risk of malnutrition and monitored their weight regularly. Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff referred them to the appropriate professionals for additional advice and input.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- When people needed support from healthcare services, staff made the required referrals and incorporated their advice into people's care plan. Records showed people had access to a GP service, community nursing services and other professionals as required.
- People had access to preventative and early diagnostic services such as regular eye tests and access to a dentist.

Adapting service, design, decoration to meet people's needs

- The premises were suitable and accessible to the people living at the service. The environment was tired looking in places and we saw the provider had a maintenance plan in place to ensure continuing improvements were made.
- People were encouraged to personalise their own rooms and we saw these reflected people's tastes and preferences.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff obtained consent for people's care and support. They had a good understanding of the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff completed mental capacity assessments and involved relevant people in the best interest decision making process. Staff supported people in the least restrictive way possible.
- DoLS applications were made when required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave very positive feedback about the attitude of staff and the way they were treated. One person told us, "They look after me very well, they really cared for me last year when I had a bad time, they really have been here for me." A relative commented, "The staff are very caring, good and chatty. It's a 100 times better here than the previous place [family member] lived at. I would change nothing, I'm always welcomed."
- Staff spoke to people in a kind way and offered support in a relaxed and caring manner. One staff member explained, "This is a lovely home and it's about giving something back." We observed that staff were knowledgeable about people's individual needs and preferences and took account of this when they provided support and assistance.
- People told us that staff often went over and above to meet their needs. For example, the staff were keen to make sure people's dreams and aspirations could be fulfilled. One person had been supported to take a ride on a steam train. The staff member that supported them commented, 'I couldn't stop looking at the smile on [person's] face. If I could I would take [person] every day, it was so special and the whole reason I work in care.'
- Staff received training in equality and diversity. The registered manager gave us examples of how consideration was given to people's individual, religious and cultural needs, for example people were supported to attend their preferred place of worship if they wished.

Supporting people to express their views and be involved in making decisions about their care

- People told us they had choice in their daily lives. One person said, "I get to do what I want to do." They sat listening to the radio which is what they chose to do at that time.
- People had the opportunity to express their views about the service; they said they gave their feedback at meetings called 'Your voice'. These were held monthly just before the staff meetings, so issues could be taken forward in a timely manner. One person living at the service was the chair of the meetings and a carer took the minutes for them.
- We reviewed notes of 'resident's meetings' and saw a wide range of topics were discussed and people's views recorded and acted on. For example, displayed around the service were notices showing 'You said' and 'We did' comments. The latest was 'You said' "Can we have a sandwich toaster" and 'We did' "We bought you a sandwich toaster."
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. For example, one person said they were supported to go out onto the local town by themselves. Another person told us, "I look after myself and look after my room. I am supported to be independent. They [meaning staff] give me jobs to do too which I enjoy." A relative commented, "They're very caring. My [family member] is encouraged to be independent and they respect their dignity."
- People said staff maintained their privacy and dignity. We saw that staff knocked on people's doors before entering their room and maintained their dignity when providing care. We observed that staff interactions were kind, respectful and patient.
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan to ensure people received the care that was right for them. A relative told us, "[Family members] needs are fully met. I trust them, it's about [family members quality of life]."
- Staff at the service were very responsive to people's needs. We saw one person who had been admitted to the service with very complex dietary needs and because of this there were concerns about the persons health. They were taken to regular appointments and whilst at any appointment the staff would also be examined by the doctor, to show the person that it was okay. With full support from staff the person was able to maintain good health and their complex nutritional needs were being met.
- People's care plans were person centred and included personalised information to support staff to deliver consistent person-centred care. They were reflective of people's current needs and reviewed monthly or when people's needs changed.
- People felt they were treated as individuals and staff understood their needs and preferences in relation to their care. They said their care plans and care needs were discussed with them regularly. A member of staff said, "We sit down with people when we update their care plans and talk it all through with them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service could provide people with information in different formats if it was required. We saw information in pictorial and easy read formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had the opportunity to go out regularly for visits and social activities. They told us how important this was to them. One person said, "I have got my confidence back now since I've been here. We do lots too, bingo and trips out."
- We found there was a wide range of activities and outings taking place on the day of our visit. People went for walks, out to the shops and to their chosen activities. We saw that the service celebrated different festivals and cultural events. For example, we saw there had been celebrations in relation to the Chinese New Year, Ramadan, Christmas and Remembrance Day.

- There were in-house activities and we saw an exercise class taking place on the afternoon of our visit. One person told us, "I knit scarves and sell them, and I crochet too."
- People were supported to develop and maintain relationships with people that mattered to them. One person told us, "My [relative] visits me every week. That's important to me." A relative told us, "I can visit when I like. They always make me feel welcome."

Improving care quality in response to complaints or concerns

- The provider's complaints procedure supported people and relatives to raise concerns and complaints.
- People told us they felt comfortable to speak to staff or the registered manager if they were not happy about something and were confident action would be taken to resolve their concerns. A relative said they felt confident if they had any concerns they would be quickly addressed.
- The service had not received any complaints for over a year at the time of our inspection. However, there were processes in place to ensure that all complaints would be dealt with appropriately.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, the deputy manager told us they could support a person at the end of their life if it was required and had previously done this.
- The provider had detailed and extensive policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open culture and people felt confident to contribute their views. They felt they were listened to and valued. One person told us, "I can make my own decisions and the staff do respect my choices." A relative told us, "If I have anything to say I can approach any staff they are friendly and always willing to help."
- People were empowered to make choices about their care and support and preferred lifestyles. One relative told us, "[Family member] likes things to be done in a certain way and the staff listen to what they want to do and how they want to live their life."
- Staff said there was good team working and everyone was focussed on ensuring people using the service were happy and fulfilled. People experienced positive outcomes because staff understood their needs and preferences. One relative told us, "[Family member] has made a lot of progress since they went to live at the home. I'm so grateful to all the staff at Halifax Drive."
- Staff put people at the centre of the service and provided good quality care that focussed on people's care and support needs while always promoting people's independence.
- The staff team worked closely with healthcare professionals and were open to advice and recommendations to drive improvement at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their responsibilities and sent us the information we require, such as notifications of changes or incidents that affected people who lived at the service.
- Staff understood their roles and responsibilities towards the people they supported and felt listened to

and well supported by senior staff. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required.

- Staff felt well supported in their roles. One staff member told us, "We get lots of support and there is always someone available to give us help and advice."
- There was a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary. These included, but were not limited to, care planning, health and safety, training and medicines. These enabled staff to identify any areas for improvement and develop action plans to address these.
- The provider had displayed their last CQC rating at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that communication throughout the service was very good. They said they had regular staff meetings and one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and made sure they always had up to date information.
- People and staff were encouraged to give their views about the service and through annual surveys, residents meetings and on a one to one basis. Notes of meetings showed a full range of topics were discussed including, the menus, activities and outings.
- People using the service and staff said that everyone was treated equally and fairly. They had the opportunity to discuss their diverse needs and these were catered for.

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided. Audits and monitoring checks ensured areas for improvement were identified and actions taken to drive continuous improvement at the service.
- The staff were continually making improvements to the care and support provided, to achieve the best possible outcomes for people. They achieved this through satisfaction surveys, gaining feedback from people and relatives and good communication.
- There were regular reviews of people's needs to ensure the care provided was appropriate, and reviews of all aspects of the service, from activities to the environment were in place to ensure people had the best care possible.

Working in partnership with others

- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the speech and language therapists and peoples GP's.