Merry Den Care Limited

Leighton House

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

Summary of findings

Overall summary

This inspection took place on 17 August 2016 and was announced. Leighton House provides personal care support to people who have learning disabilities, mental health problems and sensory impairments. People either lived independently in flats or lived in shared houses. The level and amount of support people need is determined by their own personal needs. We only inspected parts of the service which supported people with the regulated activity of personal care.

There was a manager in place at the time of our inspection who was in the process of applying to be the registered manager as required by their conditions of registration. 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.

People were supported by staff who were kind and caring and understood their responsibility to protect them from harm. Staff knew people well and adapted their approach and communication according to their needs. We observed people were comfortable amongst staff and they chatted together in a friendly manner. People enjoyed a healthy diet and took part in activities and chores around their home.

People were supported to attend health care appointments as required. The management and administration of their medicines was based on people's individual support needs. People's level of support was varied and tailored to their needs. Their individual needs and risks had been assessed and recorded. People's support plans gave staff adequate information about their preferences and how they wished to be supported. However, the details of people's mental capacity assessment and consent to receive care were not always evident when people could not make a decision about their care and support for themselves.

Suitable staffing levels were in place so people could be adequately supported in their home and carrying out activities. Staff had been trained and were supported to carry out their role. Plans were in place to update the training of staff. The employment and criminal history had been checked before staff started to support people. However the mental and physical well-being of staff to carry out their role had not been assessed. We have made a recommendation about the recruitment of staff.

The service had recently been purchased by another provider. The manager was working with the new provider to ensure that adequate governance processes were in place to ensure the service was safe and effective. The managers and the coordinators of the shared houses carried out frequent audits and checks of the quality of service being delivered. People and their relatives concerns were listen to and acted on immediately. A complaints policy was in place although there had been no recent formal complaints.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

This service was not always safe

Recruitment systems were in place to check the character of new staff. However the mental and physical well-being of staff to carry out their role had not been assessed. People were supported by suitable number of consistent staff who were familiar to them.

People were cared for by staff who understood how to protect them from avoidable harm and abuse.

People's individual emotional, physical and health needs and risks were assessed, managed or recorded.

People's medicines were managed well and they received them safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People were encouraged to make decisions about the care they received. However, the assessment of people's mental capacity to consent to their care was not always recorded.

People were supported with their personal care by staff who were trained to meet their needs.

People were referred appropriately to health care services if their care needs changed and were supported to eat a healthy diet.

Is the service caring?

Good

This service was caring.

People and their relatives were positive about the care they received. They were respectful of people's own decisions and encouraged them to retain and develop in their levels of independence.

Staff had a good relationship with the people they cared for.

Is the service responsive?

Good

The service was responsive

People received care and support which was focused on their individual goals and needs. Their care records were detailed which provided staff with guidance on how they preferred to be supported.

People and their relatives had an opportunity to express their views about the service. Their feedback was valued and acted upon.

Is the service well-led?

Good

The service was well-led.

Monitoring systems were in place to ensure the service was operating effectively and safely. Daily and weekly checks were carried out by the staff and coordinators of the shared houses.

People and relatives spoke highly of the staff and the manager. The manager led by example and was actively involved in the care and support of people.

Leighton 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 checked 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 17 August 2016 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection, the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also examined information that we held about the provider.

During the inspection we visited six people in their own homes. We looked at three people's care records and spoke to three members of staff who supported people with their personal care and the manager. We also looked at records which related to staffing including their recruitment procedures, the training and development of staff and the most recent records relating to the management of the service. We also analysed the results of our questionnaires which were sent to people who use the service, staff members and health care professionals who are linked to the service.

Good

Is the service safe?

Our findings

People were cared for by staff who had been checked for their suitability before they supported people. People receiving a service were invited to be part of the recruitment process. A recruitment system was in place to ensure that suitable staff of good character were employed to support people. New staff were requested to complete an application form including their employment and medical history. Employment and criminal checks had been carried out on all new staff. References had been sought from previous employers. However processes were not in place to consider the physical and mental health of employees in line with the requirements of their role. This meant the manager was not aware if staff were able to carry out their role or reasonable adjustments were required.

We recommend that the service seeks current guidance about obtaining satisfactory information about the physical and mental health of new employees.

This was raised with manager who took immediate action and sought advice from the provider to address the shortfall in their recruitment processes. Since our inspection the provider has introduced appropriate forms for staff to declare their medical histories. Whilst the manager took actions with regards to the concerns raised in this domain; we require the service to be consistent in their practices over time. We will check this during our next planned comprehensive inspection.

People benefited from a safe service where staff understood their safeguarding responsibilities. People told us they felt safe with the staff who supported them. One person said, "The staff are nice to me and kind." They later told us about the staff who supported them and said "I feel safe here." Some people had limited communication but indicated to us that they were happy with the care being provided to them. All the people who completed our survey told us they felt safe from harm and abuse from their care and support staff.

All staff demonstrated a good understanding of the service's safeguarding policy and processes. They told us that they would immediately report any concerns or incidents of abuse. Staff who had completed our survey felt people were safe from abuse and they knew what to do if they suspected people were at risk of harm or abuse.

Some people required support to manage their finances. Effective and clear processes were in place to support people who needed assistance to manage and handle their money. Records showed audit trails of the income and expenditure of people. These were regularly checked and monitored by staff to ensure people were not being financially abused. Those people who had been appointed to manage people's major finances were recorded.

People's personal risks had been assessed and recorded such as the risk of choking on food. Their individual risks were monitored, recorded and reviewed. Charts were in place to monitor people's risks. This gave staff an overview of the frequency and regularity of when people's health and welfare needs had changed such as frequency of falls or changes in their behaviour. Staff were knowledgeable about people's risks and how

they should be managed to reduce the harm to people. For example, staff supported and observed people who were at risk of choking while they ate their meals and snacks. They prompted people to eat slowly or have a drink to reduce the risk of choking.

People's support plans provided staff with information of the triggers or signs which may indicate they were becoming upset or frustrated which were known by staff. Staff explained how they supported people who were known to become anxious or upset and the different strategies they may use. For example, staff were adaptable in their approach. We observed staff considering different strategies when supporting somebody who was having difficulty in standing and walking.

The support needs of people were varied. Some people required minimal support while others required full time support with their personal care and daily living activities. Designated coordinators overviewed the staffing levels and the care of people in an allocated number of homes/flats. They were responsible for managing and deploying staff to ensure people's needs were met. They produced the staff rotas which were signed off by the manager. Staff confirmed there were enough staff to meet people's needs. The service had worked with the local authority to implement an electronic monitoring system to ensure staff were delivering the accurate amount of support to people which was funded by the local authority.

People were supported by staff who were familiar to them. People who answered our survey told us they received care and support from consistent care and support staff. We discussed the staffing levels with the manager who told us they had an established team. The service had access to their own bank staff who were called on to work if there were unplanned staff shortages. The manager regularly visited people in their homes and sometimes provided care and support if there was a shortfall in staff availability. They said, "If we are really short of staff I will step in to help. This helps me to get a good understanding of people's needs." The service was currently recruiting more staff to enable them to cover staff shortages more effectively.

People's medicines were managed according to their needs. Safe medicine administration systems were in place and people received their medicines when required. Different systems of ordering and storing people's medicines had been individually identified and assessed depending on their support requirements. People were given their medicines on time and appropriately. Medicine Administration Records (MAR) had been completed appropriately. MAR charts had been completed accurately and reflected the administration of people's medicines. Staff responsible for administering people medicines had received training to do so. They were knowledgeable about the medicines people required. People had been supported to have their medicines reviewed and their dosage adjusted according to their present physical and mental health needs.

Requires Improvement

Is the service effective?

Our findings

People were provided with the opportunity to consent to their care and support and make decisions about their life. The service had a proactive approach to respecting people's human rights and worked within the principles of the Mental Capacity Act 2005 (MCA). 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 were supported by staff to make day to day decisions about their care and supported people in accordance with the principles of the MCA. For example, we observed staff encouraging people to make choices about their day and respected their decisions. They were provided with options such as would they prefer a hot or cold drink. Different strategies and techniques were used to help people understand the choices being offered and how they could answer the questions. Staff told us they supported people in their best interests such as providing support based on their known background or preferences.

However some people's care records stated that some people did not have the capacity to manage and make decisions about parts of their care such as managing their financial or medicines; however no formal assessment had been carried out to determine people's mental capacity.

This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. All staff were positive about the training and the support they received. One staff member said, "I really love working here. I enjoy it." Another staff member said, "We get lots of support and training. I know I would get extra training if I felt I needed more."

The manager shared with us the staff training matrix. This documented the training staff had completed and any gaps in their training requirements. The manager was aware that the training matrix was not accurate and did not reflect the training achievement of staff. They told us they had inherited the matrix from the previous manager. However plans were in place to update the training matrix and review the skill base and training of all the staff. The manager was researching other training resources and opportunities which would ensure staff had been effectively trained to the required standards. The manager shared with us the training dates and subjects which had been booked to ensure people were being cared for by staff who had been trained to carry out their role. For example staff had been booked on courses such as first aid, epilepsy awareness and courses associated with the health and safety of people.

Staff had a basic understanding of the Mental Capacity Act 2005 (MCA). The manager was in the process of seeking additional training to provide staff with an increased understanding of the MCA and how people's mental capacity needed to be considered when receiving support and care. The manager was also seeking

further advice from the provider's other managers.

The manager was also in the process of developing and implementing a training/supervision passport for each member of staff which would show their training achievements, desired training and expiry dates and supervision meetings. The manager was also researching into courses which related to management and running of the service.

People were also given the opportunities to attend certain training such as first aid. We were told this had helped people when they had applied for employment and volunteering opportunities.

The manager was also reviewing how staff were being supervised. The coordinators were responsible for the staff who cared people in designated houses. The manager was putting a structure and supervision process in place to ensure all staff would be supervised and appraised in line with the service's policy. They had planned for the coordinators to receive training in the supervision and management of staff to ensure all staff would be effectively supported. Staff had recently been sent out pre-supervision forms to encourage them to consider their personal development before their supervision meeting. These would be reviewed at their next supervision and would inform their appraisal meetings planned for the autumn.

People were encouraged to maintain a healthy and well balanced diet. The support people needed to manage and plan their meals was varied. Some people were independent with meal planning, shopping and cooking their meals. Some people chose to shop online for their food whilst others enjoyed visiting the shops. Other people required support to plan, prepare and cook their meals according to their needs and abilities. They were supported to make choices about their diets and plan for healthy meals. People's food allergies, special diets and preferred meal choices were recorded. People had been referred for nutritional and swallowing advice when risks of people choking had been identified. Staff supported people to have meals and food choices suitable to their needs and followed recommendations made by health care professionals.

Records showed that people were supported to maintain good health. People were supported to have regular check-ups such as attending the dentist and opticians. They were also supported to attend appointments when their health and well-being needs had changed. People had health plans which provided details of their medical needs and current treatment and healthcare professionals involved in their care such as doctors or specialist. Information about what was important to people and things that may cause them concern were noted in their health plans. Records stated when people had visited a health care appointment and the outcome of their visits.

Good

Is the service caring?

Our findings

Prior to our inspection people were asked if we could visit them in their homes. During the day of our inspection we were shown around some of their houses and flats and met people going about their day. They each had their own tenancy agreement. People answered their own front door and invited us in. Where people received support, staff respected their homes. We observed staff giving people space and gave them the opportunity to talk to us and show us around their homes. They supported people discreetly in the background. Records showed that people's safety to answer their front doors to strangers had been checked and discussed with them. There was a sense of community amongst the people who lived in these houses and flats. People were supported to have friendships with people from other shared houses. They visited and spent social time with each other informally as well as planned events.

People spoke to us confidently and told us they enjoyed living in their shared houses or independently in their flats as well as accessing the community. They told us the staff were kind and friendly. One person said, "I'm very happy with my care workers." People gave us examples of past and future activities that they had been involved in such as art, discos and shopping. Staff chatted with people about how they had enjoyed their recent activities. Some people lived independently with minimal support from staff while others needed 24 hour support and assistance with their personal care. Some people carried out their own household chores while others needed more support. We observed staff politely asking people to help them with activities such as drying the pots and folding washing.

People's privacy and dignity was respected. For example people were supported to carry out their recommended exercises in their own bedrooms. We listened into the handover between staff. Staff talked about people respectfully and passed on relevant information about people's well-being and needs.

Staff told us how they supported people individually with things that were important to them such as writing or going to the shops. One staff member said, "We always try and find out what they want to do and get them involved in household activities." We heard three people were organising with staff to go shopping in the afternoon and have their hair cut. Staff discussed with them how they were planning to have their hair cut or what they wanted to buy at the shops.

All people, relatives and health care professional who completed our survey said they felt that staff were caring and respectful of their needs and wishes. All the relatives said they would recommend the service. One relative also told us, "I feel my relative gets good care from where she's living." Another relative said, "We feel that having a good relationship with Leighton House, together with good communication benefits us all."

People were supported by statutory advocates when required such as an Independent Mental Capacity Advocate (IMCA). An advocate is a person who speaks on behalf of a person if they have no other person who can represent them. One health care professional said, "As an advocate and IMCA I have supported individual residents at Leighton House over a number of years. I have found the staff to be caring and efficient and the managers/owners to be accessible and always ready to listen to my views and to act on

these when appropriate".

People were encouraged to enhance their daily skills and become more independent. They were supported to make decisions for themselves and take positive risks such as traveling on public transport independently. People who answered our questionnaire told us the support they received helped them to be as independent as they could. Staff knew people well and were able to discuss any concerns or on-going events such as supporting people to manage their health care appointments and managing their finances.

Good

Is the service responsive?

Our findings

People were supported in their own homes. Some people shared their accommodation with others whilst others lived alone. People had their own tenancy agreement with their landlords. Most of the accommodation provided was close to each other which helped to provide a sense of community amongst the people who were being supported.

People required different levels of support depending on their needs. Their individual needs had been comprehensively assessed. Some people required support from staff with their personal care and daily activities. They received care and support which was personalised to their individual needs and requirements. Their support plans reflected their needs and choices. Information about people's likes and dislikes helped staff understand how people preferred to spend their day, preferred routines and how they wished to conduct their life. Staff were aware of how people preferred to be supported. Some people liked to keep in a set routine while others were flexible and enjoyed experiencing new opportunities. Staff spent time with people to encourage them to explore new opportunities and discuss their support needs, others just required a small amount of reassurance and lived relatively independently. Their likes, dislikes, strengths and weaknesses had been discussed with them. People were encouraged to make their own decisions about their day and manage their own risks such as going out into the community independently.

Good communication processes were in place to ensure staff were up to date with the support requirements of people. Staff were required to write about people days in the 'daily notes and participation record' at the end of each shift. People's needs were reviewed regularly, or as required if staff recognised that there was a change in people's needs. Daily handovers took place between staff. A handover is where important information is shared between the staff during shift changeovers. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach.

Staff knew people well and adapted their approach according to their needs. Some people had difficulty expressing themselves verbally; however staff were tuned into their level of verbal communication. Other people expressed themselves by using different verbal and non-verbal language. People had opportunities to express their views and choices. Where people shared a house, they held regular house meetings to discuss any concerns or make suggestions or requests. For example one person wanted to purchase some new clothes. Staff were in the process of helping this person to sort out their clothes and to arrange a shopping trip into town

People enjoyed a wide range of activities both in their homes and in the local community. Activities were provided which met their interests and hobbies such as going on trains, attending yoga and art classes and activities with horses. Where health care professionals had made recommendations regarding people's care staff supported people to meet these recommendations, such as carrying out regular exercise. One staff member had set up an art class which people enjoyed and attended. Staff encouraged people to make choices about their activities and researched into local events and activities on the computer. People were supported to go on holiday and maintain contact with their families.

People's day to day concerns and issues were addressed immediately. People had the opportunity to express their views and concerns to staff who supported them in their shared houses. Their day to day concerns and issues were addressed immediately by staff or the coordinators. The serviced valued people's opinions. Results of a survey sent out by the provider in March 2016 showed that people were generally positive about the support and care that they received. Any suggestion people had made were acted on. The service also sent out a newsletter to people to ensure people were kept up to date with any changes in the service being provided.

Relatives who answered our survey told us their concerns were acted on quickly. The service had a complaints policy. A large print pictorial easy read complaints policy was made available to people. People had access to advocates or their local authority support planners who would work with people to ensure any concerns raised would be fairly addressed. The manager had not received any complaints since starting in their role. They told us people's concerns and complaints would be listened to, taken seriously and addressed.

Good

Is the service well-led?

Our findings

The service being provided to people had recently been purchased and taken over by another provider earlier in the year. The new provider also had a small number of social care services in the local area and was familiar with the type of service being provided. The manager told us the change of ownership had come as a surprise and was a quick process. However, they went on to tell us they had worked hard with staff to address their concerns about the takeover. They had met with staff individually and as a group to address their concerns. They said, "There have been a lot of changes but the staff have proved themselves. We have worked hard to ensure the service users haven't been affected by the changes."

The manager was working with the provider to discuss how the provider's services could share practices and resources to ensure people received high quality care across all the services. The provider was in regular telephone and email contact with the manager and visited the service at least twice a month. The manager had requested that they met privately with the provider once a month to discuss their own personal development and support needs. They had carried out all the required mandatory training to ensure they had the skills to support people if required. The manager was also in the process of seeking out additional training which would benefit their role of the manager of the service as well as keeping up to date by personal research and attending local and national events. The manager and the new provider were reviewing their governance processes to ensure the people received quality care and support.

People and staff were positive about the manager. One staff member said, "The manager is very supportive, brilliant." The manager was familiar with the service as they had worked for the previous provider for several years before being promoted to the position of manager. The manager was passionate about their role. They told us they were working to build up their management skills to ensure the service was run effectively. A strong sense of team work was in place with a clear management structure when staff needed support and advice.

The manager led by example. We observed them giving staff and people support throughout our inspection. They enquired about people's well-being and chased up on people's appointments or concerns. The manager had developed an open culture and encouraged people, their relatives, staff and health care professionals to feedback to them. They had a 'very hands on' approach and supported people if the service was short staffed. They had a good relationship with staff and people who were being supported by the service. They said, "They (people) know me so well, I think they are comfortable around me." The manager was in contact with people most days and often visited people in their homes. We observed that they had formed a warm relationship with people and people felt comfortable to speak to them. Health care professionals were also complimentary about the management of the home. One health care professional said "I find the provider to be flexible and responsive to the needs of the service user and in my experience feel they strive to provide high quality care."

There were strong links between the coordinators and the manager. They regularly met informally and formally to share information; good practices and provide peer support. Staff confirmed the coordinators and the manager were approachable and supportive if they had any concerns.

The manager of the service ensured the quality of the service being provided was regularly checked. They and their coordinators regularly checked and monitored the records associated with people's care such as the records and management of people's finances. Quarterly management reviews were also carried out to ensure the care being delivered was safe and reflected people's needs. Regular maintenance checks and health and safety and fire safety were also carried out.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Assessments of people's mental capacity to consent to the care had not been carried out.