

Nestlings Care Ltd

Lang Riggs House

Inspection report

Breeze Hill Road
Manchester
Lancashire
M46 9HJ

Tel: 01942871162

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07 June 2017

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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 07 June 2017 and was unannounced, which meant the provider did not know we would be visiting the service.

Lang Riggs House is a residential home providing high quality accommodation and personal care for young men and young women between the ages of 16-25 years. The home is in a residential area on the Bolton/Atherton border. The detached property has been built to an exceptionally good standard and is set in extensive mature gardens. The ground floor comprises of lounge/dining area, games room, kitchen, toilet, treatment room, laundry, stores rooms and an office. Upstairs, all bedrooms are single occupancy and there were two bathrooms and a staff bedroom.

At the time of the inspection there were three people living at the home. There was one vacancy and during the inspection a person came to look at the home and speak with staff with a view to moving in.

The home specialises in the care of people who are diagnosed as, recovering from mental health problems, who may require help through talking therapy, taking medications, regulating their emotions and to manage risks to themselves or others due to which they are not ready or not able to live with family or independently.

This was the first inspection of Langs Riggs house since registering with the Care Quality Commission (CQC) in 2015.

The registered manager had recently left the service. The registered manager from the company's other home was in the process of adding Lang Riggs as a second location to their registration. The registered manager had worked across both locations and was based at Lang Riggs. The registered manager was experienced, highly motivated and had extensive knowledge about 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 and associated Regulations about how the service is run.

All staff at the home were dedicated to providing care to a very high standard of care. They strived for excellence through consultation, they were passionate and dedicated to the young people they were supporting in assisting them to achieve goals and aspirations. The provider's visions and values were understood and shared across the team, and they were fully supportive of development plans. The culture of the service was open and transparent.

People's care records were person centred and tailored for them as individuals and where appropriate families were included. People were supported by staff who knew them well and understood their complex

needs.

People at the home told us they were happy and felt safe. They were encouraged and supported to follow their own interests and hobbies. Each person planned discussed activities on a weekly basis with staff.

People were encouraged to maintain a healthy and nutritious diet and were including in shopping and meal preparation.

Staffing levels were high to meets people's needs. Rotas were flexible to ensure that enough staff were available to accompany people on activities or appointments as required.

People lived in a safe environment and risk assessments were carried out to minimise risks without taking away people's right to make decisions.

Staff spoken with demonstrated an in-depth awareness of the principles of the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS).

New staff were recruited with the involvement of people who used the service. All checks were in place before they started work and they received a comprehensive induction. The aims and objectives of the induction were specific to the service, to meet the staff team and people who used the service and to understand day to day information.

We found the system for managing medicines was safe and we saw how the staff worked in cooperation with other health and social care professionals.

The provider had quality assurance systems in place, which helped to monitor and assess the quality of care and services delivered. Results of surveys were shared and actions they had taken in response to questionnaires.

There was a complaints policy and procedure in place to deal with and respond to any complaints/concerns in a timely manner if required.

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.

Systems were in place to help ensure the safe handling of medicines.

There were sufficient numbers of highly skilled and qualified staff to ensure people's needs were met in a timely way.

Suitable arrangements were in place to help safeguard people from abuse. Recruitment procedures were robust.

Is the service effective?

Good ●

The service was effective.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. The provider was meeting the requirements of the Mental capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

There were facilities on site to support people's care, therapy and leisure needs and they were able to practice and develop skills they would need to live independently.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care and support to people.

Is the service caring?

Good ●

The service was caring.

People's care was based around their individual needs and aspirations.

People who used the service were treated with dignity, kindness and respect. Staff were extremely knowledgeable about people's need, likes and dislikes, interests and preferences.

Regular meetings with staff and other healthcare professionals took place to discuss people's progress and any additional support they required.

Is the service responsive?

Good ●

The service was responsive.

There was a wide range of activities available to people. These were individualised and meaningful for people. Links with the local community helped ensure that people were not socially isolated.

Comprehensive care records provided staff with information on the care, support and treatment people required.

The service had good links with the local hospital and in the event of a person being transferred to hospital or service information about the person was sent with them.

The provider had systems in place for receiving, handling and responding appropriately to complaints or concerns.

Is the service well-led?

Good ●

The service was well led.

The leadership, management and the governance of the organisation assured the delivery of high-quality and person centred care.

The culture of the organisation was open and transparent. Staff spoke positively about working at the home. There was a range of methods for staff to be included in the development of the service.

Systems were in place to monitor and assess the quality of the service.

Lang Riggs 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 07 June 2017 and was unannounced. The inspection team comprised of one adult care social care inspector from the Care Quality Commission (CQC).

Prior to the inspection the provider completed a Provider Information Return form (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and what improvements they are planning to make.

Before the inspection we checked our records and saw that any incidents or accidents that the CQC needed to be informed about had been sent to us in timely manner. This meant we were able to see if appropriate action had been taken by the management to ensure people were kept safe.

During the inspection we spoke with two people who used the service, the registered manager, two registered mental health nurses who were based at the service, a support worker and the company director who is a consultant psychiatrist and was fully involved with the day to day running of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the Lang Riggs house. One person told us, "I do feel safe living here. Out of the all the places I have lived in this is the best". Another person told us they were fine living at the home.

People's safety was a priority. People were kept safe from the potential risk of abuse because staff had appropriate knowledge and understanding of safeguarding policies and procedures. Staff spoken with were completely confident in the safeguarding and whistleblowing process and knew who to contact if they had any concerns. Staff confirmed they had received training in safeguarding children and adults.

Systems were in place to protect people who used the service. These included regular environmental checks to help protect people from the risk of self-harming. The home also had a no smoking policy, people who used the service and staff who wished to smoke used the outside areas.

Staff enabled people to achieve a fulfilling life, by assessing any risks while keeping them safe. Risk to people had been assessed and actions had been taken to reduce risk whilst still minimising the restrictions placed on them. For example with regard to people going out unaccompanied and using public transport.

Staffing levels were flexible and were monitored and adjusted to make sure people living at the home had enough support to live their life. The staff rotas were planned well in advance to ensure that sufficient staff were available to support people.

There was an effective recruitment procedure in place and the management worked hard to ensure that staff had the right skills, attitude and commitment to be part of the team. People who used the service were included in the recruitment process and were involved in interviews for new staff.

We looked at three staff personnel files and found these contained an application form, references a health questionnaire and other forms of identification. People were safeguarded against the risk of being supported by unsuitable staff as all staff were checked for criminal convictions with the Disclosure and Barring Service (DBS).

The home had an efficient medication policy which was supported by procedures linked to the National Institute for Clinical Excellence (NICE) guidelines. There was a British National Formulary book which aims to provide healthcare professionals with up to date information about the use of medicines. We saw there were comprehensive medicines audits in place to monitor safe practice.

We looked at the medication system; medicines were overseen by the two registered mental health nurses. All other staff had received medication training. All medicines were securely stored in the treatment room with regular room and medicines fridge temperatures checked and recorded.

People received their medicines as prescribed and the medicines administration records (MARs) were

completed accurately with no gaps identified.

There were protocols in place to guide staff when people who used the service were prescribed medicines on an 'as and when' basis (PRN). These indicated what the medicines were for and the maximum dose.

We saw that the home had systems in place to support people to manage their finances and budgets.

The home had procedures and guidelines about managing infection control. People who used the service lived in a clean and well maintained environment.

Each person had a person had a personal emergency evacuation plan (PEEP) that was regularly reviewed. A PEEP informs the fire service of where people's bedrooms were and if any assistance was required to safely evacuate the premises. The home was equipped with appropriate fire detection systems which were regularly tested.

The service had effective systems in place to manage risks to people's health and wellbeing. Accidents and incidents were recorded and actions were in place to prevent reoccurrences.

We saw there were systems in place for ensuring equipment was safe and maintained in line with the manufacturers' instructions.

Is the service effective?

Our findings

One person spoken with told us the staff were kind and they felt supported by them. A visiting healthcare professional told us, "My patient is happy at Lang Riggs house and is making progress".

We were provided with a copy of the staff training matrix. Training included: Safeguarding, infection control, medication awareness, first aid, nutrition and fluids, equality and diversity, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. We saw that staff had undertaken training in MCA and DoLS and staff we spoke with demonstrated an understanding of the principles of the MCA and best interest's decision making.

A comprehensive induction programme was in place for new staff and there was continuing training and development for all established staff. Staff spoken with confirmed they received regular supervisions and annual appraisals. Supervision meetings enabled staff to discuss with management any concerns they may have, what was going well and any training or development needs they may have. We saw in the staff files we looked at minutes of supervision sessions.

Placements were offered to people with a history of readmissions or deterioration in the community due to non-adherence to treatment, non-engagement and admission to inpatient setting.

We asked staff how they ensured people received safe care and treatment that met their individual needs. We were provided with the admission criteria, information included: All prospective service users received relevant information about the service to enable them to make an informed choice about their treatment and care. The team at Lang Riggs House ensured that all admission procedures were carried out to the highest standards and in line with this policy.

Individual treatment plans were agreed with people to meet their holistic needs. Best Practice guidelines (e.g. NICE) always informed decision making, and a range of interventions were offered through the Multi-Disciplinary Team; including psychiatrist, psychology, psycho-social interventions, activity therapy and

social skills, as well as psychotropic medication. An underlying philosophy based on "Recovery" ensured that individuals were empowered towards achieving their own goals.

People were registered with a local GP practice or Health Centre to ensure continuity of medical treatment. For some people this meant they may be able to retain their own family GP, whilst for others it may mean registering with a new GP. Care records showed that people had access to external health and social care professionals, such as GPs and dentists. We discussed with staff about family planning for some of the people who used the service. Staff dealt with this through discussions with people in a discreet and sensitive manner.

We asked staff how they supported people who used the service in maintaining a healthy diet. Meals were planned by people and staff. People who used the service were actively involved in the preparation of meals. Each person had their own cupboard in the kitchen which had their own food stored. We saw that other food stocks were readily available including fresh and dried produce. If concerns were raised by staff with regards to nutritional and hydration issues this would be addressed through the appropriate channels.

Is the service caring?

Our findings

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life. Information provided to each person of admission stated, "Each service user will retain the right to be treated: as an individual, with care, consideration, dignity, courtesy and respect at all times, irrespective of ethnic origin, gender, sexual orientation religious beliefs or the nature of any health problems". During the inspection we observed friendly and respectful rapport between people who used the service and staff. They were comfortable in one another's company. We saw that when one person was in their room staff knocked on their bedroom door before entering to ask if they were alright and if they required anything. People were provided with keys to lock their bedrooms door if they wished.

Staff demonstrated their knowledge of people through their interactions and always had the goals people wanted to achieve at the forefront of their minds. Conversations undertaken by staff with people were caring and nurturing.

People had developed their confidence because of how staff cared and supported them. This was particularly evident for one person who used the service. Staff described the change in this person as 'significant'.

One person was in hospital at the time of our visit and staff were in regular contact with them visiting and supporting them during their stay in hospital. Staff told us it was important to this person's wellbeing to ensure continuity of care and reassurance was provided.

Care and support was delivered by a highly motivated team including: Adolescent Psychiatrist, RMNs, support workers, Clinical Psychologists Occupational Therapists and a Music Therapist. An allocated key worker went through all information on admission and supported people during their stay.

The home provided access to a range of advocacy services which were useful where an individual wished to express their views and wishes through an independent person.

One of the people living at the home had a particular preference arising from their religious and cultural background. Staff supported this person to continue to peruse this preference. Equality and diversity training was included in the provider's training programme.

Is the service responsive?

Our findings

People who used the service received care and support that was personalised to their individual needs, wishes and aspirations.

Lang Riggs House is a rehabilitative unit, which meant helping individual people to develop skills to live independently. The aim of the service was to minimise the symptoms of illness and promote social inclusion.

People received care which was in line with their needs and preferences. Each person had a comprehensive care plan in place information included: preferences, activities, family contact details, medical conditions and actions required, daily records including monitoring of peoples emotional state. Care plans were regularly reviewed and updated to reflect people's changing needs. A healthcare profession told us, "From my involvement with the service my experience is positive".

We saw a wide range of individually tailored activities, which were discussed and agreed with identifiable and achievable goals. Each step forward was taken at a pace that was achievable by people who used the service, with support initially, and then with more independence.

Lang Riggs House supported young people to access a range of activities such as swimming, gym, table tennis, canoeing, computer skills (including literacy and numeracy) educational / vocational support, cookery, independent living skills and arts and crafts.

People had access to extensive gardens. There were seating areas, rabbits, a green house and a barbecue area.

People who used the service with the help of staff had organised a coffee morning to raise funds for Macmillan cancer services. This proved to be very successful and members of the local community were invited for coffee and cakes.

During the inspection we asked staff about supporting people when they were ready to move on to live in the community or moving to a different service. Staff confirmed that a robust discharge system was in place and that support was available to help ensure that people felt safe and that the move was successful.

There was a robust complaints policy and procedure in place for receiving, dealing with and responding to complaints. The management team discussed complaints during meetings with people who used the service. The management team wanted an open and transparent service where people felt comfortable and relaxed in approaching staff if they had any worries or concerns.

The service had good links with the local hospital and in the event of a person being transferred to hospital or service, information about the person was sent with them.

Is the service well-led?

Our findings

The registered manager had recently left the service. The registered manager from the company's other home was in the process of adding Lang Riggs as a second location to their registration. The registered manager had worked across both locations and was based at Lang Riggs. The registered manager was experienced, highly motivated and had extensive knowledge about 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 and associated Regulations about how the service is run.

The home benefited from strong leadership. The registered manager was supported by the Nominated Individual and the company director. Staff spoken with were complimentary about the involvement and support from the senior management team. Comments included, "[Name] is absolutely great they are approachable and listen to your views and opinions. Everyone is a vital part of the team".

During the inspection the registered manager and all the staff on duty demonstrated an in-depth knowledge of the people they were supporting. There was a culture of continual reflection by the staff team who were dedicated in striving for continual improvement.

There was a programme of extensive quality and monitoring audits checks. We were provided with the monthly internal audit reports. The audit for May 2017 included: maintenance, personnel files, safety and security, privacy and dignity, administration and window safety. Audits were extremely detailed and recommendations and actions were recorded with timescales for completion and by whom they would be completed. A medication management action plan had been updated in March 2017; this looked in to medication stock, completion of MARs, stock checks at staff handovers and weekly stock checks. Medication was also audited during the May 2017 check.

To gain feedback from people who used the service, relatives, staff and visiting professionals were asked to complete satisfaction questionnaires. Feedback was provided during the inspection. Comments were very positive about the care and support people received.

People who used the service were actively involved in the running of the home. People had personalised their own bedrooms with furnishing and mementoes. People were encouraged to be involved in the recruitment of new staff and to sit on interviews panels. This demonstrated a commitment to working in partnership with people and ensured their views were valued.

There were regular staff meetings and meetings with other health and social care professionals. People who used the service were also invited to residents meetings.

We checked the maintenance certificates for small portable electrical appliances, gas and electricity and

other servicing of equipment. Certificates were seen to be valid and up to date.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.