

Leading Lives Limited







66 St Edmunds Road

Inspection report

66 St Edmunds Road
Stowmarket
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Website: n/a

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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?		Outstanding	
Is the service well-led?		Good	

Overall summary

This inspection took place on 23 and 28 July 2015 the first day of the inspection was unannounced.

The service is a care home without nursing and provides care and support for up to a maximum of five people who have either learning disabilities and/or complex care needs. On the day of our inspection there were two people living at the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The staff had worked with and supported three people to develop the skills and experiences to move on from this care home service to other care establishments where they were able to live more independently. One person had moved to their own house where they now were supported by a domiciliary care service.

Summary of findings

The staff had received training regarding how to keep people safe and they were aware of the service safeguarding and whistle-blowing policy and procedures.

Staffing was arranged in a flexible way to respond to people's individual needs.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines. There were medication profiles for each person which provided staff with guidance as to people's medical conditions, medicines that had been prescribed and for what reason. There was information about people's allergies, how people chose to take their medicines and what staff should do if the person was unwell as a result of a known diagnosis.

People were provided with regular opportunities to express their needs, wishes and preferences regarding how they lived their daily lives. This included meetings with their social worker or designated member of staff who was their keyworker.

Each person was supported to access and attend a range of sheltered working, educational and social activities. People were supported by the staff to use the local community facilities and had been supported to develop skills which promoted their independence.

People's needs were regularly assessed and resulting support plans provided guidance to staff on how people were to be supported. Support in planning people's care, treatment and support was personalised to reflect people's preferences and personalities. The service staff had worked with individuals, their families and other professionals to agree how support would be provided at the present time and planned for the future.

The staff had a clear knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Meetings

had been arranged in order to enable people's best interest to be assessed when it had been identified that they lacked the capacity to consent to their care and treatment.

There was a robust staff recruitment process in operation designed to employ staff that would have or be able to develop the skills to keep people safe and support individuals to meet their needs.

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their support needs.

The service maintained daily records of how people's support needs were met and this included information about nutrition and medical appointments with GP's and Dentists for example.

Staff respected people's privacy and we saw staff working with people in a kind and compassionate way responding to their needs.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded. Staff worked with people to identify any issues at the time and respond positively to resolve the situation and hence prevent this from developing into a complaint. We saw that the service took time to work with and understand people's individual way of communicating in order that the service staff could respond appropriately to the individual.

The service carried out audits which included talking with the individuals living at the service, their families and other professionals to understand what the service was doing well and any improvements it could make. The manager and staff empowered people to be involved in making decisions about how the service provided support. The provider had quality monitoring systems in place of which the staff were familiar and confident to use to bring about improvements to the service which included the physical environment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from the risk of abuse, because the service had provided staff with training and had a policy and procedure which identified the possibility of abuse and advised staff of what to do in the event of any concerns.

Risks had been identified to people's well-being and steps taken which were recorded to support people to live their lives as they wished

The service had safe and effective recruitment systems in place.

Medicines were administered only by members of staff who had been appropriately trained.

Good



Is the service effective?

The service was effective.

There was a staff induction procedure in place and staff received regular supervision and a yearly appraisal.

The service had carried out capacity assessments and best interest meetings

People were involved in planning how to meet their nutrition needs.

People were supported to access health care services.

Good



Is the service caring?

The service was caring.

Each person had their own detailed care plan.

People were treated with respect and were supported to maintain and build relationships with their families.

People had their right to privacy respected which was recognised and responded to by the staff.

Good



Is the service responsive?

The service was responsive

People had been involved in recognising their needs and the planning of how support was to be provided to them.

The service had involved other professionals to support people and made links with the local community.

The staff had worked with people, relatives and other services to recognise and respond to people's needs and aspirations.

The service had a robust complaints procedure.

Outstanding



Summary of findings

Is the service well-led?

The service was well-led.

The service had developed with and in response to people's needs which supported three people to move on from the service while ensuring their support packages were in place.

The manager and senior staff were approachable to support people and staff.

There a range of quality and safety monitoring systems in place. This provider had taken steps to analyse accidents and incidents and survey people's views about the service.

Good



66 St Edmunds Road

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 an unannounced inspection which took place on 23 July 2015 and on 28 July we met with a person that had used the service within the past year.

This inspection was carried out by one inspector.

Prior to our inspection we looked at information we held about the service. For example, when the service notified us of any significant incidents or events.

On the day of our unannounced visit we spoke with one person who used the service, the manager, a team leader and two support staff.

Following our unannounced visit to the service we spoke with a person who had used the service, two relatives of a person who used the service and a professional who supported people at the service.

We looked at two people's support records, policies and procedures for safeguarding, staff recruitment and training, medicines management plus quality and assurance records.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us. "I knew the staff and I felt safe."

The relatives we spoke with told us they considered the service was a safe place this was because the staff were kind and knowledgeable. A relative told us. "The staff are easy to talk with and [my relative] is safe in their home."

The service had a policy and procedure regarding the safeguarding of people and a flow diagram displayed on the office wall for staff to follow. A member of staff told us that they would report any issues of concern to the manager. However they also knew that they could speak to the safeguarding team directly if they felt this was appropriate. The manager told us about the safeguarding training which included identifying the different types of abuse.

Staff members were also knowledgeable about the service whistle-blowing policy.

Risk assessments had been carried out and provided information for staff on how to safely support people. This included using community facilities and supporting a person to go swimming as they particularly enjoyed this activity. The risk assessments support people to make choices with regard to whether they had a shower or a bath. When they chose a bath the risk assessment informed staff the actions they needed to take to keep the person safe, due to a diagnosed medical condition.

The service had emergency procedures in place which included the actions to be taken in the case of fire. Accidents and incidents were recorded, they were analysed by the manager and or senior staff. The plans were discussed with staff and subsequent action plans put in place to reduce the likelihood of reoccurrence and to keep people safe. An example of this was to ensure the lighting was appropriate throughout the service.

The manager told us how staffing levels were assessed and organised in a flexible way to support people to pursue

their choices of how they spent their day. Staff told us there were enough staff to meet people's needs throughout the day. The team leader told us about how the staff rota was planned and took into account when 1:1 support was needed and planned activities outside of the service location in the nearby town or trips to the seaside.

The manager told us about the recruitment process used by the service with regard to recruiting new members of staff. The staff team was stable with little need for recruitment, but we saw that there was a robust selection procedure in place. The roles of the staff such as support worker or team leader were clearly defined. Staff recruitment files showed us that the service operated a safe and effective recruitment system. A member of staff told us about the recruitment process and how people that used the service had met with them prior to them being employed. They considered this was a very good idea to have people using the service involved appropriately in the recruitment process.

We saw that the recruitment process included completion of an application form, an interview and previous employer references. The service also carried out criminal records checks with the disclosing and barring service. This was so that people could be assured that only people that had been assessed as safe, with the right skills and aptitudes for the role they were required to perform were recruited.

The service had developed suitable arrangements for the safe storage and administration of people's medicines. There were medication profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. The reasons for the medicines being prescribed was stated and any potential side-effects so that the staff were aware of contra-indications. We saw that staff had been trained in the administration of the medicines. We carried out an audit of the medicines and the amount in stock agreed with the administration records. The medicines were stored safely and securely.

Is the service effective?

Our findings

A relative told us. “I believe the service is effective because the staff have received training, I know this from my discussions with them which is necessary for the care of [my relative].

Staff received training provided by the service when they joined as part of their induction and we saw from the training matrix that on-going training was also provided. All of the staff we spoke with told us they had been given training relevant to support the people they supported. The manager provided us with the overall training program details of what had been delivered and future planned training events. Training included specific training to support staff to recognise and meet the needs of people for example training in epilepsy.

All staff we spoke said they had been supported with regular one to one supervision sessions throughout the year and had an annual appraisal with the manager. A member of staff told us. “My appraisal was planned in advance so I had time to prepare.” An appraisal meeting is an opportunity for the staff member and manager to plan their future training.

We spoke with staff and saw from the training records that staff had received training and were knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People’s capacity to make decisions had been assessed and appropriate applications had been made specifically around the constant supervision people required. The service had invited

appropriate people for example social workers to be involved with best interest meetings which had been documented. We observed members of staff asked for people’s consent before providing support to them.

People were involved in planning how to meet their nutrition needs. People were supported to have the food and drink of their choice. People went shopping for food and discussed with staff the ingredients and meals they would like to purchase. One person told us. “I have helped to cook meals.” The manager told us that people had agreed to be weighed on a monthly basis and the staff worked with people to look at healthy eating options. The support of dieticians and speech and language therapists was sought when required. We saw during the inspection staff providing assistance with preparing and supporting people to eat their meal.

People were supported to maintain their well-being and good health. We saw from records that people regularly had accessed health care services. Each person had their own GP, Dentist and Optician. The manager explained to us how they had worked with a dentist through a best interest meeting to support a person receive their oral health needs. Daily records were maintained so that the staff could monitor changes in people’s health conditions. We saw that the service had supported people to maintain set appointments with healthcare professionals and effectively arranged emergency appointments. The staff had then acted upon the actions agreed at the respective appointments, for example assisting a person with their oral hygiene.

Is the service caring?

Our findings

Staff treated people with understanding and kindness. We saw people laughing and joking with staff. Staff were both knowledgeable and supportive assisting people to communicate with them. People were confident in the presence of staff and people communicated with the staff when not able to verbalise with non-verbal communication. We saw people smile and use hand gestures to explain meanings to the staff.

The manager, the staff and provider had listened carefully to the five people that had used the service. They had also consulted with relatives and other professionals to listen to people's feelings, concerns and aspirations for the future. A relative told us, "It really did matter to the manager and staff what my [relative] wanted and that was to live with greater independence." The manager explained to us that people cared about each other and since living together had developed friendships. However sometimes people found other people's behaviour upsetting and disturbing. This had resulted in members of staff looking at options that were discussed with people about where they wished to live.

We listened to and observed staff working with a person to identify what meal they wanted and the plans for the evening. People were included in the discussions and were encouraged to express their views and make decisions. We saw that the staff took time for people to consider their decisions. The staff we spoke with knew people well and understood their individual communication styles.

We observed staff treating people with dignity and respect. Staff encouraged people to answer doors and offer tea, explaining why this was an option but only to do so if they wished as the service was their home. Staff spoke in a polite way and clarified information with people so that everyone was sure of what had been agreed.

We saw in the support plans how the service had worked with people to identify and record their choices and preferences, this included foods and activities. One person told us about the clothes they were wearing they had purchased themselves. Another person told us about the shopping for food they had done and how they had decorated their respective room. We saw that the staff had supported the person's independence and respected their choice. We saw in the support plans that people were encouraged to attend places of sheltered work and enjoy community facilities such as the cinema, bowling and clubs.

One relative told us, "I was quite worried when my [my relative] moved into 66 St. Edmunds, but it has all worked out very well, very kind and understanding staff." The manager told us how they had supported people to develop and maintain relationships with people important to them. One person preferred visiting their relatives or arranging to meet them in the nearby town, as an alternative to relatives always visiting them at their home. Everyone was happy with this new arrangement. One person told us, "I have arranged a holiday with the staff."



Is the service responsive?

Our findings

The manager informed us that they, the staff team, provider and other professionals had all worked with the people living at the service and their relatives to undertake assessments and reviews of the support provided. In the last two years, three people had moved on from the service, as through the support of the staff, had increased their skills for independent living. One person told us, "I like my new home the manager helped me to move here."

When the manager had discussed future options with people it was clear that some people found living together not their first choice, but some people found this difficult to express. One person told us about how people disturbed them when watching television in the service lounge. They liked the staff and although had their own television in their room they wanted to move on and increase their independence. They worked with the staff to develop their skills to increase their independence and now lived in their own house. They could now watch television in their own lounge invite family and friends to come and visit them and they could also go out to visit people and local attractions.

Relatives and other professionals told us that the staff had worked with people to identify their aspirations and then support them to develop skills. One person told us how they had registered for a housing place of their own and the staff had taken them to visit potential properties. The property where they were now living was not in their first choice location area. They liked the property and considered that they had the skills to make it work and did not want to wait for a property in the first choice location as there was no guarantee of a place becoming available. The service had worked with them to assess risk and develop further skills regarding travelling. This was in order that this option became their new home where they now felt safe and were enjoying living in the community. The person informed us they had enjoyed working with the staff while still at the service to plan the move and purchase furniture for their new home. A relative told us. "The staff responded to [my relatives] needs."

The service was responsive to people's needs for support. We saw that each person had a support plan. The service had a set structure to write and record information. This approach meant that information was reviewed as per the service policy while at the time provided the person with an individual support plan regarding support needs, what they

did and how staff supported them. We saw that the staff had arranged keyworker review meetings with individuals on a monthly basis and their families on a three monthly basis. A relative told us. "The meetings are very helpful, a trip and time worth investing in and I feel reassured as a result."

The individual support plans and records of meetings confirmed that people had been involved and had access to take part in a wide variety of community activities according to their personal preferences. The cinema, bowling and swimming were popular and one person particularly enjoyed visiting the local chip shop. While with the service they had developed the skills and confidence to use the local resource and get to know people not directly linked with the service.

People were supported to attend and take part in local community activities such as organised gardening, college and sheltered working opportunities. However this was not viewed as a permanent arrangement and was reviewed regularly to identify aims and objectives review if they were being achieved and people had stopped using some resources in favour of others. This demonstrated that people's choices were listened to and supported. One person told us. "I have made new friends at that place."

The service at the time of inspection had three places available for people but was not intending to take further people into the service at present. The service was responding to the identified needs of the people using the service to change and developing the environment specifically to support them. This included increased individual living space and less communal living space. Once this was achieved the service would then consider the filling their vacant rooms.

The service had not recorded any complaints within the past year but did have seven compliments. There was a complaints log and policy and procedure. The manager informed us that they considered there not being any complaints was because the staff worked closely with people and would respond quickly and appropriately to any concerns identified before they became a complaint. The staff had recognised and responded to people's needs. Through knowing the people well the staff were able to work with people to prevent them from becoming dissatisfied. The service staff had worked with people to identify their chosen goals and had worked individuals to develop their skills and knowledge to achieve those goals.



Is the service responsive?

Relatives and other professionals were actively encouraged to give their views and raise concerns or complaints. The manager informed us how they saw complaints as

opportunities to work towards improving the service. The relatives we spoke with were satisfied with the service their relative's received and expressed confidence in the manager to deal with any concerns they might have.

Is the service well-led?

Our findings

A culture was promoted by the manager supported by the statement of purpose and service philosophy to put people's needs at the centre of the service. One person told us, "The staff talk to me about planning what to do." A relative told us, "As far as possible they involve [my relative] in making decisions

We saw there were effective communication systems in place regarding team meetings and handovers. Staff told us they were able to contribute to decision making in their key worker roles. Staff also told us that supervision and appraisal meetings were supportive to discuss and resolve issues and plan effectively for the future. A relative told us, "The staff communicates very well with me through planned meetings and also on the phone if there is ever anything urgent that I need to know." They also considered that when they visited the staff were supportive, friendly and helpful. We saw that staffing turnover was low and the manager considered this was because staff felt involved and were in agreement with the changes that had been implemented at the service. This was confirmed to us by the staff we spoke with.

We saw that the rota was well planned in advance and the manager asked people to make requests for days off and annual leave which were usually granted. We also saw that there was an on-call system for staff to be in contact with senior managers over the 24 hour period as required for support.

The manager and staff were committed to continuous improvement of the service by use of its quality assurance processes and the management support provided to staff.

Staff told us they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. Consideration had been given and people involved in the decor, furniture, fixtures and fittings. A relative informed us that the manager was hard working, caring and led the staff extremely well. They found the manager approachable and this view was shared by staff.

The service sought the views of other professionals with regard to supporting people and how the service could be developed and improved. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive.

The manager had developed and put into place a system to monitor and learn from incidents, accidents. The records we viewed showed a system which recorded timescales for response to concerns, outcomes and actions taken. For example, where access to health care professionals was required. The records of these meetings were carefully logged and also cross referenced as required for example into the medication profiles. So for example allergies were logged and staff were aware of the results of what changing medication could have upon the person's well-being.

There were effective systems in place to monitor and check the quality and safety of the service. These included weekly and monthly checks and monitoring the management of medicines twice per week. The manager produced a monthly report to the provider. This enabled the manager and provider to analyse information and work together for the continuous improvement of the service.