Leonard Cheshire Disability

Quantock House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 8 and 9 March 2018 and was unannounced. Quantock House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 provides accommodation for up to six people with learning disabilities in a house situated in its own grounds with an open front garden but an enclosed garden area at the back. Six people were using the service at the time of this inspection.

The service had 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service could live as ordinary a life and make the choices which were right for them.

We previously inspected the service in November 2015 and rated the service as 'Good'. At this inspection we found the service remained 'Good'.

Staff recruitment procedures were robust and included Disclosure and Barring Service checks and references. Staffing levels were appropriate to the needs of the people using the service to ensure they had access to the community and recreational activities.

One person told us the service was safe. Policies and procedures were in place to keep people safe such as safeguarding, whistleblowing, and accident and incident policies. Staff had received training in safeguarding and knew how to report any concerns they may have.

Medicines were managed safely by staff who were appropriately trained and the manager assessed the staff's competencies.

Risks to people were assessed on admission and reviewed on a regular basis. Risk assessments were individualized and gave staff guidance about how to help keep people safe but the records would benefit from more detail.

People had personal emergency evacuation plans (PEEPs) in place in case of an emergency. Staff were

trained in a range of subjects such as first aid, food hygiene and fire warden training. Staff had also received additional training to support them to meet the needs of people who used the service, such as specialist communication methods and epilepsy. Staff received regular supervisions and an annual appraisal.

Staff supported people to access appropriate healthcare, such as GPs and speech and language therapists. People's nutritional needs were assessed and their weight was monitored on a regular basis. The provider tried to give people a varied diet, however due people's limited choices of meals the menus would benefit from being nutritionally assessed by a dietician.

People were encouraged to make choices in everyday decisions. Staff provided support, guidance and care in a dignified manner, showing people respect whilst ensuring privacy when necessary.

Care plans were personalised and contained clear information to cover every aspect of the person's daily needs. Personal preferences, likes and dislikes were acknowledged in care plans to ensure support was individualised to the person. Care plans were reviewed on a regular basis to ensure staff had up to date information.

People enjoyed a varied range of activities both inside and outside the home. The service had positive links with the community; with people accessing local activities and leisure centres and shops.

The provider had a complaints procedure in place which was accessible to people in a pictorial format. Relatives felt the provider responded appropriately to any concerns they raised.

The provider had a quality assurance process in place which included regular visits from senior managers. The service was audited and where necessary actions were set to develop and improve the service.

Staff felt the registered managers were open, honest and approachable. They confirmed they felt supported and were able to raise concerns.

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 remains good.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Quantock House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector on the 8 and 9 March 2018 and was unannounced.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioners for the service and the local authority safeguarding team. We spoke with three people who used the service and three relatives to gain their opinions and feedback about the service. We also spoke with the service manager, registered manager and three care staff. We observed the interaction between staff and people living in the home. We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of three people, medicine records, training records, and records in relation to the safe management of the service.

Good

Is the service safe?

Our findings

The service remained Safe.

One person told us it's the best home they ever lived in and said "I feel safe here." Relatives told us what people felt about living in the home "She calls it home" and "After she's been out with us; she can't wait to go back into Quantock House."

The provider had systems in place to keep people safe. Policies and procedures were available to staff for safeguarding and whistleblowing. Staff were clear about their responsibilities and knew how to report their concerns. Staff had received training in safeguarding and felt the registered manager would act on any concerns they raised. The registered manager maintained a file containing local authority safeguarding referrals and CQC notifications.

We found risks to people were assessed and control measures were in place for staff to safely support people. We saw risk assessments were in place to ensure people were safe when accessing the community, using transport and taking part in activities. We also found risks in the environment were assessed such as slips, trips and falls, with measures in place to reduce the risk of accidents or incidents. However some of the entries in the risk assessments did not have sufficient detail to guide staff to keep risk to a minimum.

The provider had robust recruitment procedures in place which were thorough and included necessary vetting checks before new staff could be employed. This included Disclosure and Barring Service checks (DBS) and police checks. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

People using the service were supported by staff both in the home and out in the community when required. The registered manager ensured people were allocated the appropriate number of staff to ensure they were safe and could access the community and activities. On both days of our inspection we saw staff going out with people and observed people receiving the support and care they needed in a timely manner. Staff told us they had opportunities to spend time with people.

People had individual medicine files which contained the level of support they needed with their medicines and guidance on 'take as required' medicines such as pain relief. We found the information relating to 'take as required' medicines was sufficiently detailed and agreed by the GP. We also found the containers of ointments and creams applied to the skin were dated when opened. The medicine administration records were completed and an explanation given if medicine was not given.

We found the home was clean and in a good state of repair. Personal protective equipment such as plastic aprons and gloves were available and used by staff when providing personal care.

A range of health and safety checks were completed to ensure the environment and the equipment used to

support people was safe. For example, electrical installation checks, water temperature and Legionella tests. Staff and people took part in fire training on a regular basis. People had personal evacuation plans which were easy to use should the information be needed in the event of an emergency situation.

We found managers understood that lessons were learnt from incidents which they also discussed at staff meetings and supervisions. For example we saw safeguarding issues were discussed and recorded in the minutes of a recent staff meeting.

Good

Is the service effective?

Our findings

The service remained Effective.

People's needs were assessed before they came to stay at the service. Information was sought from the person, their relatives and other professionals involved in their care. This included people's physical, mental health and social needs.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the appropriate professionals and family members.

We found people's care records contained personal outcomes and goals that people choose to aim for; for example, attending a work project and for another going to a football match. The records showed how the service had worked with other organisations and family members in supporting these outcomes.

We saw from assessments and support plans that people were supported to express their own individuality in relation to their spiritual and cultural preferences. We found that staff received training in promoting equality and diversity and were able to tell us how they upheld people's preferences, for example, supporting people to maintain their religious beliefs.

People received effective care from staff that were supported to obtain the knowledge and skills to provide good care. Staff were provided with a range of training to support them in their roles. The registered manager told us that refresher training courses were arranged to be completed in the coming months for numerous subjects which included medication, safeguarding and also having completed fire prevention courses.

New staff had an induction which included face to face training and supervision from more experienced staff. Staff told us they had received regular supervision, annual appraisals and felt supported in their roles. One staff member told us, "I feel very supported, I know I can speak to the management team, they listen to you."

People's nutritional requirements had been assessed and their individual needs, including their likes, dislikes and dietary needs were documented. Where people needed help to eat or drink safely, Speech and Language Therapy (SALT) services had been involved. People we spoke with told us, "I get to choose what I want to eat." People were involved in choosing their meals for the week; however we questioned the nutritional and health value of the meals. The registered manager agreed to get the menus reviewed by a dietician.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications they had made, along with copies of authorisations. Staff clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. We regularly observed people making choices about how they wanted to live their life.

People were supported to access healthcare services as required. We saw from documents that if people required support when attending health appointments the service ensured staff attended with them. Staff told us that they supported people to hospital, GP and dentist appointments when required.

The service had made adaptations to enable people who used mobility equipment to access the outside space and the gardens. People's bedrooms were decorated in a personalised way and the service encouraged people to have items in their rooms that were personal to them. For example, pictures, music and photographs of family members.

Good

Is the service caring?

Our findings

The service remained Caring.

Relatives told us they felt the service was caring and spoke about the positive relationships between the staff and people living at the home. One relative told us "She likes it quite a lot, after she's been out with us, she always wants to go back" another said "He is so happy there, when we return him, he just goes back in because he sees it as his home." We noticed how empowered the people were; they were chatty, shared their experiences with us and one giggled as she turned off the light in the office we were sat in.

During our inspection, we were able to observe staff with people for a short time when they returned from day activities or going about their daily activities in the home. We found caring and respectful interactions between staff and the people living at the home.

The staff we spoke with had an understanding of people's needs and it was clear they had developed positive relationships with them. People were supported to make decisions and staff were led by what the person wanted to do where ever possible. We observed that staff knocked on people's doors and got the person's permission before entering. Relatives felt they also had positive relationships with the staff. One relative said "They are always very good with him."

Staff told us they promoted people's independence and respected their wishes. One staff member told us, "We encourage them to get involved, we ask them if they want to try a bit more, and do it in stages so slowly they can do more for themselves."

Communication plans formed part of the person's care record. Records included how the person communicated when they were happy and also what the signs would be if they were unhappy. The registered manager explained the service had a system using pictures as a method of communication with people in the home. We regularly saw information supported with pictures; for example the complaints procedure.

People's diversity and privacy was respected and everyone had a personalised bedrooms to reflect their own interests and had belongings and items that interested them. Staff supported people to make individual choices on a daily basis. For example, on the day of the inspection a person had made the choice to go to the nearest city centre to purchase some clothes, a staff member had supported the person to access the community and achieve the activity the person choose to do.

Good

Is the service responsive?

Our findings

The service remained Responsive.

People received care which was person centred and responsive to their needs. They were supported and fully engaged in activities that were meaningful to them. One person said, "Look at what we're doing, we like doing it." another person said "I go to town when I like." Staff told us that activities were planned individually with the person and, where possible, each person choose what activities they wished to carry out. Everyone had an activities board in their bedroom to remind them of what they chose to do for the week.

People's needs were assessed and reviewed to create detailed care and support plans. this meant staff had clear guidance to help them understand how people liked and needed their care and support to be provided. Care plans focused around providing care in a personal way and people's strengths and abilities. They included information about what the person could achieve for themselves. A health professional described how the staff worked with them to help ensure a smooth transfer for a person moving into the service.

People's plans covered areas such as their communication, health care, personal care, activities and likes and dislikes. Records confirmed that where possible, people and their relatives were involved in the formation of these plans and any reviews. People's relatives also confirmed the inclusion, one said "Staff are good, they ask me for my opinion."

The service had an effective complaints system in place. We saw the management had investigated any complaints and responded appropriately in-line with the policy and procedures held within the service. Every care record we viewed showed that the person had signed they had received a copy of the pictorial complaints procedure.

There were several young people living it he home so end of life discussions were not necessary, however where one person wanted to discuss their arrangements, we saw that a detailed discussion had taken place and the person's wishes recorded.

Good

Is the service well-led?

Our findings

The service remained Well Led.

The service had a registered manager and a service manager who because they worked nearby were able to keep an overview of the home. Both were knowledgeable and experienced in supporting people with learning needs and were registered with the Care Quality Commission.

Relatives told us they were happy with the management in the home. One relative told us, "The team leader involves us and we feel so included that she feels like a friend." The service also carried out annual surveys to collect people. their relatives and staff's level of satisfaction with the service.

People who used the service were comfortable in the presence of the registered manager and service manager and staff confirmed the managers had a positive approach to supporting people as well as fulfilling their management role.

Staff felt the registered manager and service manager were open and approachable and supportive and listened to any ideas or suggestions they may have. One staff member told us, "Both are approachable, they are always helpful, you can ask them anything and they make you feel part of the team."

Regular audits of the quality and safety of the service were carried out by the registered manager and service manager. Quality assurance audits were embedded to ensure a good level of quality care was maintained. We saw audit activity which included medication, care planning and health and safety. The results were analysed mainly monthly or three monthly in order to determine trends and, where appropriate, introduce preventative measures. We suggested that the audits should be developed to include annual summaries of trends.

Throughout the inspection, all the records we looked at were well maintained and stored securely to protect confidentiality. The managers talked about the values of the service. They told us that they wanted to provide person-centred care in line with people's preferences and to support people's independence.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths without delay. Notifications had been received by CQC about important events that had occurred since the last inspection.

The service had on display in their reception area their last CQC rating for people could see it. This has been a legal requirement since 01 April 2015.