Linfield Care Services Limited

Burley Heights

Inspection report

Seighford Lane
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Stafford
Staffordshire
ST18 9LQ

Website: www.linfieldcare.co.uk

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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

Our inspection took place on 23 November 2016 and was unannounced. This was the first inspection of the service since registration. Burley Heights provides accommodation and personal care for up to seven people with a learning disability. At the time of the inspection there were 5 people living at the service.

There was a registered manager in post. 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.

People were supported by a staff team who knew how to keep people safe from the risk of potential harm or abuse. People's risks had been assessed and staff were working in ways to reduce these risks. People were supported by sufficient numbers of staff who had been recruited safely. People received their medicines as prescribed from suitably trained staff.

People received care and support from skilled and knowledgeable staff team who had access to ongoing training.

People were asked for their consent to care and support and the principles of the Mental Capacity Act 2005 were being followed.

People were supported to have sufficient quantities to eat and drink. People were involved in planning meals and were provided with choices of food and drink. Specific dietary needs were identified and appropriately managed.

People were supported to access healthcare services when they needed to. People were supported by a staff team who were able to recognise changes in people's health and well-being and knew how to report and respond to any changes.

People were treated with kindness, dignity and respect and were encouraged to maintain their independence. People were supported to maintain relationships that were important to them.

People were supported by staff who knew their care and support needs and preferences well and supported them appropriately. People and their relatives were involved in the planning and review of their care where possible. People were encouraged and supported to engage in activities which supported their personal interests and hobbies.

People and their relatives we spoke with told us they knew who the registered manager was and felt confident to approach them with concerns or complaints. Complaints were being investigated and appropriate action was being taken.

People, relatives and staff were provided with opportunities to give feedback on the service. The registered manager had systems and processes in place to monitor and analyse the quality of the service, and they used information from quality checks to drive improvement.

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.

People's risks were identified and staff were working in ways to reduce these risks. People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse. People were supported by adequate numbers of staff who had been recruited safely. People received their medicines as prescribed by suitably trained staff.

Is the service effective?

Good

The service was effective.

People received support from trained staff that had the skills required to support people effectively.
People were asked for their consent before staff delivered care and support. The principles of the Mental Capacity Act were being followed.
People were supported to have sufficient amounts to eat and drink and special dietary needs were being met.
People had access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect. People's privacy, dignity and independence was promoted. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive

People were supported by staff who knew their needs and preferences well.
People and their relatives were encouraged to be involved in the planning and review of their care. People were supported to engage in activities which supported their personal hobbies or

interests. People and their relatives knew how to make a complaint and complaints were appropriately investigated.

Is the service well-led?

Good

The service was well led.

People and their relatives knew who the registered manager was and felt confident to approach them. People, relatives and staff were given opportunities to provide feedback about the service. The registered manager had systems and processes in place to monitor and analyse the quality of the service and information from quality checks was used to drive improvement.

Burley Heights

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 took place on 23 November 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. The provider completed a Provider Information Return (PIR). This is a document that CQC asks providers to complete to give some key information about the service. The PIR tells us how they are meeting the standards and about any improvements they plan to make. We also reviewed statutory notifications the provider had sent to us. Providers are required to send us notifications to inform us of certain events and incidents, such as serious injuries sustained by people living at the service. We sought information and views from the local authority who commission services with the provider and the local authority safeguarding team. We considered this information when we planned our inspection.

During this inspection, we spoke with one person who used the service and one relative. We spoke with two care staff, the assistant manager and the registered manager. We also observed how staff interacted with the people who used the service throughout the inspection.

We looked at two people's care records to see if they were accurate, up to date and supported what we were told and saw during the inspection. We also looked at three staff files and records relating to the management of the service. These included medication, complaints, accidents and incident records, and the provider's self-audits and checks.

Good

Is the service safe?

Our findings

The person we spoke with told us they felt safe and they would talk to any of the staff if they had any worries or concerns about their safety. The relative we spoke with told us, "[Person] Is safe, I am happy that they look after [person] well and I have no worries about [Person's] safety. I know that they make sure [person] is safe when they take them out." They also told us that they felt confident to raise any concerns about their family member's safety with staff or the registered manager. We observed staff working in ways that kept people safe throughout the inspection. For example, where people needed one to one support this was provided at all times.

People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse and were confident to report any concerns relating to people's safety. Staff were aware of the provider's policy to report unsafe practice and told us they were confident to use it if necessary. Staff had received training in keeping people safe. Staff were able to tell us about the different types of abuse and how to recognise these. The registered manager was appropriately referring concerns about people's safety to the local authority to ensure their safety.

Risks to people were assessed and regularly reviewed. Staff had a good understanding of people's risks and worked in ways that reduced risks to people. For example, we saw where people required two staff to support them to access the community this was provided. We saw people had the appropriate equipment in place to ensure their safety. For example, people who were at risk of seizures had mattress alarms to alert staff in the event of a seizure during the night. Accidents and incidents were being recorded and monitored and this information was being used to reduce the risk of accidents and incidents from re-occurring.

People received support from sufficient numbers of staff who had been recruited safely. The person we spoke with said, "Staff are around all the time if you need anything, sometimes you have to wait but not for long." The relative we spoke with told us they felt there were enough staff to ensure people's safety. We saw there was enough staff to respond to people promptly and maintain their safety. The registered manager based the levels of staff on the needs of the people who used the service in order to ensure sufficient staff were available to support them. There were sufficient systems in place to manage staff absence.

Suitable pre-employment checks such as references and checks with the Disclosure and Barring Service (DBS) were carried out on staff before they were able to start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

People received their medicines as prescribed. The person we spoke with told us they were given their medicines regularly by staff. The relative we spoke with said, "I have no concerns about [person] getting their medicines. They are also continued when [person] comes to stay with us, staff make sure we have everything that we need." We looked at people's Medicine Administration Records (MARS) which confirmed people were given their medicines as prescribed. People received their medicines by senior staff who had been suitably trained and had been assessed as competent by the registered manager. Spot checks were being completed on staff who administered medicines to ensure they were giving people their medicines

safely. People's medicines were stored safely for example in lockable cabinets in people's rooms. Regular checks of medicines were being carried out to ensure that staff were giving people medicines as prescribed.

Good

Is the service effective?

Our findings

People were supported by staff who were appropriately trained. Staff received training to ensure they were skilled to meet the specific needs of people. For example, epilepsy training. The relative we spoke with said, "All the staff are helpful and appear to be knowledgeable." We observed staff using the skills they had learned when working with people. For example, communicating effectively with people. Before staff started their role they were given an induction which consisted of training, observing more experienced staff and being observed supporting people before they could work on their own. Care staff were encouraged to complete a vocational qualification and the national care certificate standard. Staff had access to regular ongoing training to ensure their skills and knowledge was kept up to date and was in line with best practice. Staff told us the training they received was useful in assisting them to provide effective care and support to people. One staff member said, "I recently did person centred planning training, it has helped me to see the importance of providing structure to people's days." Staff we spoke with told us that they were provided with regular support, supervision and annual appraisals from their manager. People were supported by a staff team who had the skills, knowledge and appropriate support to deliver care.

People were supported by staff who sought their consent to care and support. Staff were able to tell us how they sought people's consent. For example, by asking people if it was ok to provide support and waiting for a response from the person. Staff told us they would never force someone to do something they didn't want to do. We saw examples of staff obtaining consent throughout the inspection. For example, we saw a staff member ask a person if it was ok for them to take over supporting them in an activity another staff member had been completing with them.

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. Staff had received training in the MCA and were knowledgeable of how this legislation was used in practice when supporting people who lacked capacity to make decisions in their best interests. We found where people lacked capacity; decision specific capacity assessments had been completed and best interests meetings were held and documented. The registered manager told us, "We ensure the least restrictive ways of working to enable people to have independence but keep them safe." This meant the provider was applying the principles of the MCA and people's rights were protected.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive people of their liberty. We saw that the provider had made appropriate applications where it was deemed people were being deprived of their liberty. Staff understood and were complying with the conditions applied to ensure people remained safe.

People were supported to eat and drink sufficient quantities and were involved in planning meals. The

person we spoke with said, "I can help myself to food and drink when I want to. I can choose what I eat and drink, I like steak I get to have it here sometimes." They went on to say "I can say what I like to have on the menu." The relative we spoke with said, "[Person] eats well, they have a good variety of food and they [staff] feed [person] well." People were provided with the appropriate support to communicate what they would like to eat and drink. People told us they were able to eat at times they preferred and were able to have alternative food if they did not want what was on the menu. One staff member said, "[Person] had a separate specific menu for the week." People's food and fluid intake was being monitored where there were concerns about their nutrition or hydration. People who required their food to be prepared in a specific way were provided with the support, encouragement and prompting to ensure they were able to enjoy their food in a safe way. For example, people who needed their food cut into smaller pieces were provided with this support.

People were supported to maintain their health. The person we spoke with said, "If I was poorly I would tell the staff and they would get me to the doctor." People had access to a range of health professionals such as, GP's, opticians, dentists, psychiatrists and podiatrists. People's records contained information on health care appointments and the outcomes of these appointments. The relative we spoke with told us how a staff member had promptly noticed a condition that needed treating. They said, "Staff spotted it early and took [person] to the doctors before it got worse." People were supported by staff who took prompt action where there were concerns or a deterioration in a person's health or well-being.

Good

Is the service caring?

Our findings

People were treated with kindness. The person we spoke with said, "They [Staff] are kind, nice." The relative we spoke with told us, "Staff are very good with [person]. They have time for [person] and go out of their way for [person]". They went on to say, "I am very happy with the care it's very good, the staff do the best they possibly can for [person]." During the inspection we observed positive caring interactions between staff and people. For example, people were regularly asked by staff if they were ok and wanted anything. One staff member complimented a person on their choice of clothing and discussed where they were going to go that afternoon. One staff member said, "The most important thing is making sure people are well looked after." They said, "It's about making a difference to people's lives, my aim is to make them smile."

People were provided with choices about how their care and support was provided where possible. The person we spoke with said, "I can choose what I want to do, what I eat and drink and whether I have a bath or a shower." The relative we spoke with told us, "Staff give [person] choices." We saw staff supporting people to make choices where they were not able to communicate verbally. Staff used tools such as pictorial aids or sign language to support people to make choices. Staff showed patience when supporting people to make decisions about their care, allowing people time to think about the choices they were making.

People's privacy and dignity was promoted. The person we spoke with said, "Staff give me privacy, they knock on the bedroom door before they come in." Staff gave us examples of how they acted in ways which respected people's privacy, such as closing doors before carrying out personal care, covering people when supporting them with personal care and knocking on doors before entering people's personal space. One staff member said, "We make sure people's dignity is always respected." The service had dedicated dignity champions and had received awards for their dedication to promoting dignity. The registered manager said, "Dignity is not a standalone thing, it should be embedded in everything we do and should come naturally, right from the moment staff come into the building. It's about having respect for the people that live here."

People were treated with respect. Staff were mindful of people's need for personal space despite the fact that they required one to one support at all times. We observed staff working in ways that enabled people to have personal space but remain safe. For example, we saw one member of staff observing a person in the kitchen area through a window.

People were encouraged to be independent. The person we spoke with told us, "I do some of the cooking, I do some cleaning, I clean my room and we take it in turns to do the washing up." The relative we spoke with said, "Staff are encouraging [person] to do more for themselves. I know [person] is involved in the cooking. [Person] is also encouraged to read and write and [person] is able to do this. [Person] writes a diary of their day, staff will support and prompt." The registered manager told us how the service's aim was to support people to gain the skills they needed to be able to live more independently with less staff support in the future. We saw examples of how staff were supporting people to achieve this on the day of the inspection. For example, supporting and encouraging people to complete daily household chores. People's independence was encouraged. For example, some people were supported to take part in voluntary work.

People had the option to complete an accredited course in achieving independence. The registered manager said, "Attending college is not the right place for learning for everyone. This course enables people to engage and disengage from it when they want to. It evidences their achievements in becoming more independent and motivates them."

People were supported to maintain relationships that were important to them. People enjoyed regular visits from their family, were encouraged to visit their relatives, and go on family holidays. The relative we spoke with said, "We go to see [person] and staff will bring [person] to come to stay with us, staff are very obliging."

Good

Is the service responsive?

Our findings

People were supported by staff who knew their care and support needs well. The relative we spoke with said, "Staff understand [person] and know how to respond." Staff were able to tell us about people's individual care and support needs and preferences. Where people were unable to communicate verbally we saw staff knew people's body language well and were able to promptly identify if a person needed or wanted something.

People and their relatives were involved in the planning and review of their care. One person told us how staff talked to them about what was in their care plan. They said, "Staff talk to me about my folder, they talk about keeping me safe." They went on to say, "I can say if I would want a change." The relative we spoke with told us they felt involved in their family member's care. They told us how staff kept them informed of the person's progress, of the outcome of any healthcare appointments or any specific incidents that had occurred. They said, "Yes, I am involved, Staff keep us updated, I could ask for changes to be made to [person's] care if needed."

Care plans were written in a way that people could understand. For example, in easy read format. Care plans were regularly reviewed to reflect people's changing needs. Staff told us there were good internal communication systems in place to enable staff to effectively share information relating to people's changing needs and risks. For example, through a daily handover meeting, team meetings and a communication book. One staff member said, "The handover is good we are told if there are any changes to people's care." People were supported by staff who had up to date information on their care and support needs.

Staff were using skills to successfully manage behaviours that challenged and supported people to live communally and socially integrate. The relative we spoke with said, "Staff are managing [person's] behaviour well, they are very good." For example, one person had been able to attend a family wedding for the first time. People that had not been able to live communally without conflict were now doing so and people were able to enjoy social activities outside of the home.

People had opportunities to engage in various activities which supported their personal interests and hobbies. The person we spoke with told us they enjoyed bowling and football and how they were supported to do these activities regularly. The relative we spoke with told us about all the things their family member enjoyed doing and how they were provided with opportunities to engage in them. For example, They said, "[Person] goes for lots of walks, [person] really likes walks." They went on to say, "[Person is a lot better being there, [person] gets out more than [person] would if [person] was at home. They take [person] to do the things [person] wants to and enjoys." People's personal hobbies and interests were recorded in their care records and records we looked at during the inspection confirmed that people were given opportunities to regularly engage in activities they enjoyed. Each activity had been risk assessed to ensure people were able to continue to participate in activities in a safe way.

The person and the relative we spoke with told us they had no complaints about the service or the care

being provided. However, they told us they knew who to speak with if they wanted to raise a concern or complaint and felt they would be listened to. The provider had a complaints process which was available in an easy read version to enable people who were unable to communicate verbally to understand how to make a complaint. Complaints were appropriately investigated and used to drive improvements. For example, we saw a complaint made had resulted in a change of an operational procedure. Complainants were appropriately responded to and informed of the action the provider had taken.

Good

Is the service well-led?

Our findings

The relative we spoke with felt the service was well managed. They said, "I have no suggestions for improvement, they are doing a good job and we are happy with the care they are providing for [person]." They knew who the registered manager was and told us, "The registered manager is very nice, very good, we have good discussions about [person]." The Person we spoke with said, "I know [registered manager], she is okay, I talk to her sometimes." This showed that the registered manager was approachable.

The provider's visions and values, regarding supporting people to independent lives, were shared throughout the staffing structure. The registered manager said, "The provider's ethos is strong, directors are incredibly dedicated and the ethos is filtered down." Staff we spoke with were clear about the provider's ethos and were passionate about ensuring they provided care in a way which supported it. The registered manager was keen to ensure the provider's vision and values were regularly highlighted and discussed with staff. They did this in various ways, such as, during induction, staff supervision and performance reviews, and team meetings. The registered manager felt supported by the provider. They told us, "I feel well supported. It's not just supervision I get but regular emails and phone calls, the directors check to make sure you are ok." They also told us how directors were a visible presence. For example, one director had attended a summer barbeque event and had supported people to prepare the food.

The registered manager was supported by a deputy manager and an assistant manager to ensure staff had appropriate levels of support at all times. For example there was an on call system for night staff to received support and guidance from a senior staff member if required. Staff felt the registered manager and seniors were approachable and felt supported in their roles. One staff member said, "The registered manager is very approachable, she goes the extra mile if needed. She is very supportive she helps you with any problems, the best manager I have ever had." Staff were provided with regular one to one support and feedback was given on their performance and development. One staff member said, "The registered manager is open and honest and will tell you if you have made a mistake or could improve." There were good internal communication systems in place to enable staff to keep up to date with service developments or the changing needs of people. These included a daily handover, one to one sessions with a manager, and regular team meetings.

People, relatives and staff were given opportunities to provide feedback and were encouraged to be involved in the development of the service. For example, we saw monthly residents meetings took place and satisfaction surveys were completed. Surveys were produced in an easy read format and people were provided with appropriate support to complete them. Staff had opportunities to give feedback or make suggestions for improvement and the registered manager was using feedback to make improvements to the service. One staff member said, "I would be confident to make a suggestion to improve the service." We saw, a recent satisfaction survey from a relative suggested that the service could do more to improve, however the respondent had not expanded on this. We saw evidence of correspondence with the relative to try to ascertain what specifically they thought the service could do to improve. Staff were given information on the feedback the service received. For example, compliments and information from satisfaction surveys were shared with staff. Staff told us how this helped them to take the necessary actions to improve their practice.

The registered manager was keen to ascertain feedback on the service and used it as a means for making improvements.

Systems in place to monitor the quality of the service were effective in identifying areas of concerns and improvement. Action plans were developed following audits and we saw actions had been completed promptly. Accidents and incidents were analysed and information was used to ensure people were kept safe. For example, where there was a particular pattern or trend identified, the registered manager was using this information to update people's risk assessments and management plans. The information was also discussed with other appropriate healthcare professionals to identify triggers for potential behaviours that challenged. This enabled the registered manager to identify ways to reduce the risk of the behaviour re-occurring.

The registered manager and staff had a good understanding of their role and responsibilities. For example they were appropriately notifying us of certain events they are required to such as serious incidents. They had completed the provider information return (PIR) and we saw that actions to improve the service that had been documented on the PIR had been completed. For example, the registered manager had said they were going to review the staff induction process and make improvements. We saw that this had been completed. The registered manager was keeping up to date with current legislation and best practice by attending regular training to ensure effective care and support was being provided to people using the service.