

Allcare Community Support Limited

Lulus

Inspection report

3 Tasman Drive
Mundesley
Norwich
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Tel: 01263478188

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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

About the service

Lulus is a respite service providing accommodation and personal care to two younger adults at the time of the inspection. The service can support up to three people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

We found staff had not completed all of the training set by the provider. Our observations and discussions with staff assured us they had the skills and knowledge to support people with their care needs. We were told training had been sourced for staff who had not completed all of their training.

Quality checks were in place to monitor and assess the quality of service being delivered but these did not identify staff had not completed all of their training. Audits of other areas of the service identified shortfalls in the service and remedial action was taken in relation to this.

We made a recommendation to implement systems to maintain oversight of staff training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Risks relating to people's individual needs had been identified and planned for. Staff had received training in safeguarding people from abuse and understood how to report any concerns. There were consistently enough staff to meet people's needs and there were safe recruitment practices in place.

People's medicines were managed in a safe way by staff who had been trained to administer medicines.

Environmental risks had been identified and there were plans in place to mitigate known risks. There was regular servicing of gas and electrical appliances and fire-fighting equipment.

The service was clean throughout and staff observed good practice in relation to infection control.

Staff worked collaboratively with people's wider care team to ensure people received consistent care appropriate to their needs. People were supported to maintain a healthy nutritional intake.

People received individualised care from staff who understood their needs. Care plans were person-centred and detailed how to involve people in making choices about their care. Staff communicated with people according to their needs using a variety of methods.

There was clear and visible leadership in place and the service promoted a person-centred culture. People, their relatives and staff were involved in contributing ideas and feedback about the service and how it could improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection.

This service was registered with us on 23/08/2018 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Lulus

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Lulus is a 'care home' and provides a short-break service. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. The registered manager was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 July 2019 and ended on 11 July 2019. We visited the service on 10 July 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with the relative of one person who used the service who told us about their family member's experience of the care provided. We spoke with five members of staff including the provider, the compliance manager, deputy general manager and two members of care staff.

We reviewed a range of records. This included three people's care records and one person's medicines record. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three people's relatives over the telephone. We also continued to seek clarification from the provider to validate evidence found. We looked at training data and documents relating to the running of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with told us they felt their family members were cared for in a safe way. One relative told us, "[Person] is safe there. If I didn't think they were safe [Person] wouldn't be there."
- Staff knew what constituted abuse and how to report any concerns. Staff also received training in safeguarding.

Assessing risk, safety monitoring and management

- Individual risks to people's health and wellbeing had been identified and plans were in place to detail how to manage known risks. Risk assessments were reviewed and updated to reflect people's current needs.
- There were plans in place to support people with behaviour that challenged. One relative explained, "The staff are good around [Person's name], look at why it happened and update the plan." Care records relating to behaviour that challenged were detailed and showed people's individual triggers for their behaviour and what support they needed from staff.
- Specialist advice had been sought regarding one person's specific needs in relation to behaviour that challenged.
- Risk assessments for the home had been carried out which provided staff with guidance about how to manage identified risks.
- Each person had a personal emergency evacuation plan in place which showed what support they would need to evacuate the building in an emergency.
- Regular servicing of gas and electrical appliances took place as well as servicing of fire-fighting equipment.

Staffing and recruitment

- We were told by relatives and staff there were consistently enough staff to meet people's needs. Staff rotas we looked at confirmed this. One staff member told us, "Staffing has always been really good here."
- There were safe recruitment processes in place. References and a check from the Disclosure and Barring Service were obtained before staff commenced their employment.
- The provider told us, "We try to find the right staff to meet people's needs."

Using medicines safely

- We looked at one person's medicine record and saw this were completed correctly and there were no gaps where staff would sign to say they had given a medicine. People's medicines were also kept safely.
- Staff had received training in the safe management of medicines and staff told us their practice in relation to this was assessed annually. Training records confirmed this.

Preventing and controlling infection

- Our observations showed the service was clean throughout. Cleaning schedules were in place and had been completed.
- Staff had access to personal protective equipment such as disposable gloves and knew when they needed to use this.
- The kitchen was kept clean and there were safe practices in relation to handling and storing food.

Learning lessons when things go wrong

- Accidents and incidents were recorded. We saw that investigations took place to ensure people's care plans, risk assessments and the relevant protocols had been followed.
- The deputy general manager reviewed records of accidents and incidents. They then identified any lessons to be learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had not completed all of the provider's training. This included fire safety, infection control and health and safety.
- We raised this with the compliance manager who has shown us a record detailing what training staff would be completing over the next few weeks.
- We were assured by our observations, conversations with staff and people's relatives that staff had the knowledge and skills to effectively carry out their roles.
- There was an induction programme in place for all new staff. This included shadowing more experienced members of staff and getting to know people's care needs.
- Some staff had completed training in relation to people's individual care needs. This included epilepsy and autism.
- The compliance manager told us four staff were domestic abuse champions. These staff had received training in how to recognise and support people who had experienced domestic abuse. This was so staff could support people using the service, their relatives or colleagues who had experienced this and signpost them to the relevant agencies.
- Staff told us they received regular supervision. Supervision is a confidential meeting where staff can discuss any training needs or support they require. One staff member said, "Supervisions aren't rushed, you're always supported here." Staff also attended an annual appraisal.
- The provider told us they did a "spot check" of staffs' knowledge during supervision.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A member of staff met with people and their families to assess their needs to ensure the service could meet their needs. Assessments detailed people's physical and emotional needs.
- Relatives spoke positively about the assessment process. One relative told us, "They came out to meet [Person's name] and visited a couple of times. [Person's name] went out for the day with staff and they told me how it went." A second relative said, "[Person's name] had some transition days and spent a few hours at a time at Lulus."
- The provider and compliance manager told us they kept up to date with current legislation and guidance by reading codes of practice relevant to the service. They added they received regular e-mail updates from organisations such as the Health and Safety Executive and the Medicines and Healthcare products Regulatory Agency.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy nutritional intake and were able to choose what they wanted to eat. Throughout our inspection we saw people being offered a choice of drink.
- We saw one person baking cakes with a member of staff. The member of staff told us, "[Person's name] wanted to make cakes, so we made them."
- Risks relating to people's nutritional intake were detailed in people's care records with clear guidance about how to support people safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The compliance manager told us they worked with people's wider care team and attended reviews of people's care. They added a specialist nurse visited staff to give them training in behaviour that challenged.
- The provider told us they asked people's relative's for copies of any assessments or guidance from other healthcare professionals involved in the person's care. We saw people's care plans reflected guidance given by other professionals.

Adapting service, design, decoration to meet people's needs

- The service was homely with a number of communal rooms. Each bedroom contained a television and a DVD player, so people could spend time in their rooms if they wished.
- People were able to take personal items to personalise their room for the duration of their stay. One relative said, "It's a lovely house, [Person's name] can take things there and has taken teddies and DVDs."
- The provider told us people could pick what room they wanted to stay in.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's mental capacity had not been assessed. We spoke with the compliance manager about this who told us they were in the process of assessing people's capacity.
- Whilst people's capacity had not been assessed, we saw records in people's care records from other healthcare professionals which detailed whether someone lacked capacity or not.
- People's care records detailed when staff would need to make a decision in a person's best interest and what guidance they would follow.
- Staff we spoke with had a good understanding of the principles of the MCA, how it applied to the care they provided and in what circumstances they would make a best interest decision.
- No one using the service was subject to a DoLS because DoLS were not applicable to this type of service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives we spoke with were positive about the care their family members received. One relative explained, "The change in [Person's name] health and wellbeing has been tremendous, her whole demeanour, she is happy all the time and want to go [to Lulus]. When she knows she's going to Lulus she goes to get her pyjamas out and says, "ready to go." Lulus has changed [Person's name] life completely and more." A second relative told us, "The staff are really accommodating, they're all lovely." A third relative said, "[Person's name] always comes home and says "good time at Lulus", it's fantastic to know [Person] had a good time."
- Our observations showed staff treated people in a kind and compassionate manner. We saw from people's facial expressions, body language and laughter that people enjoyed their interactions with staff.
- We saw staff provided reassurance to people where needed and staff gave people clear explanations about what activities they could do. We saw one member of staff planning a shopping list with one person and explained they would all be going to the shop.
- Staff we spoke with spoke enthusiastically about caring for people. One member of staff told us, "With respite, we want it to be fun, we want the [people] to have fun. It's their respite, it's for them."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning of their care. One relative told us, "I was consulted about [Person's name] like and dislikes, we went through lots of things and update things."
- Staff worked with people's relatives to ensure they understood people's preferred ways of communicating their needs. One relative told us, "We did a list of things [Person's name] would say. The staff would ring if they were unsure of anything." A second relative said, "[Person's name] made [Person] own signs up. Staff worked with me to learn what these were."
- People's care records contained detailed information about how people expressed their needs. For example, we saw one person had a comprehensive list of words and actions they would use. This went on to detail how the person would put emphasis on certain words, what the person was trying to say and what support was required from staff.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. One person's relative told us, "They encourage dressing and washing, can teach them life skills because they have that one to one time." Another relative said, "[Person's name] helps with drying the plates and cooking, [Person] can stir the cake mix."

- Staff told us how they supported people's independence. One staff member explained, "We ask parents if there's new tasks they want us to promote, for example, making the bed. We get people to try new things, say "great job" and give people praise."
- Throughout our inspection we saw people were treated with dignity and their privacy and dignity was upheld. We observed staff discretely asking people if they would like to use the toilet. We saw staff ensured the doors were closed when supporting people with their personal care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans detailed people's individual needs in respect of their physical and emotional health, communication and daily activities. There were detailed plans to show what people's routines throughout the day and night were and how staff could meet their needs.
- People's relatives told us staff worked with them to meet people's needs. One person's relative said, "They wrap [Person's name] care around what suits [Person's name]"
- People's care plans detailed how they should be offered choice. This included how to offer choices and how many choices to give.
- Each person has a communication book where staff document how the person has been during their stay. One relative told us, "Staff fill in the communication book I have for all [Person] needs, all the staff write exactly what I want to know."
- Relatives we spoke with told us staff kept them informed of how their family member was whilst at Lulus. One relative told us, "Any issues, they will give a ring." A second relative said, "They will let me know if there's anything wrong."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had their own communication aids and staff were able to tell us in detail what aids people used to communicate. Throughout our inspection we saw staff communicating with people in a way which met their needs. This enabled natural and plentiful interactions with people.
- One person's relative told us, "[Person's name] has photos on a now-and-next board, we worked out with staff what works for [Person] and what doesn't." Another person used a tablet computer which had pictures on it. A member of staff told us how the staff learnt to use the person's tablet so they could support the person to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged participate in activities they enjoyed. One relative told us, "All of the activities they do are person-centred. They know what [Person] likes doing." Another relative said, "They will accommodate what [Person] likes, they took him trampolining."

- The service provided a range of activities for people, arts, sensory tots and a wide range of DVDs were available to people within the home. Activities also included bowling, swimming and a regular disco at one of the provider's other services. One person's relative said, "Every month they have a disco, [Person] looks forward to it." They added staff also encouraged their family member to socialise with other people who used the service.
 - Staff also supported people to access public transport and attend local events. One relative explained, "[Person's name] went on a bus, we were all amazed. They took [Person' name] to the Norfolk Show. [Person's name] is a completely different person since going to Lulus." They added their family member had never been able to use public transport or attend events before as they became too distressed.
- Improving care quality in response to complaints or concerns
- Relatives we spoke with told us they felt able to raise a concern if needed. One relative said, "I've always been made to feel as though I can ask them anything." A second relative told us, "I have no problems with raising a concern."
 - No formal complaints had been made about the service. The compliance manager told us they would follow the complaints policy and respond to the person making the complaint. The provider added, "Never be afraid of a complaint, you learn from things and make things better."
 - We saw there were easy-read booklets which explained how to make a complaint in each bedroom.

End of life care and support

- No one using the service was receiving end of life care and people did not have end of life care plans in place. However, staff had a good relationship with people's next of kin and knew who to contact should a person's health deteriorate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of quality monitoring checks were undertaken by the deputy general manager and compliance manager. These covered all aspects of the service. We found staff had not completed all of their training. Whilst gaps in training had been identified, and training courses booked, this was not done in a timely manner.

We recommend the provider ensures there is a system in place to maintain oversight of staff training.

- Shortfalls in other areas of the service had been identified and an action plan was in place to shown when remedial action would be completed by.
 - There was a clear management structure in place and the service benefitted from having a provider and a management team who were present and visible in the service. One relative told us, "Lulus is always really well managed."
 - The service had the provider who was also the registered manager, a general manager, deputy general manager and a compliance manager. In addition to their managerial roles, the deputy general manager also worked shifts with the other care staff.
 - The deputy general manager told us they were given time to complete their managerial tasks.
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- The provider understood their responsibilities in relation to reporting notifiable incidents and safeguarding concerns to the local authority and the CQC.
 - There was a positive and person-centred culture at the service. The provider told us, "The service develops according to people's needs, if there's a need to be met, then we'll achieve it." One relative commented on the person-centred care, they said, "Lulus is more bespoke than other services."
 - Relatives we spoke with told us their family member's enjoyed staying at Lulus. One relative said, "[Person's name] loves going there, absolutely loves it." Another relative told us, "[Person's name] really enjoys coming here."
 - Staff developed relationships with people's relatives to ensure they delivered high-quality care. One relative told us, "I've built up a rapport with staff so I can speak to them about anything."
 - Staff told us they enjoyed their work and morale within the staff team was good. One member of staff said,

"It's a fabulous team here, everyone gets on so well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and compliance manager told us they had just sent out their first survey to people's families to gain their feedback about the service. They added they were also going to send out a survey to healthcare professionals and look at developing a quarterly parents forum.
 - Staff were involved in sharing their ideas about further developing the service. One member of staff said, "You are encouraged to forward ideas and you very much feel like you're being listened to, which is good."
- Continuous learning and improving care
- Regular staff meetings took place. Records of meetings showed there was a clear agenda for each meeting. Where staff couldn't attend the meeting, they were able to access minutes of the meeting.

Working in partnership with others

- Staff worked collaboratively with people's families to ensure people received consistent care to meet their needs.
- The compliance manager told us they worked closely with the local safeguarding team. This helped them to keep up to date with local practice and guidelines.