European Lifestyles (C) Limited

European Lifestyles (C) - 98 Pembroke Road

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

Overall summary

We undertook an unannounced inspection on 22 and 23 October 2014 of European Lifestyles (C), 98 Pembroke Road. The inspection was carried out by one inspector. This care home provides support to five people with learning disabilities. At the time of our inspection five people were using the service.

At our last inspection on 17 October 2013 the service met the regulations inspected. The service had a registered manager in post at the time of our inspection. 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.

On the days of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful manner. We saw that people who used the service appeared very comfortable and relaxed around staff and with the registered manager.

Summary of findings

The majority of people at the home were unable to verbally express their views. We saw staff communicate with them in other ways such as using specific body language, gestures, facial expressions and key words. People appeared comfortable with the staff who supported them.

Staff had received training in how to recognise and report abuse. Staff we spoke with were knowledgeable in recognising signs of abuse and the associated reporting procedures. Medicines were securely stored and administered.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Care plans were in place to reduce the risks identified.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interests meetings were held which involved family members, independent mental capacity advocates, and social workers.

Staff had the skills and knowledge to support people who used the service. There were enough staff available at the service and staffing levels were determined according to people's individual needs.

The registered manager at the home was familiar with all of the people living there and staff we spoke with told us they felt supported by the management team. Regular staff meetings were held by the service.

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?

Good

This service was safe. Relatives of people who used the service told us that they were confident that people living in the home were safe and they had no concerns. Staff were aware of different types of abuse and what steps they would take to protect people.

We saw that appropriate arrangements were in place in relation to the recording and administration of medicines.

People were not restricted in any way and where risks had been identified, staff supported people to make informed choices.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Is the service effective?

Good

This service was effective. Staff completed relevant training to enable them to care for people effectively. Staff were supervised regularly and felt well supported by their peers and the registered manager.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had access to health and social care professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

This service was caring. People were treated with kindness and compassion when we observed staff interacting with people using the service. The atmosphere in the home was calm and relaxed.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

Good

This service was responsive. People using the service led active social lives that were individual to their needs. People had their individual needs assessed and consistently met. We saw people leaving the service throughout the day to attend day centres or socialising in the community.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interests meetings were held which involved family members, independent mental capacity advocates, and social workers.

Summary of findings

In addition to formal activities, people using the service were supported to visit family and friends or receive visitors.

People were encouraged to express their views and concerns through a number of channels. This included key worker meetings, service user meetings and speaking with the manager directly.

Is the service well-led?

Good

This service was well led. Staff were supported by their manager and felt able to have open and transparent discussions with them through one to one meetings and staff meetings.

The service had processes in place to review incidents that occurred and we saw that action was taken to reduce the risk of them reoccurring.

The home had a clear management structure in place with a team of care support workers, team leaders, the registered manager and the provider.

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

European Lifestyles (C) - 98 Pembroke 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, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection on 22 and 23 October 2014 of European Lifestyles (C), 98 Pembroke Road. One inspector carried out this inspection. During this inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during the day and meal times. We also reviewed three care plans, three staff files, training records and records relating to the management of the service such as audits, policies and procedures.

People who used the service had learning difficulties and communicated by using key words, gestures and nods. We spoke with the relatives of four people and spoke with the registered manager and two members of staff.

Is the service safe?

Our findings

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. A relative of a person who used the service told us, "I have no concerns about how safe the home is." Another relative said, "The home is definitely safe."

The risks of abuse to people were minimised because there were clear safeguarding policies and procedures in place to protect people. The provider informed us that all staff undertook training in how to safeguard adults and we saw training records which confirmed this. Staff we spoke with were able to identify different types of abuse that could occur. We asked staff members what they would do if they suspected abuse. They said that they would directly report their concerns to the registered manager. They were also aware that they could report their concerns to the local safeguarding authority or the CQC.

Individual risk assessments were completed for people who used the service. Staff were provided with information on how to manage these risks and ensure people were protected. Each risk assessment had an identified hazard, people who were deemed to be at risk and control measures to manage the risk. Staff were familiar with the risks associated with people's support and knew what steps needed to be taken to manage them. We saw that risk assessments had been carried out to cover activities and health and safety issues which included a personal emergency evacuation plan, community trips and epilepsy. The assessments we looked at were clear and outlined what people could do on their own and when they needed assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Through our observations and discussions with relatives of people who used the service and staff, we found there were enough staff with the right experience and training to meet the needs of the people living in the home. The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. She told us staffing levels were assessed depending on people's needs and occupancy levels. The rotas confirmed that there were sufficient staff on shift at all times. One relative we spoke with said, "There are enough staff". Staff we spoke with told us that they felt that there were enough staff. One member of staff said, "There are enough staff and it is a good team."

We saw there were effective recruitment and selection procedures in place to ensure people were safe. We looked at the recruitment records for three care support workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken. Two written references and proof of their identity and right to work in the United Kingdom had also been obtained.

During our inspection, we saw that medicines were managed safely. We viewed a sample of medicines administration records (MARs) and saw that these had been completed and were up to date. We checked some of the medicines in stock and these were accounted for. We noted that each person had a lockable cupboard in their bedroom and medicines were securely stored. We also noted that daily temperature checks were carried out in each person's bedroom to ensure that medicines which did not require refrigeration were being stored at the correct temperature to maintain their effectiveness.

The home had a policy and procedure for the management of medicines which provided guidance for staff. We saw evidence that this policy was last reviewed in January 2014, to ensure that it provided up to date information on safe handling of medicines.

Staff had completed their medicine administration training. They had received classroom training with an external organisation on 29 September 2014 and had also completed medicines e-learning training.

The provider had implemented a daily medicines administration check system called "Daily 10 point MARS check". This enabled staff to double check that the correct medicines had been administered to people. Weekly medicines audits were carried out to ensure they were being correctly administered and signed for and to ensure medicines management and procedures were being followed.

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. Relatives of people told us that "staff are very good, nice and friendly" and "the care is excellent".

Staff were satisfied with the support they received from other staff and the manager of the service. One member of staff told us, "I am well supported. I can always go to the manager or team leaders." Another member of staff said, "The staff support system is good. It is very open. I feel able to discuss issues."

We spoke with the registered manager about the training arrangements for staff. Training records showed that staff had completed training in areas that helped them when supporting people. This included moving and handling, safe use of bedrails, first aid and food safety. The registered manager told us that they had an electronic system for monitoring what training had been completed and what still needed to be completed by members of staff and we saw evidence of this. Staff told us they were happy with the training they had received. One member of staff said, "The training is good and I found it helpful."

We spoke with three members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff told us they received supervision every six to eight weeks. The registered manager confirmed staff received supervision six times per year. We looked at sample of staff records and we saw that staff received supervision on a regular basis and had received an annual appraisal in order to review their personal development and progress.

Information in the support plans showed the service had assessed people in relation to their capacity to make decisions. Where people were able to make their own choices and decisions about care, they were encouraged to do this. People and their families were involved in discussions about their care and support and any associated risk factors. Individual choices and decisions were documented in the support plans. This showed the person at the centre of the decision had been supported in the decision making process.

People who did not have the capacity to make decisions for themselves had their legal rights promoted because staff had received appropriate training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with had an understanding of how to offer people choices. The registered manager told us that they involved personal and professional representatives if a person was unable to make a decision for themselves. We saw evidence that a best interests meeting was held for one person when an important decision about their care needed to be made.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives to get information about their preferences.

People were not restricted from leaving the home. We saw that people went out shopping and to various activities. People identified at being at risk when going out in the community had risk assessments in place and we saw that if required, they were supported by staff when they went out.

People were supported to be involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home, providing input when planning the menu for the week and helping with preparing dishes. The registered manager told us that they did not have a set weekly menu. Instead, staff gave people an opportunity to decide what they would like to eat using recipe books for inspiration and each person would get their choice at least one day of the week. The daily menu was on display in the kitchen, this was in a pictorial format to help people understand their choices better.

We observed people eating lunch and dinner and staff supported those who required assistance. The atmosphere was relaxed and people appeared to be enjoying their meal.

We saw that people's weights were monitored and the registered manager explained that food and fluid charts were completed for people if there was an identified risk in relation to their food and fluid intake. The registered manager confirmed that at present there were no such risks.

Is the service effective?

Staff were knowledgeable about the individual needs of people and followed the information in care plans. One member of staff told us, “Everyone has individual needs. People’s needs are varied and so care has to be person centred.”

We looked at a sample of three care plans and saw that people were involved in completing their care support plan and these were person centred. Care support plans included details of people’s preferences and routines and were documented in an easy read format.

We saw evidence that specialists had been consulted over people’s health needs. These included health professionals and the GP. A record was included of all health care appointments. This meant staff could readily identify any areas of concern and take swift action.

We also saw that each file included a hospital passport which included essential information about the person should they go to hospital or for a medical appointment. One member of staff explained that a copy of the hospital passport was also in each person’s bag so that they were easily available.

Is the service caring?

Our findings

Relatives of people who used the service told us that they were happy with the care and support provided at the home. Some of the comments included: “You cannot expect perfection but the care is good” and “The manager is wonderful.”

During our inspection we saw that positive, caring relationships had developed between people who used the service and staff. Staff were knowledgeable about people’s likes, dislikes and the type of activities they enjoyed. Staff told us and records confirmed that keyworker meetings were held monthly, which helped to develop positive relationships.

We observed interaction between staff and people living in the home during our visit and saw that people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting people living in the home. People had free movement around the home and could choose where to sit and spend their recreational time.

People were supported to express their views and be actively involved in making decisions about their care, treatment and support where they were able to do so. Care plans were individualised and reflected people’s wishes. People had the opportunity to make their views known about their care, treatment and support through key worker meetings. Relatives of people who used the service were involved in their care through regular contact with the registered manager and staff. Relatives told us they visited the service regularly and found that staff welcomed them. Where appropriate, people had access to community advocacy services if needed. We noted that some people were using advocates at the time of our inspection.

Staff were aware of the importance of treating people with respect and dignity. Staff also understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One member of staff said, “I always knock before entering people’s rooms.” Another member of staff said, “I always listen to people and encourage them to be independent whilst also supporting them.”

We looked at a sample of care support plans for people who used the service. People's needs were assessed and care and support was planned and delivered in line with their individual support plan. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people’s needs, included a profile of the person and clear guidance for staff on how to care for people’s needs.

Is the service responsive?

Our findings

People who used the service were encouraged to lead active social lives that were individualised to their needs. We found that people had their individual needs assessed and consistently met. During our inspection, we saw people leaving the service throughout the day to attend day centres or to go to the park. People were able to take part in individual activities based on their preferences. In addition to formal activities, people who used the service were encouraged to visit family and friends or receive visitors.

There was a weekly activity programme for all people which was personal to each of them. We saw evidence that staff spent time with people on a one to one basis to ensure they were able to take part in activities which matched their interests.

We saw evidence that some people who used the service had gone to a holiday resort camp for a week with the registered manager and some members of staff. The registered manager told us that they encouraged people to participate in community activities and this was reflected in people's care plans.

The service made use of communication tools such as pictures and Widgit symbols (these are symbols that help to communicate ideas and information) on walls and in personal folders to help people who were not able to verbally communicate their choices. Care records we looked at were in an easy read format and contained pictures to help people understand more easily. Care records also listed specific body language, gestures, facial expressions, key words and objects of reference the person also used to communicate. Care plans encouraged people's independence and provided prompts for staff to enable people to do tasks they were able to do by themselves. This demonstrated that the manager was aware of people's specific needs and provided appropriate information for all care workers supporting them. When speaking with care workers, they were able to tell us about each person's personal and individual needs.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records every six months or sooner, if their needs changed. Staff told us that they kept people's relatives or people important in their lives, updated through regular telephone calls or when they visited the service. One relative we spoke with said, "I am kept informed and updated with everything at the home."

Relatives of people who used the service told us that if they were not happy they would speak with the registered manager. One relative told us, "I would feel comfortable raising issues if I needed to. No problem at all." Another said, "I am able to ask questions if I need to." The complaints procedure was on display in the home.

The registered manager explained that she always ensured that people had one to one time with staff as people had different interests. She explained that there was flexibility in terms of the activities timetable as it depended on what people wanted to do on a particular day depending on their mood. On the second day of our inspection we saw that staff and people who used the service spent the afternoon baking cakes. People who used the service appeared to enjoy this and the environment was relaxed.

The home had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the local government ombudsman and CQC if people felt their complaints had not been handled appropriately by the home. When speaking with staff, they showed awareness of the policies and said they were confident to approach the manager. Staff felt matters would be taken seriously and the manager would seek to resolve the matter quickly.

Relatives we spoke with said that they were confident that any complaint would be taken seriously and fully investigated. We looked at the complaints records and showed that complaints had been investigated and responded to.

Is the service well-led?

Our findings

People's care plans included a service user guide which detailed how the home was run, how care was provided and how they assured quality care. There was a Statement of Purpose, a service user charter and handbook which explained some of the values the home were included principles of good care, promotion of choice, privacy, dignity and independence.

Staff told us they were informed of any changes occurring within the home through staff meetings, which meant they received up to date information and were kept well informed. One member of staff told us, "We have monthly staff meetings. They are helpful." Staff understood their responsibility right to share any concerns about the care at the home.

The service had a whistleblowing policy and contact numbers to report issues were available. Staff we spoke with were confident about raising concerns about any poor practices witnessed. They told us they were very happy working at the service and generally felt supported.

There was a registered manager in post at the time of our inspection and from our discussions with them it was clear that they were familiar with the people who used the service and staff.

Staff told us that the registered manager was approachable and supportive. One member of staff told us, "I am well supported here. I can always go to the manager or to team leaders". One relative told us, "The manager is wonderful." Another said, "The registered manager is very good and caring. She takes people out and is very attentive."

The provider had effective systems to monitor incidents at the home and implement learning from them. We saw that the incidents were recorded accurately and people's care records had been updated following these incidents to ensure that the most up to date information was available to staff. The registered manager explained that they would discuss incidents and accidents during team meetings to ensure that staff were kept informed of these and so that staff could all learn from these.

The service did not hold a formal resident's and relatives meeting but relatives told us that they got together at the home weekly so they could discuss any issues. The registered manager told us they encouraged people and relatives to communicate with her at any time about any concerns they may have. Relatives confirmed that if they had any issues they felt comfortable raising them with the registered manager.

Systems were in place to monitor and improve the quality of the service. We saw evidence which showed monthly checks were being carried out by the service which detailed outcomes and any further action that needed to be taken to make improvements to the service. We found checks were extensive and covered all aspects of the home and care being provided such as premises, health and safety, medication, staff records and supervisions.

The provider sought feedback from people who used the service through questionnaires which we saw were in people's care files. We saw evidence that the provider had analysed the information gathered from the questionnaires. The feedback from the questionnaires was positive. People we spoke with and their relatives confirmed they had been consulted about the quality of service provision. All relatives we spoke with said that they were asked for feedback from the registered manager and felt able to speak with them informally and formally as well as make suggestions and express views and opinions.