Action for Care Limited

The Lodge

Inspection report

Milford Lodge
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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

The Lodge is a residential care home in the village of South Milford. The service provides accommodation for up to eight people and specialises in supporting younger adults living with a learning disability or autistic spectrum disorder.

We inspected this service on 19 and 26 June 2017. The inspection was unannounced. At the time of our inspection, there were five people using the service. This was the first inspection of this location since it was registered under a new provider, Action for Care Limited, in December 2016.

The inspection was in part prompted by concerns shared with us regarding the care and support provided at the service. This included concerns regarding the conduct of staff, staffing levels and medicine management. We used this information to plan our inspection and have reported our findings in relation to these concerns in the body of our report.

The provider is required to have a registered manager as a condition of their registration for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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. At the time of our inspection, the service did have a registered manager.

During the inspection, we found people who used the service were safe. Staff understood their responsibility to safeguard adults who may be at risk of abuse. Care plans and risk assessments were used to guide staff on how to safely meet people's needs. Appropriate recruitment checks were completed and sufficient staff were deployed to provide safe care to people who used the service. Medicines were managed safely, although me made a recommendation about ensuring medicines were stored at the correct temperature. Effective safeguards were in place to govern the use of physical interventions.

We observed the service to be clean, tidy and well maintained. Maintenance was carried out at required intervals and the manager completed regular health and safety audits to monitor and ensure the safety of the home environment.

Staff completed training and shadowed more experienced workers to gain the knowledge and skills needed to provide effective care and support. Staff received on-going supervisions to support their continued professional development.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible; the policies and systems in the service support this practice. Staff supported people to ensure they ate and drank enough. Staff supported people to access healthcare services to maintain their health and well-being.

Staff were observed to be kind and caring. Staff supported people to maintain their privacy and dignity and to have choice and control over their daily routines.

Care plans were detailed and contained person-centred information. Staff knew people well and understood how to best meet their needs. People's care and support was regularly reviewed to ensure it was meeting their needs. People were supported to engage in a range of activities and to access their wider community.

Systems were in place to gather and respond to feedback. The manager completed a range of audits to monitor the quality and safety of the service. People told us the manager was approachable, supportive and responsive to feedback.

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.

Care plans and risk assessments were used to support staff to safely meet people's needs.

Medicines were managed and administered safely.

Sufficient staff were deployed to meet people's needs.

Staff understood how to safeguard adults who may be at risk of abuse and avoidable harm.

Is the service effective?

Good

The service was effective.

Staff received an induction and on-going training to enable them to provide effective care and support.

Consent to care was sought and people's rights were protected in line with relevant legislation and guidance on best practice.

People were supported to ensure their nutritional needs were met.

Staff supported people to access healthcare services.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and were caring towards them.

People were supported and encouraged to have choice and control over their care, support and daily routines.

Care was provided to people in ways which maintained their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Staff understood people's needs and provided person-centred care and support.

Person-centred care plans were in place and these were reviewed and updated regularly.

There were systems in place to manage and respond to complaints about the service provided.

Is the service well-led?

Good

The service was well-led.

We received generally positive feedback about the management of the service.

Staff told us the manager was approachable and supportive.

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

The Lodge

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. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 19 and 26 June 2017. The inspection was carried out by one adult social care inspector.

Before the inspection, we looked at information we held about the service, which included notifications. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We also contacted the local authority's adult safeguarding and commissioning teams to ask if they had any relevant information to share about the service. We used this information to plan our inspection.

We did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with two people who used the service and four relatives. We observed interactions between staff and people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk with us. We had a tour of the service including communal areas and, with permission, looked in people's bedrooms.

We spoke with the manager, regional manager and six members of staff including senior support workers and support workers. We looked at three people's care files and daily notes, medication administration records, three staff recruitment and training records, staff rotas, meeting minutes and records relating to the maintenance and management of the service.

Good

Is the service safe?

Our findings

We observed people who used the service were generally relaxed and at ease around staff and interacted with them in a way that showed us they felt safe. When people became anxious or unsettled, we saw staff were quick to provide kind and caring reassurance and people responded positively to these interactions. We saw that people moved freely around the service demonstrating that they felt comfortable, confident and 'at home'.

Relatives of people who used the service said, "We are quite happy to leave [Name]; it is a great feeling. I feel really happy that they are so happy." One relative told us how the person who used the service visited them regularly, but was always happy to return to the service. They explained how this showed them the person felt safe living there.

The provider had a safeguarding and whistleblowing policy in place and staff completed safeguarding training. Staff we spoke with demonstrated they understood the signs and symptoms which may indicate someone was being abused and correctly described what they would do if they had any concerns. Records evidenced that the provider had referred a safeguarding concern to the local authority and action had been taken to investigate and resolve the issue to keep people who used the service safe.

Appropriate recruitment checks were completed to help ensure suitable staff were employed. Recruitment records showed new staff were interviewed and references were obtained. The provider ensured Disclosure and Barring Service (DBS) checks were completed. DBS checks return information from the Police National Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable groups.

Some people who used the service raised concerns regarding staffing levels and told us they did not think there were sufficient staff to support people to go out when they wanted. We explored these concerns during the course of our inspection by speaking with staff and relatives of people who used the service, observing staffing levels as well as reviewing rotas and records of one to one time.

On the day of our inspection, we observed sufficient staff were deployed to meet people's needs. The manager told us normal staffing levels consisted of five staff on duty in the morning and four staff on duty during the afternoon. At night, there were two members of staff on duty, one of which slept at the service, but was available and 'on call' if needed. The manager explained that staffing levels changed depending on the number of hours the local authority identified as needed and were reduced if people were staying away from the service with their families. We reviewed rotas for the three weeks before our visit and saw that staffing levels were maintained at appropriate levels.

Staff told us there were some vacancies at the service, but that shifts were always covered and agency staff used if necessary to ensure there were sufficient staff to safely meet people's needs. The manager told us a number of staff had been recruited and they were completing checks before they started work. When agency staff were used, profiles were obtained to ensure they had the necessary training and that appropriate

recruitment checks had been completed.

A relative told us, "I've never had a problem with staffing levels...I've never noticed a lack of staff." We observed that one to one support was provided where necessary with a named member of staff allocated to a person each shift. We observed staff were readily available to provide care and support to meet people's needs and a record was kept in people's care file of how their allocated hours were used. This evidenced that people received the level of support they were assessed and funded as needing.

We reviewed people's care plans and risk assessments. These demonstrated that people's needs were assessed and regularly reviewed to identify risks. We found risk assessments were detailed and person-centred and provided comprehensive information about how staff needed to support people to safely meet their needs.

A record was kept of any accidents or incidents that occurred, where it happened, what had happened and how staff had responded. This information was then collated so the manager could identify any patterns or trends emerging.

Where people who used the service became very anxious or upset, it was sometimes necessary to use physical interventions to guide or redirect people to maintain their safety and the safety of others. Records evidenced staff had received training on how to safely use physical interventions. People's care plans evidenced that the need for physical interventions had been risk assessed. Staff we spoke with described how and why they used physical interventions and we saw this was in line with people's care plans. Staff consistently told us restraint was rarely used and only as a last resort when all other options to distract the person or de-escalate the situation had been tried.

We saw that where any form of physical intervention had been used, an incident record was kept of what had happened and why it had been used. These records were collated and audited to ensure that restraint had been appropriately and safely used and to consider any 'lessons learnt' that may help avoid the need to use restraint in the future. This showed us that effective safeguards were in place to ensure physical interventions were appropriately and proportionally used.

The provider completed health and safety checks to ensure the building and utilities were in safe working order. Checks completed covered portable electrical appliances, the gas services and water temperature checks to manage the risk of legionella.

We saw a fire risk assessment had been completed evidencing that appropriate action had been taken to minimise the risk of a fire occurring. The fire alarm, firefighting equipment, fire doors and emergency lighting had been regularly checked and serviced where necessary. Each person who used the service had a documented personal emergency evacuation plan (PEEP). These contained important information to guide staff and the emergency services on how to safely evacuate the building in the event of a fire. The provider also had an up-to-date business continuity plan with action plans to provide guidance on how staff would need to respond to the loss of gas or electricity within the service or in the event that alternative accommodation was needed because of a fire, flood or other emergency. This showed us systems were in place to ensure people's needs would continue to be met in the event of an emergency.

The registered provider had a medication policy and procedure. Staff responsible for administering medicines received training and we saw checks were completed of their practice to ensure they had the necessary knowledge and skills to safely support people with their medicines. The manager explained that two staff administered medicines to reduce the risk of any mistakes occurring.

We saw medicines were securely stored in people's rooms or the location's office if people preferred. On the day of our inspection, checks showed that medicines were not stored at the recommended temperature. Although it was a hot day and recorded temperature checks completed in the weeks before our visit did not evidence this was a reoccurring problem, we spoke with the manager about reviewing the storage of this medicine and seeking advice from the pharmacy if this was a reoccurring issue.

We recommend the provider reviews the safe storage of medicines.

Records were maintained of medicines given and the amount of medicine in stock was accurately monitored. We saw staff used appropriate codes to record additional information where necessary, for example, if a medicine was not required. Protocols were in place to guide staff on when to administer certain medicines, prescribed to be taken only when needed and a record was kept of when and why these were used. This showed us safe systems were in place to ensure people received their prescribed medicines.

Good

Is the service effective?

Our findings

We received generally positive feedback about staff's skills, knowledge and experience. A relative of someone who used the service told us, "I feel staff manage their needs very well." Whilst a visiting health and social care professional said, "They [staff] were very good with the people I worked with. Staff really understood their needs."

The manager told us all staff had to complete online 'e-learning' courses on topics the provider considered to be 'mandatory'. This included training on food hygiene, first aid, fire safety, health and safety, infection control, manual handling, safeguarding, medicine management, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

We reviewed training records. These evidenced staff had completed a range of training courses and that these courses were regularly refreshed to ensure their knowledge and skills were up-to-date. Staff we spoke with provided positive feedback about the training and told us they built on this knowledge through shadowing more experienced workers during their induction. One member of staff commented, "You can ask to be put on training and if you do struggle with anything you can always ask." Staff told us they worked well as a team to share information about how best to meet people's needs.

We observed during the course of our inspection that staff were skilled and experienced. We saw they were attentive to people's needs and quick to identify where additional supports or prompts were required.

We found there were effective systems in place to support staff and encourage continuous professional development. Staff told us they felt the manager was supportive and they could speak with them for advice and guidance if needed. The provider also had a formal system of supervisions and appraisals to support staff's continuous professional development. Supervision is a process, usually a meeting, by which an organisation provides support and guidance to its staff. We reviewed completed supervision records and saw they provided an opportunity for staff to discuss people's needs, identify any training or support they required and address any concerns or practice issues they had.

There was a range of food including fresh fruit and vegetables available from which staff could support people to maintain a well-balanced and nutritious diet. We saw a four weekly menu was in place, with a main meal prepared each evening. Staff we spoke with told us the menu was planned with input from people who used the service and based on staff's knowledge of what people liked and disliked. Staff we spoke with showed a good understanding of people's special dietary requirements as well as likes and dislikes. We saw this information was also recorded in people's care plans for staff to reference if needed.

We saw people were shown options to help them decide what to eat. We observed that the food prepared was tailored to people's specific needs and preferences. This demonstrated a person-centred approach to meeting people's needs. A record was kept of what people had eaten each day and people were regularly weighed to identify any issues or concerns with significant weight loss or weight gain. This showed us people received appropriate support to ensure their nutritional needs were met.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and DoLS. At the time of our inspection, one person who used the service was deprived of their liberty and we saw appropriate paperwork was in place with regards to their DoLS authorisation. Records evidenced two further DoLS authorisations had been submitted and were waiting to be assessed by the supervisory body. The manager had a register to monitor DoLS so they could ensure new authorisations were submitted in a timely manner.

Care plans and risk assessments evidenced staff sought people's consent with regards to the care and support provided. When there were concerns regarding people's ability to make an informed decision, mental capacity assessments had been completed and best interest decisions made where necessary. Records clearly demonstrated that people's relatives and health and social care professionals were involved in best interest decisions. We concluded that consent was appropriately sought and that people's rights were protected.

People's care files contained detailed information about their past medical history and any current health needs. We saw staff supported people to attend appointments and maintained a record of each appointment or consultation, what had been discussed and any actions or changes to the person's care and support that had come from this. These records evidenced that staff liaised with people's relatives and healthcare professionals to identify changes in people's needs and sought appropriate advice and guidance where necessary. A relative told us, "Staff look after their health and make sure they keep their appointments" and "If there was an issue or they were unwell, they would ring us straight away."

People also had a 'hospital passport' containing important information about their medical history and health needs as well as details about how best to support and communicate with the person. These were designed to ensure necessary information was shared with healthcare professionals and also to support hospital staff to more effectively meet people's needs and reduce any anxiety or distress during an admission to hospital.

Good

Is the service caring?

Our findings

People who used the service acted in a way that showed us they felt comfortable around staff. We observed instances throughout our inspection where people were keen to engage with staff and share things that were important to them. We saw staff consistently responded, encouraged and showed an interest in people. We observed people responded positively towards staff showing us they valued the caring relationships shared with them. We observed that when people became unsettled, staff provided calm and caring reassurance.

There was a small staff team working at the service and people who live there received one to one support for either all or part of the day, depending on their needs. We saw staff were allocated to work with a named person for each shift. This meant staff and people who used the service worked closely together for prolonged periods. Staff told us this regular contact supported them to get to know people and develop meaningful caring relationships with them. Our observations and conversations with staff showed us they did know people well. Staff provided detailed information about what people liked and disliked and showed a good understanding of their hobbies and interests.

Relatives of people who used the service told us they felt staff were caring, had got to know their relative and what was important to them, and showed an interest in their well-being. One relative told us how staff were always pleased to see their relative when they returned from a trip away and were very welcoming and caring towards them. This showed them that staff genuinely cared about their relative. Other relatives commented, "They [staff] seem to be very warm...[Relative's name] seems to like them" and "We always find the staff extremely helpful and caring."

To further support staff to get to know people who used the service, information was recorded in their care plans about what they liked to do and how they liked to spend their time. This information, alongside shadowing more experienced workers, helped new staff get to know people and supported them to develop meaningful, caring relationships. This ensured people were cared for by staff who understood their needs and recognised what was important to them. The manager told us they used agency staff who were familiar to the service, wherever possible, to ensure continuity of care for people.

We observed staff spoke with people in a respectful manner and tone. Appropriate care and support was provided in communal areas and we observed staff were mindful of maintaining people's dignity by shutting doors or prompting people with issues regarding privacy and dignity. Staff spoke with us about the importance of ensuring conversations were not overheard and that confidential information was not discussed in communal areas.

We observed staff supported people to express their views and be involved in decisions wherever possible. We saw people were free to move around the service and were supported to make choices about how they spent their time. A member of staff explained how they supported people to make decisions. They told us, "I get a selection of things out and they pick what they want." We observed other staff putting this into practice and using visual cues to help people to decide, for example, what to eat. We noted one person who used the

service had a 'picture book' to support them to communicate and for staff to understand them. Staff we spoke with also explained how they used their familiarity with the people they supported to help them understand any non-verbal communication. This enabled people to make and communicate decisions through their body language or behaviours.

At the time of our inspection, one person who used the service had an advocate. An advocate is someone who supports people to ensure their wishes and views are heard on matters that are important to them. We identified another person at the service did not have a named worker at the local authority or someone to advocate on their behalf and spoke with the manager about whether they would benefit from the support of an advocate. They agreed to explore this option to ensure this person's views were represented.

Good

Is the service responsive?

Our findings

Staff provided person-centred care to meet people's needs. Our conversations with staff demonstrated they knew people well and understood how best to support them. Staff were observed to be attentive to people's needs throughout our inspection. Relatives of people who used the service told us, "They [staff] seem to know all their little idiosyncrasies and how best to support them" and "They definitely know their needs. They seem to be able to cope with the challenges."

We reviewed people's care files and saw they contained person-centred information about their needs alongside guidance for staff on how those needs should be met. This incorporated information about people's personal preferences and preferred routines. We saw that care plans and risk assessments were regularly reviewed and updated to ensure they contained the information staff needed to provide safe and effective care and support. We identified parts of one person's care plan could be re-written to promote a more person-centred approach to providing care and support. We spoke with the manager and they agreed to review and address this recording issue.

People who used the service were supported to engage in a range of meaningful activities and to access their wider community. On the days of our inspection, people were supported to go to the sea side, shopping in the local town and to attend the local college. We found staff recognised what was important to each person who used the service, validated their interests and encouraged them to pursue their hobbies. For example, staff supported a person so they could regularly attend football matches. This showed us the care and support provided was person-centred and individualised to their needs.

Records were kept of the activities that people engaged in. These showed us that people were regularly supported to go out and do the things they enjoyed. A relative told us, "I always feel they [staff] give them a good quality of life. They go out and about and they are always looking at new things to do."

Staff encouraged and supported people to be independent. This included, for example, prompting people to clear up after they had eaten by putting dirty plates and cutlery in the dishwasher. Other people did their own laundry or did gardening at the service.

The service had a multi-sensory room. This incorporated lights, sounds and video to provide a stimulating sensory environment for people who used the service. We saw people enjoyed using this room throughout our inspection and this provided meaningful stimulation to them if they did not want to go out.

Staff supported people who used the service to maintain meaningful relationships with the people who were important to them. During the inspection, we saw a person was visited by their relatives and staff supported them with this. Relatives told us, "The staff are always very smiley and welcoming" and "The staff are so warm and we are made to feel welcome." Relatives told us staff also supported the people who used the service to visit them and to maintain important family routines. One relative explained the staff also sent them monthly updates of what they had been doing and these included pictures of any activities or events the person had joined in. The relative told us how this helped them to keep up-to-date with what was going

on and gave them things to talk about when they met up.

The provider had a policy and procedure in place which contained information about how they managed and responded to complaints. A copy of the complaints procedure was also available in an 'easy-read' format. Easy read information is designed for people with a learning disability and is a way of presenting plain English information along with pictures or symbols to make it more accessible.

A record was kept of any compliments or complaints received. We reviewed these and spoke with the manager about their handling of complaints. This evidenced that complaints were investigated and responded to in a timely way.

A relative of someone who used the service said, "Nothing is too much trouble for them. If there is anything wrong, it is dealt with immediately." Another relative told us about a concern they had and said, "The manager sorted it very well, I can't fault them with that." This showed us feedback was encouraged and systems were in place to respond to any comments or concerns to improve the service provided.

Good

Is the service well-led?

Our findings

The provider is required to have a registered manager as a condition of their registration for this service. At the time of our inspection, there was a registered manager in post. They were supported by a regional manager and senior carers in the management of the service.

During the inspection, we received feedback which showed us some people were not happy at the service. We explored these concerns during the course of our inspection and spoke with the manager about offering one person the support of an advocate to help them explore their options.

Despite this feedback, we observed that people who used the service generally acted in a way that showed us they were happy and content at the service and with the care and support provided. The majority of people we spoke with provided positive feedback about the service and the care and support provided there. Relatives told us, "I think it is great. This place must be near the top in terms of quality", "It's a fantastic place" and "We haven't got any concerns. We are very happy where [Name] is and they are very happy there." A relative we spoke with went on to explain, "I can see how happy [Name] is. Their confidence has bloomed, because they [staff] look after them so well."

People told us they felt the manager approachable, listened to them and responded to their feedback to address any issues or concerns they had. Staff we spoke with said, "My manager is the absolute best manager I have had. It is very much an open door; if you have a problem you can go in and talk it though and work it out" and "The manager is quite hands-on. They are very approachable and friendly and manage really well to listen to everyone." A relative said, "If we have any concerns, [manager's name] always responds. They are very quick."

We observed there was a positive atmosphere within the service. Staff told us they worked well as a team and that information was effectively shared. We saw staff had a good working relationship and effectively communicated and shared tasks throughout our inspection.

The provider completed an annual quality assurance survey. This involved sending questionnaires to relatives and professionals involved in supporting people who used the service. At the time of our inspection, the provider was still receiving and collating information from this year's survey. We saw that two surveys had been returned and the feedback received was extremely positive. Comments included, "Superb facilities and very clean and homely" and "Excellent range of activities." The manager told us they reviewed all completed surveys to identify any areas of the service that required improvements and would address any issues or concerns raised.

We saw there was a comprehensive system of weekly, monthly, quarterly and annual checks of all aspects of the service. These included checks of the home environment, health and safety, care plans, medicine management, daily notes, accidents and incidents, and physical interventions. We saw that when issues were identified, these were addressed. For example, we saw a weekly health and safety inspection was completed and any maintenance issues logged for repair. Maintenance records evidenced when repairs had

been made and the audits were subsequently reviewed and signed off once the actions had been completed.

During our inspection, we reviewed a variety of records and documentation relating to the running of the service. We found that records were well-maintained and kept up-to-date, which evidenced the provider's quality assurance systems were effective at monitoring and overseeing this aspect of the service.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had informed the CQC of a significant event in a timely way. This meant we could check that appropriate action had been taken.

The manager held team meetings to share important information and discuss any issues or concerns. We saw minutes for meetings held in February, April and June 2017. These showed that topics discussed included safeguarding adults who may be at risk of abuse, health and safety, activities within the service and people's individual needs. Minutes evidenced that the provider was open and honest about changes and why these were being made and also demonstrated that feedback was encouraged.