

Shamrock Villas Limited

# Connemara Lodge

## 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

The inspection took place on 25 and 28 September 2015 and was unannounced.

Connemara Lodge provides accommodation and personal care for up to eight people who live with mental health needs. The service does not provide nursing care. At the time of our inspection there were three people using the service.

The service was managed on a day-to-day basis by the provider, who is also the registered manager, with the

support of an assistant manager. As a registered person, the provider has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because the management team and staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

# Summary of findings

Staff had been recruited safely and had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

Staff had the skills and knowledge to provide effective care. People's health and social needs were managed effectively with input from relevant health care professionals and people had sufficient food and drink that met their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People were treated with kindness and respect by staff who knew them well.

Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the provider supported staff to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to 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?

The service was safe

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Good



### Is the service effective?

The service was effective.

Staff received the support and training they needed to provide them with the information to support people effectively.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

In the event of anyone lacking the capacity to make decisions, there were processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Good



### Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and respected their need for privacy.

People were encouraged to be fully involved in decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain social and family relationships.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

The service was run by a competent management team who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

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

This inspection took place on 25 and 28 September 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager.

This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with one person who lived at the service. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the provider, the assistant manager and one member of staff. Following our inspection we spoke with two health and social care professionals.

We looked at two people's care records and examined information relating to the management of the service such as health and safety records, recruitment records, quality monitoring audits and information about complaints.

# Is the service safe?

## Our findings

One person told us that that they felt safe living at Connemara Lodge, they said, “I’m quite happy and safe.” Staff were able to give detailed information about how they worked with each person to help them understand how to keep safe. They gave examples of how they worked with individuals to enable them to recognise risks when out in the community.

Staff had received training in safeguarding adults and they were able to explain that they recognised signs of abuse and knew how to keep people safe. The management team and support staff demonstrated a clear understanding of their responsibility to report any suspicions of abuse to the local authority and also to notify CQC should they identify any concerns.

The provider had systems in place for assessing and managing risks. There were comprehensive risk assessments in place for all the people at the service. We saw risk assessments that related to mental health, physical health, medication, behaviour and expressing sexuality. Each risk assessment identified a specific risk and what actions needed to be taken to reduce the risk. There were clear instructions for staff to follow in the event of a cause for concern such as when to report to the police in the event of someone being out longer than expected or going missing.

People received support where relevant with managing finances and keeping their money safe. Each person had a lockable safe in their room so that they could keep money and any other personal valuables safe.

The management team gave examples of specific areas of risk for people and explained how they had worked with individuals to help them understand behaviours and choices that may put them at risk of harm. They discussed with people how they could avoid situations that put them at risk.

Staff understood the processes in place to keep people safe in emergency situations within the service. Staff explained the health and safety checks that were carried out, for example on fire systems, and people understood what they

needed to do in these situations to keep themselves safe. The provider also encouraged people to learn about general risks, for example by taking part in a fire awareness course.

At the time of our inspection there was a small staff team in place to support the three people who lived at the service. Staff had been recruited through a clear recruitment process and personnel records confirmed that relevant checks had been carried out before a member of staff was employed. Checks were carried out on the suitability of applicants, which included taking up references and checking that the member of staff was not prohibited from working with people who required care and support.

The provider had assessed the levels of staff required to provide safe care. The three people who lived at the service managed much of their personal care independently and the main focus of staff support was for people’s mental health and emotional needs. We saw that people’s care and support needs as well as their social and emotional support needs were met by the staffing levels in place.

The provider had systems in place for the safe receipt, storage, administration and recording of medicines. People’s medicines were kept safely in appropriately secure storage facilities. When people had medicines prescribed on an ‘as required’ basis, such as medicines for anxiety, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine. Staff demonstrated a sound understanding of people’s prescribed medicines, what they were for and how and when they were to be taken.

Medicines administration record sheets were checked on a daily basis. Any errors or omissions would be picked up quickly by these ongoing checks and could be rectified promptly. In addition a pharmacy audit was carried out every six months. We saw that the records were completed appropriately.

People were supported to understand about their medicines and took them with the support of staff where necessary. Staff explained how they were working, where appropriate, to encourage people to self-medicate, but if an individual was not ready to take responsibility for their own medicines staff continued to provide support.

# Is the service effective?

## Our findings

The management team explained that people's care and support needs were assessed before someone moved to the service and there was an ongoing assessment process to take account of people's changing needs. Staff were able to give specific examples of how they responded to changes in people's needs.

Staff were able to demonstrate a thorough knowledge and understanding of the assessed needs of all the people who lived at the service. They were able to give us examples of what people liked and disliked as well as situations that made people happy or caused them distress. Staff understood how to support people in these situations and knew what to do to reduce their anxieties. Health and social care professionals were complimentary about how staff supported people. One professional said, "Staff have a very good knowledge of the clients."

Staff had the skills and knowledge to provide care and support that met people's needs. Staff said they had received a range of training and they were confident they had the information they needed to carry out their role. The provider explained that they had taken part in the pilot for the care certificate developed by Skills for Care and staff found it really useful. Skills for Care is an organisation that offers workplace learning and development resources and works with employers to share best practice to help raise quality and standards in the care sector.

Staff said that they had some online training but other training was hands on. Training records confirmed that staff had received training that included fire awareness, safeguarding and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff demonstrated a good understanding of the needs, likes, dislikes and preferences of the people they supported.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. There were no DoLS applications made to the local authority and none of the people who lived at the service were subject to any restrictions that

deprived them of their liberty. People accessed the community independently, for example to go shopping or to go to work. However, one person required some assistance when out because of their communication needs and staff supported the person whenever they chose to go out.

There were MCA assessments in place to assess people's capacity to make day-to-day decisions, such as whether they could manage their finances. The management team and staff had a good understanding of their responsibilities around the MCA and DoLS and relevant assessments had been carried out. Assessments confirmed that people could manage their day-to-day finances. Where anyone required some support to manage their finances effectively, a care plan was put in place with the agreement of the individual and input from social care professionals. Plans included a weekly budget sheet to assist with managing money without overspending. In addition, where necessary, staff supported people with bank transactions such as withdrawing money safely.

People received food and drink that met their nutritional needs and that they enjoyed. People were involved in making decisions about food and we saw that people chose what they wanted to eat. One person told us, "I sometimes go to the supermarket to do shopping and buy food." Meals were freshly prepared at whatever time people wanted to eat and staff encouraged people to get involved in choosing and preparing food.

People's health needs were met with input from relevant health professionals, including GPs and community mental health services. Staff had a good knowledge and understanding of people's specific health needs and were able to explain how people were supported to maintain good health. Health professionals, who completed surveys distributed by the provider, were complimentary about the standard of care. One professional stated, "People are very well looked after."

People's mental health needs were well met by staff who understood their needs and what support each individual required. For example, one person had a weekly mood chart that they completed with staff so that they could manage their mental health needs and identify signs that indicated additional support may be required.

# Is the service caring?

## Our findings

Staff explained that it was an important part of their role to spend time with people and listen to them. Throughout our inspection we saw that this happened in a relaxed and casual way, chatting about everyday things that the individual liked to talk about. A social care professional said, “Staff sit with people and talk.”

One person told us that staff treated them well; they said, “I really like it here. I like the staff as well.” We saw that the provider, the deputy manager and staff were sociable and spoke with people in a friendly manner. There was a lot of smiling and laughter which demonstrated that people were at ease with staff. We observed kind and caring exchanges, staff treated people well, respected their feelings and listened to their views. A health professional stated that staff were, “Very professional and friendly.”

We saw that people were consulted about their care and were involved in making decisions and people had input

into their care plans. People had access to advocacy services through the community mental health team. An advocate is someone who is independent of the service and provides the person with support when they need to make their views and wishes known.

People were encouraged to be involved in the day-to-day running of the service and be as independent as possible. People who lived at the service were able to manage their personal care needs independently. However, sometimes staff had to give advice and, on occasions, had to prompt people for example with personal hygiene. Staff understood how to do this sensitively and were considerate of people’s feelings. Staff were aware of changes in people’s moods and when they wanted to have some space on their own staff respected this.

People were supported to keep in touch with families and people that were important to them. Although some people did not receive visits, they were encouraged to make contact on the telephone and by email.



# Is the service responsive?

## Our findings

One person told us that staff talked to them about the support they needed. We saw that care plans were written from the individual's point of view and with input from the person. Each care plan contained a high level of detailed information relevant to the person. The information in people's care records was understood by staff who displayed a thorough knowledge of people's likes, dislikes and preferences. Staff also demonstrated an insight into people's needs and what support was required, in particular staff were knowledgeable about people's mental health needs.

Each person's background including family history was recorded and staff used this knowledge to discuss areas that were of interest to people or that were important to them. We observed that staff chatted to people about their family and about what they planned to do that day.

We saw that people were supported and encouraged to follow their individual interests and hobbies both at home and in the wider community. People who were able went out independently and used facilities in the nearby towns

which they accessed using public transport. When people were not out in the local community, they told us about the things they liked to do at home. One person told us that they liked to use the pool table at home. They also said, "I like watching TV and I like to go to the shops and have a walkabout. I enjoy the open air markets."

Staffing levels were sufficient to meet people's support needs. The management team and support staff knew people well and understood their social, emotional and mental health needs. Staff were able to give us examples of situations that had an impact on people's mood or their behaviour and demonstrated how they provided support in circumstances where a person became upset or anxious.

The provider had a process in place to deal with concerns and complaints. At the time of our inspection there were only three people who lived at the service and any concerns or complaints were picked up very quickly. Minor concerns were addressed as and when they arose and we noted there had been no formal complaints. One person told us they would talk to staff if they had any problems. We saw that staff consulted with people about how they were feeling and checked if there was anything bothering them.

# Is the service well-led?

## Our findings

The day-to-day management of the service was carried out by the provider, who was also the registered manager and who was supported by a deputy manager. Staff told us that the management team were always available and took a hands-on role, they felt well supported by the provider. We saw that staff and management worked well as a team with skills that complemented one another. Staff said they were a small team that got on well staff morale was high.

The management team and staff carried out audits as part of their quality monitoring process. These included audits of cleanliness and infection control in areas such as the laundry, bathroom and kitchen as well as checks on fire systems and equipment. The buildings were old and some areas were in need of modernisation. The provider explained they had already carried out considerable work on the premises but recognised that there was some way to go to update the property. Improvements were planned and the provider explained that the next significant project was to upgrade the kitchen. We noted, however, that although the older areas of the property had been identified for improvement, the premises were clean and people's individual rooms were homely and decorated to their liking.

Other checks and audits carried out included daily medicines checks and monitoring areas relating to health and safety such as fire systems, emergency lighting and testing of portable electrical appliances. Records relating to auditing and monitoring the service were clearly recorded.

The provider had processes in place to seek the views of people who used the service, relatives and health or social care professionals. These included formal care reviews as well as informal discussions with people at the service. The management team and staff had regular telephone and email contact with relatives and were able to give specific examples of some of the feedback from relatives.

Formal surveys were also carried out throughout the year to seek feedback. The most recent surveys were completed in July 2015 and we saw positive feedback from health and social care professionals.

People's care records were well organised and contained detailed information in all the records including the pre-admission assessment, care plans and risk assessments. Records were reviewed, assessed and updated according to changes in people's needs. Other information about the management of the service was found to be completed to a good standard including personnel and training records, quality assurance documents and audits. Records were stored securely and people could be confident that information held by the service about them was confidential.