

Pro-Care Disperse Housing Ltd

Pro-Care Dispersed Housing Ltd - Sherbourne Lodge

Inspection report

3 Sherbourne Road
Blackpool
FY1 2PW
Tel: 01253 392440
Website: None

Date of inspection visit: 22 April 2015
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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 visit at Sherbourne Lodge was undertaken on 22 April 2015 and was unannounced.

Sherbourne Lodge provides care and support for a maximum of six people with mental health conditions. At the time of our inspection the home was fully occupied. Sherbourne Lodge is situated in a residential area of Blackpool. It offers six single room accommodation on two floors. Additionally, there is a dining room and communal lounge.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 10 May 2013, we asked the provider to take action to make improvements to the

Summary of findings

safety and suitability of equipment within the home. We further requested the provider reviewed staffing levels to provide support for external activities to maintain people's independence and developed quality assurance systems. At the follow-up inspection on 21 November 2013 we observed improvements had been completed and the service was meeting the requirements of the regulations.

During this inspection, people who lived at the home told us they felt safe. We observed staff were supportive of individuals and had a good understanding of their individual needs. People told us they felt staff were very caring. One person said, "I feel much happier here. I feel calm and relaxed."

Staff demonstrated a comprehensive understanding of how to protect service users against abuse. Risk assessments were in place to protect people from the potential risks of receiving care and support. People told us they were involved in their care and that staff supported them to retain their independence. Staffing levels and skill mixes were sufficient to meet people's needs and to keep them safe.

We observed staff demonstrated an effective understanding of the Mental Capacity Act (MCA) and

Deprivation of Liberty Safeguards (DoLS). Records contained evidence that people had consented to agreed support to meet their identified requirements. A staff member told us, "It's about ensuring people are given a choice and listening to our residents. We encourage them to speak with their social worker to help them have a voice."

Staff worked with individuals to ensure they received appropriate support and followed their agreed care plans. Care records were up-to-date and individualised to the person's identified requirements. People's medication was managed and administered in a safe manner.

Staff were adequately trained and supported to carry out their duties effectively. People told us they felt their support was delivered by staff who were experienced and understood their needs.

Staff and service users commented that the home was well-led. They stated that the registered manager supported them and was visible within the home. People were assisted to comment about the home and told us they felt able to complain, should they need to do so. The management team carried out frequent audits to protect the welfare and health and safety of staff, visitors and people who lived at the home.

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.

People told us they felt safe whilst living at the home. Vulnerable people were protected against potential abuse by trained, knowledgeable staff.

Staffing levels were sufficient to meet the needs of people who lived at the home.

We observed medication was administered safely.

Good



Is the service effective?

The service was effective.

People told us they were supported by effectively trained and knowledgeable staff.

Staff supported people to make decisions about their care and had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were supported to maintain their nutritional needs. Where an individual's health needs had changed, staff worked with other providers to ensure their continuity of care.

Good



Is the service caring?

The service was caring.

People told us staff were caring and respected their individual rights. We observed that staff promoted people's dignity and protected their confidential information.

We found clear evidence that people were fully involved in their care planning.

Good



Is the service responsive?

The service was responsive.

We found staff had a good understanding of how to respond to people's changing needs. People told us they were fully involved in the review and updating of care plans.

People told us they felt fully occupied and involved within the local community.

Up-to-date information had been made available to people about how to complain if they chose to.

Good



Is the service well-led?

The service was well-led.

People and staff told us the registered manager was supportive and visible about the home. People commented that the home was well-led.

People were assisted to comment about the quality of the service they received. Additionally, regular resident and staff meetings were held to identify any issues and improve the support people were provided with.

Good



Summary of findings

A range of audits was in place to monitor the health, safety and welfare of people who lived at the home.

Pro-Care Dispersed Housing Ltd - Sherbourne 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.

The inspection team consisted of an adult social care inspector.

Prior to our unannounced inspection on 22 April 2015 we reviewed the information we held about Sherbourne Lodge. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked

safeguarding alerts, comments and concerns received about the home. At the time of our inspection there were no safeguarding concerns being investigated by the local authority in relation to people's safety at the service.

We spoke with a range of people about this service. They included the registered manager, the staff member on duty, who was the designated house manager, and two people who lived at the home. We also spoke with the commissioning department at the local authority who told us they had no ongoing concerns about Sherbourne Lodge. We did this to gain an overview of what people experienced whilst living at the home.

We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to two people who lived at Sherbourne Lodge and two staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

People told us they felt safe whilst receiving support at Sherbourne Lodge. One person told us, “I feel safe living here, they protect me and look after me well.” Another person said, “I’m not well enough to be living on my own, so I feel the staff help to protect me.”

We checked how staff recorded and responded to accidents and incidents within the home. Documents included a brief log of incidents and accidents, as well as what actions had been taken to reduce the risk of further occurrence. Appropriate window restrictors were in place to prevent people from falling out of windows. Additionally, an ongoing programme of refurbishment had continued to manage issues we had identified at previous inspections. Systems were in place to minimise the risk to people of receiving unsafe care.

Care records contained an assessment of people’s needs, which then led into an assessment of any associated risks. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks associated with, for example, nutrition, medication, smoking, fire safety, substance misuse, mental health and infection control. Records were in-depth and outlined actions to manage risk. This showed the registered manager had systems in place to minimise potential risks of receiving care to people it supported. Risk management included addressing issues of safety between people who lived at the home. One person told us, “Yes, I feel safe. Sometimes other residents get agitated and the staff member quickly settles things down.”

When we discussed the principles of safeguarding people against abuse with staff, they demonstrated a good understanding of processes to follow. A staff member told us, “If an issue arises I would ask the service user how they would want us to address it. I would inform my manager and their social worker. We might also report to the police and local authority if this was necessary.” We checked training records, which confirmed staff had received guidance about safeguarding procedures to underpin their understanding. Additionally, staff stated they understood the policy in place in relation to whistleblowing and felt confident about reporting concerns. A staff member told us, “I wouldn’t have any qualms about whistleblowing. If I needed to I would know how, such as contacting CQC.”

We noted staff often worked alone in the building, so we checked how people and staff were kept safe. A staff member told us, “Between us and the other homes within the group we take it in turns to call each other at night and in the morning to ensure all is ok as part of our lone-working policy.” We were further informed that other staff and managers were contactable to support staff if emergencies arose. One staff member explained, “We have an on-call system for emergencies. Managers and other staff are available if need be.”

We looked at how the registered manager had assessed whether people’s needs were met by sufficient numbers of skilled staff. We noted staff supported people safely and that staffing numbers had been increased in order to support people to engage in community and social activities. One person told us, “There’s enough staff on. I can talk to a staff member any time I want to.”

We checked staff files and found correct procedures had been followed when staff had been employed. This included reference and criminal record checks, qualifications and employment history. This meant the provider had protected people from the unsafe recruitment of inappropriate staff.

We observed that medication was dispensed and administered to people in a safe, supportive and appropriate manner. One person told us, “I have a lot of medication. I do my own injections, whilst the staff give me all my tablets. We discussed and agreed this. I’m much happier as I don’t forget them and it keeps me safe.”

There was a clear audit trail of medicines received, dispensed and returned to the pharmacy. Related documents followed national guidance on record-keeping and the management team carried out regular audits to ensure processes were safe. We found evidence that identified issues were acted upon and addressed to reduce the potential of re-occurrence. Medication was securely stored and we noted all staff who administered medication had received training to underpin their skill and knowledge. This ensured medication processes were carried out using a safe and consistent approach.

Is the service effective?

Our findings

People and their representatives told us they felt their care was provided by experienced and well-trained staff. One person said, “The staff are great. They’re well trained and experienced. I understand most have level 2 or 3 NVQ Qualifications [National Vocational Qualification]. It gives me confidence that they know what they’re doing.”

Staff told us they were supported to access training to underpin their skill and knowledge. A staff member stated, “I’ve done my level 4 NVQ in health and social care.”

Training records we reviewed confirmed staff had received training in the MCA/DoLS, fire safety, first aid, health and safety, infection control and safeguarding. The registered manager told us, “We have a new staff member who we are supporting and encouraging her in her development. She has a named staff member to go to for support.” This showed the registered manager had ensured staff were properly supported in their roles.

Staff told us they received supervision and appraisal to support them to carry out their duties. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. We noted records of supervision meetings included observations of practice. This covered areas such as a review of their progress, understanding of practices and future goals and training needs.

Care records contained documented evidence of people’s consent to their care and support, including decision-specific consent. Records contained information about people’s preferences with regard to, for example, family contact, medication requirements and activities. One person told us, “I feel, as much as possible, that I’m in control of my life. The staff are helpful and suggest things, but they never take over and support me to make my decisions.”

Staff and the management team demonstrated a good understanding of people’s requirements and individual preferences. The registered manager told us, “We have two service users who want to move out in to the community. We’re trying to assist them in their unwise decisions by working at their pace. You can’t change people, you can

only help them to get to where they want to be.” A staff member added, “Some people are still in bed at lunchtime, they get up when they want to. We encourage service users to get up earlier, but it’s their choice and we respect this.”

Policies and procedures were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). CQC is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

There had been no applications made to deprive a person of their liberty in order to safeguard them. We did not observe people being restricted or deprived of their liberty during our inspection. Our discussions with staff demonstrated they had a good understanding of basic principles in relation to the MCA. A staff member told us, “The MCA is to protect a vulnerable person. It gives us guidelines about working within people’s best interests.” This showed people were supported to maintain their independence and make decisions about their care.

People were supported with their nutritional needs and were effectively monitored to prevent the risks of malnutrition. We found the kitchen clean and hygienic and people were offered a choice about what to eat. However, we received mixed comments about the standard of meals provided. One person told us, “The food isn’t always very good. This is one area they could improve on.” However, another person commented, “The food’s great. If I didn’t like what was on offer, the staff would make something else for me.” When we discussed this with the registered manager we were assured this would be reviewed.

A staff member told us, “We ask service users at resident meetings what they want to eat. We check on a daily basis if people want something different.” Training records we reviewed showed staff had received training in food hygiene to maintain their understanding of protecting people when they prepared their meals.

Where an individual’s health needs had changed, staff worked closely with other providers to ensure they received support to meet their ongoing needs. This included

Is the service effective?

smoking cessation services, dentists, social workers and GPs. Care files contained a record of professional visits,

including the reasons for this and any ongoing actions to manage people's health. One person told us, "If I was unwell, I am certain the staff would look after me properly and get a nurse or doctor if I needed them."

Is the service caring?

Our findings

People told us they felt staff were caring and respectful when they were supported. One person said, “It’s much better than where I was before because the staff are very caring and helpful.” Another person stated, “The staff are helping me to get better. They are always there when I need a chat.”

We observed staff consistently protected people’s privacy and dignity. For example, staff knocked on people’s doors and spoke with people in a supportive and respectful manner. A staff member told us, “Where we work, it is so important that staff are friendly, compassionate, level-headed and wanting to learn. Staff need to be able to interact well and communicate properly.” Care records and people’s personal details were securely stored. This meant service users’ privacy was protected because the registered manager had systems in place to ensure their confidentiality was maintained.

We reviewed two care records to check how people were involved in their care planning. We found records were comprehensive and contained details about people’s individual preferences. Care plans were personalised to the needs of the people they concerned. The registered manager told us, “We have been preparing for the new 2014 regulations for a while to ensure we are meeting them. It’s about supporting people in a person-centred way to be independent.”

Records identified individual requirements and contained in-depth information about how to best support people to meet their agreed goals. There was clear evidence that people had been involved in their care planning. All records were signed and dated by staff and the individual service user. One person told us, “I have a care plan and we regularly discuss my care needs.”

People additionally told us how important their independence was to them and that staff were instrumental in assisting them to maintain this. Staff and the management team worked closely with people and had a good understanding of assisting them to build upon their goals to become more self-reliant. The registered manager said, “We don’t want to set people up to fail. We help people to be independent and make their choices.”

We saw evidence in care records that service users were supported to maintain their important relationships with family and friends. One person told us, “The staff help me to keep in touch with my parents. This relationship is so important to me as they are getting older and can’t come and see me now. So I go out and see them. I love them very much.”

Where applicable, people were further supported to comment about the service they received and to have a say about their care and support. For example, information about advocacy services was made available to people should they require this. A staff member told us, “We have the contact details of advocacy on the foyer notice board for people if they need this.”

Is the service responsive?

Our findings

People told us they felt staff understood their needs and were helpful when they responded to their individual requests. One person told us, “The staff monitor me and check how I’m doing. It’s great to discuss how things are going and how I’m doing as it helps me to see I’m getting better.”

Care records we checked had been regularly reviewed. Records were detailed, organised and personalised to the individual’s needs. Documents had been signed and dated by staff and the service user they related to. This meant staff were kept informed about responding to people’s changing care requirements.

Our discussion with staff demonstrated they understood how best to meet people’s changing needs. They told us they discussed with people their required support and updated records whenever changes arose. A staff member told us, “We sit down with each resident every six months on a formal basis to review their care. We discuss what’s going well and what is not going so well. We then jointly review their care plan and see if anything needs to change.” This demonstrated that the registered manager protected people against inappropriate care because records had been updated to reflect their changing needs.

People were supported to engage with and access local community services. They stated they felt inclusive within the local and home communities. People who lived at the home stated they had ample opportunities to be fully

occupied and to participate in events and activities. One person told us, “There’s plenty to do. I go out every Tuesday to the cinema and I have lots of things to keep me occupied. I also look after the garden, like the weeding and lawn mowing.”

We found the complaints policy the registered manager had in place was current and had been made available to people who lived at the home. The registered manager had ensured people were enabled to comment about the service they received by making the complaints procedure available to them. This detailed what the various stages of a complaint were and how people could expect their concerns to be addressed. At the time of our inspection the service had not received any complaints.

We discussed the management of complaints with staff, who demonstrated a good understanding of the various processes. A staff member told us, “Our surveys check if people know how to make a complaint. The policy and procedure is also available on the notice board.” They added, “We’ve not had any complaints. If we did I would inform [the registered manager], get written statements and record this. For minor concerns it’s about sitting down and talking it through to de-escalate this.”

People told us they felt their concerns were listened to and managed appropriately. One person told us, “I don’t think anything needs to change, it’s a good home.” This person added, “I have no complaints, but if I did I would know who to go to.”

Is the service well-led?

Our findings

People told us they felt the home was well-led and that the registered manager had a visible presence about the service. One person told us, “The place is very well-managed, [the management team] makes sure things run smoothly.”

Staff told us they worked well as a team and that the registered manager was supportive and ran the home well. The registered manager and staff team worked closely together on a daily basis. This meant quality of care could be monitored as part of their day-to-day duties. Any performance issues could be addressed as they arose. One person told us, “[The registered manager] is great, he listens and visits very regularly. He cares about us.”

Team meetings were held every two to three months. The last meeting looked at, for example, wages, meals, care provision and activities. In addition, team meetings reviewed responses from questionnaires completed by service users as a way of improving upon the support individuals received. Furthermore, people were enabled to feedback about the care they received and any identified issues within the home through regular resident meetings. One person told us, “We meet as a group regularly, which has helped us to get a calm and peaceful atmosphere. We discuss with the staff any concerns we have and if anything could improve.”

Minutes from the last resident meeting looked at personal responsibility within the home, health and safety, meals and cleanliness. Staff told us resident and staff meetings

helped them to improve the quality of the service people received. For example, one staff member said, “Residents were saying they wanted brews whenever they liked at night, but we lock the kitchen at night. We had a meeting about this and agreed for everyone to have a kettle and supplies in their bedrooms, which we purchased.”

People told us they were further supported to comment about the service by being given regular satisfaction questionnaires to complete. We reviewed completed forms from the last survey, which were very complementary about the quality of the support people received. Comments seen included: “All staff are very fair”; “Happy and looking forward to future and ongoing visits from family”; “I live a very independent life”. A further survey response was, “I receive very good care and the best thing about me being in Pro-care is that there is always a member of staff to assist me.”

There was a range of internal quality audits in place. These ensured the service provided remained consistent. Quality checks included accidents and incidents, health and safety, fire safety and medication. We noted not all the audits were up-to-date, which we discussed with the registered manager, who assured us this would be addressed. The service’s gas and electrical safety certification were current.

People told us they felt involved in the day-to-day management of the home. One person told us, “They always ask us if things could be done better.” This meant the registered manager protected people against inappropriate care by checking their experiences of the service they received.