Alliance Care and Support Limited

Haven 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

Summary of findings

Overall summary

The inspection took place on 19 September 2016 and was unannounced.

Haven Lodge provides accommodation and personal care for up to seven people who have mental health needs. At the time of our inspection seven people were using the service.

The service had a registered manager in post. 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 and associate Regulations about how the service is run.

Management and staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions in some areas of the their care, treatment and support.

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred. People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

People's health needs were managed with input from relevant health care professionals, and there were systems in place to manage medicines so that people were supported to take their prescribed medicines safely.

People were treated with kindness and respect by staff that knew them well and were supported to maintain relationships with family and friends. Staff supported people to have sufficient food and drink.

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.

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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

There were sufficient numbers of staff on shift with the right skills and knowledge to keep people safe.

There were effective systems in place to manage medication safely and to ensure that people got their prescribed medication on time.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People had their support and care needs kept under review.

People's choices and preferences were taken into account by staff providing care and support.

Concerns and complaints were investigated and responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service was well-led because there was a positive, open and transparent culture where the needs of people were at the centre of the way the service was run.

The service was run by a competent manager who was a visible presence in the home.

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Haven 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 took place on 19 September and was unannounced. The inspection was carried out by one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager. A notification 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 three people who used the service. We spoke with the registered manager, trainee manager and two care staff. We also spoke with one relative on the phone.

We reviewed three people's care records, seven medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan. We also looked at the service's arrangements for the management of medications, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Good

Is the service safe?

Our findings

People were protected from bullying, harassment, avoidable harm and abuse. A relative told us that they were assured that their family member was protected and safe living at Haven Lodge and they knew this by how they expressed themselves through their mood and interactions with staff. It was evident from interactions observed and from verbal cues expressed that people felt safe and comfortable within their environment. We noted from a survey undertaken by the registered provider in August 2015 that everyone living at the service felt safe living in the service.

The providers safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm or abuse. Staff and the manager demonstrated their understanding of what to do if they had any concerns about the safety and welfare of people. They understood their responsibility to report concerns to the local safeguarding authority for investigation, and to CQC. This was evidenced by the records we held about the organisation. There was safeguarding information available for staff and others to refer to in the communal area of the home, which included the local authority safeguarding information team contact details. Staff were able to tell us about examples of poor or potentially harmful care which demonstrated their understanding of abuse and how it could be prevented. One member of staff told us, "We do yearly safeguarding training. If I thought someone was being abused I would tell [name of registered manager]. If I had to I would go to the provider or CQC."

Risk assessments provided information for staff on how to safely support people whilst promoting independence, for example, when going out into the community. They included guidance about how to respond safely and appropriately to incidents where people may present with distressed reactions to situations whilst out.

Accident and incidents were recorded, analysed and management action plans were put in place to keep people safe. The manager kept a log of all incidents and reviewed them. This enabled them to identify and monitor patterns and trends so that action was planned and implemented to reduce the likelihood of any reoccurrence.

We saw there were processes in place to manage risk in connection with the operation of the home. Regular fire safety checks were carried out to ensure that in the case of a fire the fire alarms would work efficiently.

We looked at how the service managed their staffing levels to ensure that sufficient numbers of suitable staff were maintained to meet people's needs and keep them safe. Staffing rotas showed the home had sufficient skilled staff to meet people's needs, as did our observations. For example, people received prompt support and staff appeared unhurried. Relatives confirmed that staffing levels were sufficient to support people's individually assessed needs for example, where one to one support was required for them to access the community or to support people when they attended medical appointments. The manager told us that they were on call in the case of an emergency.

Staff files demonstrated the provider operated a safe and effective recruitment process. The recruitment

records included a completed application form which detailed past employment history and qualifications, previous employer references, proof of identity and a criminal records check. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills required for the job role they had been employed to perform.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medications. Medication profiles provided staff with guidance as to people's medical conditions, medication's that had been prescribed and why. Staff had received training in medication administration and competency assessments had been carried out on a regular basis. Medication audits were carried out and regular temperatures were recorded of the cupboard where medication was stored to ensure they were kept at the right temperatures and did not spoil. When appropriate people self-medicated with staff just checking that they had taken their prescribed medication this gave people the independence to manage their own meds whilst the checks were in place to support the person to do this safely.

Good

Is the service effective?

Our findings

People told us that they were happy with the care and support they received. One person told us, "They do everything I want them to do help me when I need them to."

Staff told us, when they had started working at the service they had completed a thorough induction programme. This included learning information about each of the people who lived in the home, including any risks that had been identified and clear plans of how to work with the people to alleviate the risks. Staff had completed a range of training that enabled them to carry out their roles and responsibilities efficiently, for example safeguarding and medication training. The trainee manager told us that any new staff were expected to complete the Care Certificate. The Care Certificate is a training course which enables staff that are new to care to gain the knowledge and skills that will support them within their role. The trainee manager did not have access to the training matrix on the day of inspection. Staff spoken with said they received regular supervision where their development needs and training was discussed.

Staff had received training and were able to demonstrate their understanding of their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us that they were following best practice guidance about mental capacity and best interest decisions. Staff understood their responsibilities under the Mental Capacity Act and what this meant in ways that they cared for people. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager.

Staff knew how to support people to make decisions, and were clear about the procedures they must follow if an individual lacked the capacity to consent to their care and treatment. People's capacity to make decisions had been appropriately assessed and regularly reviewed. Staff asked people's consent before providing care and support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of adults using services by ensuring that if people are restricted in any way, these are assessed by professionals who are trained to assess whether the restriction is needed. The manager was in the process of making a Deprivation of Liberty Safeguard (DoLS) application for one person living at the home.

People were supported to express their preferences and this informed the planning of the menus. We were told that weekly meetings were held where people were able to express their wishes and preferences in planning the weekly menu. People told us, "The food is good and I can get myself snacks when I want, I choose what I want to eat at the weekly meeting". One person's support plan told staff the person liked to eat their meals in their room. People were not rushed to eat their meals and mealtimes were flexible

according to people's preferred times to eat.

People were weighed regularly and this was clearly documented. We saw that where there had been concerns the necessary referrals had been made to the relevant healthcare professionals. People were supported to maintain good health care and had access to health care services. Staff kept daily records so they could monitor changes in people's health. We saw people's healthcare needs were regularly, assessed, monitored and discussed with them at their keyworker meetings. People had access to a range of other health professionals. For example, psychiatric nursing staff, physiotherapists, chiropodist, dentist and GP's. The manager said that the service was well supported by the local surgery who had built up a relationship with the people living at the service.

Good

Is the service caring?

Our findings

Staff treated people with kindness and warmth, One person told us, "The staff are lovely, they treat me well." People were comfortable in the presence of staff. They approached staff with ease to ask them questions, and the staff responded appropriately. People told us the staff were kind and considerate. We observed interactions between staff and the people that lived in the home and there was laughter and humour which demonstrated that people had built up trusting and positive relationships with each other. Staff had worked with people who lived in the service for a number of years which enabled positive relationships to develop.

Relatives told us they thought the staff treated people with respect, dignity and kindness and as individuals. One relative told us, "[my relative] is happy there. It is a perfect place for them.

Staff we spoke to were able to demonstrate that they knew the needs and preferences of the people they cared for. People were able to make decisions about their care and were supported and encouraged to do this. They were encouraged to express their views and opinions as to how they wanted to live their lives. Regular meetings were held, in addition to care plan reviews and surveys, and there was also a suggestion box available for people to share their views.

The people made their own decisions about their lifestyle choices and what they wanted to do with their day. They were enabled to access the community without staff support, which showed how the provider encouraged people to maintain their independence.

We looked at three care plans and saw that these were comprehensive and clearly stated people's needs and preferences, likes and dislikes. People's choice as to how they lived their lives had been assessed and positive risk taking had been identified and documented. Where possible people had been encouraged and supported to sign their care plans to confirm they agreed with the contents. People had a named keyworker who was responsible for evaluating their care plan on a regular basis.

People told us they were supported by staff to maintain important relationships with friends and family. Relatives told us, "We can visit whenever we want to."

We observed people being shown dignity and respect; staff knocked on bedroom doors and did not enter until invited to.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs for care, treatment and support. Each person had a care plan which was personalised and reflected, in comprehensive detail, their personal choices and preferences regarding how they wished to live their daily lives. Care plans were regularly reviewed and updated to reflect people's changing needs.

Before moving into the service a pre-admission was undertaken to identify people's health, personal care and social support needs to ensure these could be met by the service. The trainee manager told us that for one of the people living in the home prior to moving into the service they had been in hospital and subject to restrictions under the Mental Health Act. They spoke about how the service had proved to be a successful placement for this person. Information from the pre-assessment process was used to inform and develop people's care plans.

People told us they were involved in their care plan and invited to attend any reviews. They felt fully involved.

People's individual needs had been assessed and these were reflected in their care plans with regards to their social relationships, hobbies and leisure interests. People told us about the different places they accessed out in the community. One person told us, "I go out every day, I go on my own I like going to McDonalds for a coffee and to church on a Sunday." On the day of the inspection four people were out accessing the community.

Other people we spoke with told us they liked to stay in and watch the sports on TV or spend time in their room. Staff confirmed that this person enjoyed their own company and was able to decide for themselves how they would like to spend their day.

We saw that a designated smoking area had been made available for people that wished to smoke. This promoted a culture which enabled them to make their own lifestyle choice and maintain their independence, without it affecting the other people who lived in the service.

The trainee manager told us that regular resident meetings were held and residents told us they had meetings to discuss the menu plans. However, there were no minutes of the meetings available on the day of the inspection as these were on computer that the trainee manager did not have access to.

People were actively encouraged to give their views and raise concerns or complaints. The trainee manager told us how they saw complaints as opportunities to work towards improving the service. People's feedback was valued, and this was demonstrated through the provider's complaints procedure, regular keyworker and group meetings as well as surveys that had been sent to people and their relatives. All of the surveys we looked at told us that people and their relatives and were satisfied with the service they and their relatives received and expressed confidence in the manager to deal with any concerns they might have.

Good

Is the service well-led?

Our findings

The trainee manager promoted an open and well led culture, they were a visible presence in the service and we observed interactions between the people and themselves. These were warm and friendly and it was evident from smiles and laughter that the people felt comfortable in the presence of the manager. The registered manager was in the process of training a senior staff member to take over the management of the home and apply to become the registered manager. Comments from staff included, "I have no doubt that the people that live in the home are [trainee manager's name] main focus, [manager's name] works very hard." "We are kept fully informed of any changes and know we can just ask if we have any problems."

There was effective communication between staff and the manager. Staff told us they were able to contribute to decision making, and were kept informed of people's changing needs through effective communication forums such as staff meetings, daily handover meetings, supervision and appraisal. Staff had opportunities to raise any issues or concerns through regular management support. One staff member told us, "There is always a good atmosphere here. We are well supported by the manager. The manager listens and acts on any concerns we might have." Another staff member told us, "We are like one big family I love looking after the residents and supporting them to do things that make them happy."

There were effective systems in place to monitor and check the quality and safety of the service. The manager conducted a variety of monthly audits including medication and care plan reviewing. This enabled them to maintain oversight of the service and quickly identify any areas where action was needed to drive change or improvements. They signed off all accidents and incident forms and analysed the data each month and put measures in place to alleviate reoccurrence where necessary.

They also carried out regular health and safety checks of the environment including fire safety checks.

People who used the service and their relatives were sent questionnaires and surveys to ask for their views regarding the quality of the service they had received.

People's care records and staff personnel records were stored securely in a locked cabinet, therefore people could be assured that any information about them was stored securely and kept confidential.

The trainee manager told us they were fully supported by the registered manager and provider who visited the service on a regular basis and responded immediately to any situations when requested.