

Independence Matters C.I.C.

Faro Lodge

Inspection report

Galyon Road
Kings Lynn
Norfolk
PE30 3YE

Tel: 01553679233

Website: www.independencematters.org.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Faro Lodge is a care home providing respite care for up to six people who have a learning disability. On the day of our inspection, two people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not always support this practice.

The provider supported many people who used the service for short stays, periodically throughout the year. Appropriate Deprivation of Liberty Safeguards (DoLs) were not always sought, to ensure people were not unlawfully restricted. Mental capacity assessments were not always detailed to show how a decision had been made about a person's capacity.

Care planning documents were not always sufficiently detailed. One person's care plan contained information from an old care provider. The service had not created their own detailed care plan for this person.

Risk assessments were not always in place. We saw one person's care plan describe risks of leaving the service without staff knowing, epilepsy, and risk to the person around personal relationships. No detailed risk assessments had been created to mitigate these risks.

Audits and quality monitoring within the service had not identified the lack of care planning, risk assessment, and DoLs applications.

Safe recruitment procedures ensured that appropriate pre-employment checks were carried out, and staffing support matched the level of assessed needs within the service during our inspection.

Medicines were stored and administered safely, staff were trained to support people effectively and were supervised well and felt confident in their roles. People were able to choose the food and drink they wanted, and staff encouraged healthy options. Cultural requirements with food and drink were understood and respected by staff.

Healthcare needs were met, and people had regular access to health and social care professionals as required.

Staff treated people with kindness, dignity and respect and spent time getting to know them. Care was personalised to each individual, and staff were passionate about supporting people to achieve independence where they could, and live full lives.

People and their family were involved in their own care planning as much as was possible. A complaints system was in place and was used effectively.

The management team was open and honest, and worked in partnership with outside agencies to improve people's support when required.

The service did not have a registered manager in place, but were recruiting for the role. Staff felt positive about their roles and were well supported by the wider management team.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 26 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Faro Lodge on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to regulation 11 (need for consent). This is because of continued failures to appropriately apply for deprivation of liberty safeguards.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Faro Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Faro Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission, but were recruiting for the role. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with two members of care staff, the team manager, and the operations manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Detailed risk assessments were not always in place to manage risks present within people's lives. For example, we saw one person's care plan documented they were at risk whilst out in the community, at risk of absconding, had epilepsy, and had risks around understanding how to form safe relationships with people. There were not any detailed and suitable risk assessments in place to document how staff should manage and mitigate these risks. Staff and management had good knowledge of the person and knew how to manage the risks present, but this had not been recorded properly. The team manager told us they would create formal assessments of these risks immediately.
- Another person using the service did not have sufficient detail within their care plan. Information from an old care provider was present within their file, but little else had been documented by the service who were currently providing them with care. The team manager told us that a care plan and risk assessments were currently being developed for the person. This meant that sufficient details about the person, including any risks, were not documented for staff to access.
- Other risk assessments we looked at contained sufficient information to document how staff should manage risk, and the staff we spoke with were confident in supporting the people they worked with.

Using medicines safely

- Medicine administration records (MAR) we looked at were mostly filled out correctly. One MAR we saw did not have the names of the medicines recorded, and just had 'Blister pack' written on it instead. We discussed this with the team manager who said the relevant information would be added to the MAR immediately.
- Other MAR we looked at were completed accurately, and medicines were stored securely, and administered by staff who were trained to do so.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the service were safe, and the systems and processes in place supported staff to keep people safe. The person we spoke with and a relative of a person using the service, both felt safe care was delivered and the environment was safe.
- Staff had good knowledge of the types of abuse people could be subjected to. They understood their responsibilities in keeping people safe. Staff had confidence the management team would deal with any concerns raised.

Staffing and recruitment

- There were enough staff to support people's needs. The service provided respite care, so the numbers of

people using the service regularly fluctuated. Enough staff were employed to safely support the people using the service.

- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. This included Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Preventing and controlling infection

- The service was clean, tidy and well maintained. Staff had access to personal protective equipment (PPE) and used it appropriately. Staff told us that they were trained in infection control and how to use PPE.

Learning lessons when things go wrong

- Records showed arrangements were in place to record any accidents and incidents. The management team had access to these records electronically, so they could analyse any trends and establish how and why they had occurred. Learning from incidents or events was shared with staff, so they could minimise risk.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At our last inspection, we found assessments had not been made to determine if formal DoLS applications needed to be made. Where someone lacked capacity to make their own decisions, mental capacity assessments had not been completed, although information was available in care records. At this inspection, we found this area of assessment and documentation had not improved. There were several people who regularly used the service, who the managers told us would not be able to leave unsupervised, or consent to all aspects of their care. The management team had not always created detailed capacity assessments or made DoLS applications to ensure that any restrictions that may be required to be placed on people, were lawful.
- The operations manager said changes in management were the reason the required improvement from our last inspection had not been made.

This continued failure constituted a breach of Regulation 11 (need for consent), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection, the management team started to make the assessments and applications required, for the Deprivation of Liberty Safeguards.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's protected characteristics under the Equality Act were considered and there were procedures in place to guide staff to provide appropriate care.
- People received an assessment of their needs before moving in to the service. People's history wishes and preferences had been identified so they could receive care and support the way they wanted.

Staff support: induction, training, skills and experience

- Staff received suitable training to equip them for their role, which included induction training when they first started employment. One staff member said, "It's good training, I'm never asked to do things I'm not trained for."
- Training included specialist courses to ensure people could be effectively supported, for example, the use of percutaneous endoscopic gastrostomy (PEG) feeding tubes. PEG tubes allow fluids and/or medications to be put directly into the stomach, for those who cannot intake food and fluid orally.
- Staff told us they felt well supervised by the management and could gain advice and support as and when required.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were well managed and the person we spoke with told us they enjoyed their meals. People were encouraged to be independent where possible and were involved in preparing food.
- People's nutritional and dietary needs were identified and supported by staff, who told us they encouraged healthy options for people. We observed staff interact with a person over their choice of lunch being a positive and healthy option.

Adapting service, design, decoration to meet people's needs

- Most people who used the service did so for a short period of time but were able to personalise their rooms with their own items as required.
- The service was ground level, with bedrooms, kitchens, bathrooms and communal areas all accessible for people to use. This included some garden space for use in good weather.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The staff had a good knowledge of people's medical conditions and support requirements. Appropriate support was sought from other healthcare professionals as required such as dieticians and speech and language therapy. There were examples of the service working closely with occupational therapists and doctors to support individuals to build their physical strength and independence, enabling them to move in to supported living environments which were right for them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care and felt well cared for. One person told us, "[Staff name] is very good, we have been out this morning." We spoke with a relative of a person who used the service who told us, "[Name] loves it there. Sometimes when we are in the car and take the corner near Faro, [name] gets excited because they think they are going there. It's a great place for [name], all the staff are excellent."
- Staff and management interacted with people in a warm and friendly manner. Staff told us they tried to make people feel comfortable and at home as much as possible.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in their own care and were supported to express their opinions and build independence wherever possible. One person told us about their future plans for independence, and how staff were helping them achieve it.
- A 'keyworker' system was in place, which meant staff took a lead role in a person's care, making sure they were happy with their care and were as involved as much as possible.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. The person we spoke with confirmed they felt respected by staff at all times.
- During our inspection, we observed staff interact with people in a respectful manner. Information about people was protected and kept securely, and the service complied with the data protection act.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff and managers fully understood people's individual needs, and delivered care which was personalised to them. Most people using the service did so for short periods of time, although sometimes people were supported for extended periods of time before finding permanent places to live elsewhere. Staff demonstrated they understood each individual's needs, which varied from building daily living skills for independence, to more relaxed short breaks from a home environment.
- There were several examples of staff supporting people through emergency placements, to build independence and improve their lives. For example, staff told us how one person was supported with daily living skills, and ended up with a voluntary cleaning job within the service, before moving on. Another person was supported to build their physical strength and confidence to enable them to successfully move in to a supported living setting.
- Staff were proud of the work they had achieved with people. One staff member said, "We are good at providing support to people that might not get taken on elsewhere, we work hard to get it right for them."
- People were supported to access various activities, including day service placements within the community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The managers were aware of the requirement to provide people with accessible information. We saw examples of pictorial formats, and people's preferred communication styles were documented in care plans, which included the use of facial expression and body language.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate a complaint and had resolved the concern.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits and quality checks were in place but were not always effective. Audits had not identified that appropriate DoLS applications had not been made, and detailed capacity assessments had not always been carried out. Audits did not identify risk assessments had not always been carried out, and care planning was not always detailed enough.
- Managers had failed to ensure assessments were made to determine if DoLS were required, to lawfully restrict people for their safety.
- Appropriate and timely action had not been taken as a result of our last inspection at this service, and some of the same areas still required improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home's culture was open and friendly and the staff all felt well supported by the management team. Staff acknowledged changes in management had occurred recently but felt well supported through this. One staff member said, "I get good support from management, I have not had any problems, their door is always open."
- The managers we spoke with were open and honest, and acknowledged that some systems and processes had not been effectively monitored since our last inspection. The managers both had an excellent knowledge of the people using the service had a clear passion to provide good care to people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their legal obligations including the conditions of their registration. Systems were in place for notifying the Care Quality Commission of serious incidents involving people using the service.
- Staff and the management maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning were shared with staff to reduce the likelihood of recurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was gained from people via 'Tell us what you think' questionnaires. We saw the results from these surveys was largely positive.

- The managers supported staff through regular meetings and supervisions. Staff confirmed the service had an open and honest atmosphere, and they were listened to by management.

Working in partnership with others

- The home had links with organisations in the community to support them in meeting people's needs including day service activity centres for people to attend, and other health and social care professionals involved in their support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The service continued to fail to appropriately apply for Deprivation of Liberty Safeguards for people using the service, and capacity assessments were not always detailed enough.