

## Wycar Leys (Burton) Limited

# River 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

River Lodge is registered to provide residential care for up to eight people. It supports people who have a learning disability and have limited verbal communication. We inspected the home on 5 November 2015. The inspection was unannounced. There were seven people living in the home at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with 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.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect them. At the time of the inspection the manager had submitted DoLS applications for everyone living at the home as required.

# Summary of findings

People felt safe and were cared for by staff in way that met their needs and maintained their dignity and respect. Staff understood how to identify, report and manage any concerns related to people's safety and welfare.

The provider had developed relationships with local healthcare services which meant people received the specialist support required. Medicines were safely stored and managed.

Food and drink were provided to a good standard and people had variety and choice.

People and their relatives were involved in planning the care and support provided by the service. Staff listened to people and understood and respected their needs. Staff reflected people's wishes and preferences in the way they delivered care. They understood the issues involved in supporting people who had lost capacity to make some decisions.

People were encouraged and supported to engage in activities and events that gave them an opportunity to socialise. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health or when their needs changed.

Relatives told us they could voice their views and opinions to the manager and staff. The manager listened to what people had to say and took action to resolve any issues. The manager reviewed untoward incidents and concerns to look for opportunities to improve policies and practices for the future. There were systems in place for handling and resolving complaints.

Recruitment practices ensured that the staff employed were suitable to work with people. Staff received training and support to deliver a good quality of care to people and a training programme was in place to address identified training needs.

There was a friendly, homely atmosphere and staff supported people in a kind and caring way that took account of their individual needs and preferences. The staff and management team shared common values about the purpose of the service. People were supported and encouraged to live as independently as possible, according to their needs and abilities.

The manager demonstrated an open management style and provided leadership to the staff team.

# 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 were protected from the risk of abuse because staff understood their responsibilities. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The manager checked staff's suitability for their role before they started working at the home. Medicines were stored, administered and managed safely.

Good



### Is the service effective?

The service was effective.

People were cared for and supported by staff who had relevant training and skills. Staff understood their responsibilities in relation to consent and supporting people to make decisions. The manager understood their legal obligations under the Deprivation of Liberty Safeguards. People's cultural, nutritional and specialist dietary needs were taken into account in menu planning and choices. People were referred to other healthcare services when their health needs changed.

Good



### Is the service caring?

The service was caring.

Staff were kind and compassionate towards people. Staff knew people well and respected their privacy and dignity. Staff promoted people's independence, by encouraging them to make their own decisions.

Good



### Is the service responsive?

The service was responsive.

Staff listened to people and were responsive to their needs. They had a good understanding of people's needs, choices and preferences, and the knowledge to meet people's individual needs as they changed. Relatives knew how to complain and were comfortable to raise any concerns about the service people received.

Good



### Is the service well-led?

The service was well led.

Staff received support and felt well informed. People and relatives were encouraged to give their feedback about the service. The manager and the provider played an active role in quality assurance and ensured the service continuously developed and improved.

Good



# River Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited River Lodge on 5 November 2015. The inspection team consisted of one inspector, the inspection was unannounced. At the last inspection on 30 December 2013 the service met the requirements we looked at.

None of the people who used the service were able to communicate verbally with us. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We spoke with five relatives, one who visited at

the time of our inspection, the manager of the home and four members of the care staff team. We also contacted two local community health professionals who had regular contact with the service.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We looked at a range of documents and written records including two people's care records, two staff recruitment files, risk assessments and medication charts. We also looked at equipment and some building maintenance records. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

We reviewed other information that we held such as notifications which are events which happened in the service that the provider is required to tell us about.

# Is the service safe?

## Our findings

Relatives we spoke with were confident their family members were safe, one person said, “[Person using the service] is safe, I trust the staff.” Another relative told us, “I have no concerns about safety.”

The provider followed safe recruitment and selection processes to make sure staff were safe and suitable to work with people. One member of staff told us, “I could not start here until all the checks had been completed.” We looked at the files for two of the most recently employed staff. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory disclosure and barring service clearance (DBS), and evidence of the applicants’ identity.

There were enough staff to meet people’s needs and provide personalised care and support with activities. Staff were always present when people spent time in the communal areas and people who were spending time in their rooms were suitably supported. We saw that the staff responded quickly so that people did not have to wait for support or assistance. For example one person requested a snack and this was provided straight away. Staff told us there was enough staff on duty to meet people’s needs and support them with their activities. There was flexibility in rotas to allow for additional staff to provide support for activities, outings or holidays.

Staff we spoke with were able to tell us about the risks associated with certain situations and people. We spoke with a number of staff who gave us consistent answers demonstrating they knew people well. One staff member said, “We always put the person first but make sure the risk assessments are clear and up to date. We make sure they are progressive though, so there is positive risk taking for people. It’s really important to maximise their independence.” We saw a range of risk assessments with action plans which provided this guidance for staff.

We saw records to demonstrate the manager monitored and analysed accidents and incidents and reported these to the provider for further analysis. For example equipment had been provided to support a person to ensure their safety was maximised. This showed that learning was

identified and adjustments were made to minimise the risk of the accidents or incidents occurring again. We saw the staff team had ensured other professionals were involved in relation to this. A healthcare professional told us the home involved them as necessary to ensure people who used the service were suitably supported and kept safe.

Policies were in place in relation to safeguarding and whistleblowing procedures. There was a copy of the local authority safeguarding procedures in the office which was accessible to all staff. One member of staff said, “We are made aware of the whistleblowing policy, we are reminded of it regularly.” Another staff member said, “We know what to do if needed, we understand about keeping people safe and have a flow chart to guide us.” Records showed and staff confirmed they had received training in safeguarding adults as part of their training and this was regularly updated. Staff were knowledgeable and able to describe the various kinds of abuse. They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were protected.

Records showed that checks were carried out on equipment and electrical items to ensure they were safe and in good working order. Each person had a personal emergency evacuation plan. These included important information about the care and support each person required in the event they needed to evacuate the premises.

We saw medicines were stored securely and at safe temperatures. Procedures for administering medicines included having two members of staff involved. One to dispense and one to check the correct medicine and dosage was administered. Staff who handled medicines were trained to do so safely. We saw medicines were given to people in a patient, timely and safe manner. Support was received from the local pharmacist who dispensed people’s medicines into a monitored dosage system. Records showed that a full audit of medicines, including people’s medication administration records (MAR), were audited every day. Information about the management of medicines was accessible and guidance was available which described safe dosages and how to recognise any adverse side effects.

# Is the service effective?

## Our findings

Observations and relative's comments demonstrated that people's needs were effectively managed and the staff provided the support people needed. A relative told us, "They provide great support." Another relative said, "The setup is ideal I have seen a marked improvement since [person who used the service] has lived here. It gives me peace of mind."

New members of staff received induction training and shadowed existing members of staff before they started work as a full member of the team. One staff member told us, "The induction was very good I wasn't expected to do anything without being absolutely sure." The manager was aware of the new national Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff followed a programme of training so their skills were updated and they worked in accordance with good practice. The manager explained, "Training is tailored to what service is being delivered and the people it is delivered to." One member of staff told us, "My role has changed and I will receive additional training so I understand my new role better." Another told us, "If I felt I didn't have the right knowledge and skills, I would speak to my colleagues for advice and ask my manager for more training." The staff confirmed their practice was observed to ensure they used their knowledge effectively.

As part of our inspection we joined the staff handover meeting. The staff present demonstrated a good level of knowledge about the healthcare needs of the people who used the service and were proactive in ensuring any issues were followed up promptly. For example, a member of staff explained that they had been worried about one person and had sought advice from the GP; we could see this was clearly recorded and any follow up action had been completed. We spoke with a number of other staff about this event and they all offered a consistent response demonstrating that information was shared and understood.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. Care workers told us they knew if a person lacked capacity in certain areas of their life, as this was documented in the initial assessment. Where there were concerns about people's capacity, they were referred to the social work team for an assessment. One staff member told us, "You must always think that the person can make their own decisions."

Staff had been trained and showed an understanding of, the MCA and the associated DoLS. One staff member told us, "I always treat someone as if they have capacity." Another member of staff told us that even if someone had lost capacity to make certain decisions, "Most people still have the ability to choose what to wear, what to eat or what time to go to bed." the manager had sought a DoLS authorisation for everyone living in the home to ensure that their rights were protected and they could continue to receive the care and support they needed in the least restrictive way. We also saw that, where people did not have capacity to make significant decisions for themselves, the manager had organised a meeting with relatives and relevant professionals to discuss and agree what was in the person's best interests.

The staff were supported using a system of meetings and yearly appraisals. They told us there were regular meetings with their manager who provided an opportunity to discuss their personal development and training requirements. One member of staff said, "I have supervision and we have team meetings and we can talk about whatever is needed."

People who used the service were reliant on the staff preparing their food and drinks. We saw they prompted and encouraged people to undertake as much of their own meal preparation as possible. Most people had a different meal at lunchtime, at different times and in various areas of the home. We saw where needed food and drinks were monitored and referred to. This ensured records were available to prompt the staff and offered a summary of the food and fluid taken.

The staff team worked well with health and social care professionals to support people. This included regular engagement with occupational therapists and social

## Is the service effective?

workers to ensure people had the right support and equipment in place to make life easier and safer for them.

One relative told us, “[Person using the service] is so much calmer, there’s no restraining now. In a previous placement we were also getting calls about how the staff had had to use restraint.”

## Is the service caring?

### Our findings

The staff cared and supported people with the use of signs, images, sensory equipment and social media to reassure and support them. All the relatives we spoke with told us they were welcome to visit at any time. One person said, “I come unannounced.” Another person said, “I come when I wish, I love the locks on the door [person using the service] can open it from the inside, it is so pleasing to see they can retain privacy and dignity.”

We saw the staff knocked on the doors to private areas before entering and were discreet and sensitive when supporting people with their care needs. One staff member told us, “We use the moving and handling equipment ourselves so we know what it feels like for people. It makes you more aware.” We saw where one to one support was required this was done in a respectful way ensuring the person who used the service was able to move freely without feeling ‘watched.’

We saw staff spent time with people individually and encouraged them to spend time in the way they wanted to. We saw and relatives told us people went shopping, out for coffee and for walks around familiar areas of the town and to the cinema with staff. A member of staff told us, “It’s about how the person likes things. It’s about quality of life and enjoying things. We need to support people to be independent.” Another member of staff told us, “I have one to one time with people when they get up. We talk about what we will do.”

The manager told us and records showed that they made use of advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The manager told us it was particularly important to use an independent advocate when there were no family members available to support someone, for example, in a ‘best interests’ decision meeting.



## Is the service responsive?

### Our findings

We saw that people were supported to be independent and involved in all areas of daily living and to be socially included. A staff member said, “[Person who used the service] is now going out into town which they could not do when they first came here.” Staff developed an activity planner with each person which helped them to pursue their personal interests. We saw that people were supported to access a range of activities, such as shopping, cooking and visiting family. Some people were attending college courses. They were also supported to plan for special occasions such as festivals and holidays. Staff ensured that people were in regular contact with their family where possible and supported this through telephone contacts and visits.

The staff told us that communication between them and the manager was good and they were able to respond to people’s changing needs promptly. They felt they had the necessary knowledge to meet people’s individual needs as they changed because these were regularly discussed. When we spoke with different staff they all offered the same information and action to be taken on how to support people demonstrating this was an accurate account. The staff told us they had time to read plans of care and records. One member of staff said, “We always keep the

records up to date but add new ones, for example we have adapted a sleep plan for one person. I think the plan has helped because everyone has had involvement so we can fully support [person using the service.]” Another member of staff said, “When you have days off you are fully briefed, everything is alerted and notified.”

We saw the care records were personalised to each individual and also showed people’s needs were reviewed. The plans ensured staff had all the guidance and information they needed to enable them to provide individualised care and support. People and their family members where consent had been sought were consulted and involved in assessments and reviews. One relative told us, “The communication is good, we are kept in the loop.”

Relatives told us they knew how to raise issues or make a complaint. They also told us they felt confident that any issues raised would be listened to and addressed. One person told us about an incident where they were unhappy. They told us they had raised it with the manager and it had been responded to. Another person told us, “I don’t feel I need to complain, but I do call the manager if things need ironing out. This works pretty well.” The manager maintained a copy of complaints and any action that had resulted from the investigation. This meant areas of concern could be reviewed to drive improvement.

# Is the service well-led?

## Our findings

Relatives we spoke with were happy with the quality of the service. One relative told us, "It is a very good home, it does its purpose." And "I think it is spot on." The manager notified us of incidents and important events, in accordance with their statutory obligations, and demonstrated the skills of good leadership. A member of care staff told us they thought the service was well led because the manager was approachable and proactive. One member of staff told us, "The support here is excellent." Staff told us they had opportunities to discuss their practice and share ideas outside of their daily routine at regular team meetings. Staff said, "We talk about changes in people's needs, training, everything really."

Care records and risk assessments were regularly reviewed and updated. This meant the manager could regularly check that the number of staff on duty were enough to support people according to their needs and abilities. The staff told us they had time to fulfil their responsibilities. For example, when medicines were delivered, the team leader had the time to check the delivery was complete and accurate. This meant the provider ensured there were sufficient resources to maintain the quality of the service.

The manager analysed accidents, incidents and falls to identify any patterns. For one person who was at risk with no identifiable trigger, the staff had consulted with their GP to check whether any preventative action could be taken. The manager followed the provider's monthly audit schedule to check that people received the care they needed.

Feedback from staff, people who used the service and their relatives was collated annually. The

manager had an understanding of satisfaction levels and was in the process of ensuring the analysis was fed back to people and their significant others. We saw they had analysed the outcomes from the previous year.

Staff told us they were clear about their roles and responsibilities. There was a senior member of staff available on every shift to support staff. Team leaders had meetings and there were also staff meetings every month. They told us this was an opportunity to raise any concerns and resolve issues or concerns.

Staff were aware of reporting procedures and ensured any incidents or accidents were recorded. We saw that incidents were managed, analysed and actions were taken to reduce the risk of recurrence. For example, the purchase of equipment to keep people safe.

The provider had other locations and the managers from these services had regular meetings to discuss how to improve the quality of each location and the whole organisation. The managers also undertook audits of each other's services on a quarterly basis. This meant that the service received a semi independent review of the quality of the service provided with recommendations for improvement. The manager explained how care planning had been altered as a response to these audits which helped to drive improvement.