

# TKSD Care Homes & Training Ltd

## Steven 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

We inspected this home on 15 December 2015. This was an unannounced inspection.

Steven Lodge is registered to provide accommodation and personal care for two people who need 24 hour care who prefer to live in a small home. The people who use the service needed support to undertake life skills and be safe in the community. At the time of our inspection, the people who lived in the home appeared fairly independent; however gentle prompting had been necessary to complete everyday tasks.

There was a registered manager at the home who was also the provider. A registered manager is a person who has registered with the Care Quality Commission 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.

# Summary of findings

The people who used this service were protected against the risk of abuse; they felt safe and staff recognised the signs of abuse or neglect and what to look out for. They understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting the people's needs. There were risk assessments related to the people's day to day care and details of how these risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to the people.

There were sufficient numbers of suitable staff to meet the people's needs and promote their independence and safety. Staff had been provided with relevant training and they attended regular supervision. Staff were aware of their roles and responsibilities and the lines of accountability within the home.

The registered manager promoted a safe recruitment practice, which ensured staff were suitable for their job role. Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs.

We spoke to the people about their experiences of living at the home. It was apparent staff had developed very positive relationship with both people who used the service.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

The systems for the management of medicines were followed by staff and we found that the people received their medicines safely. They also had good access to health and social care professionals when required.

People had been involved in assessment and care planning processes. Their support needs, likes and lifestyle preferences had been carefully considered and were reflected within the care and support plans available.

People were always motivated, encouraged and supported to be actively engaged in activities inside and outside of the home. For example, the people went out to their local community most days of the week for activities, including visiting the local church for services and activities.

A health action plan was in place and the people had their physical and mental health needs regularly monitored. Regular reviews were held and the people was supported to attend appointments with various health and social care professionals, to ensure they received treatment and support as required.

Feedback was sought from the family and the people and used to improve the care. The people knew how to make a complaint and a copy of the 'how to complain' was available in the home. No complaints had been received but it was evident that there was a very inclusive relationship with the people's family.

The registered manager regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the commission.

# 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.

Good



The provider had taken necessary steps to protect people from abuse. Risks to the people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

### Is the service effective?

The service was effective.

Good



Staff had the knowledge and skills required to meet the people's needs and promote people's health and wellbeing.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to have enough to eat and drink.

People were supported to maintain good health and had access to healthcare professionals and services.

### Is the service caring?

The service was caring.

Good



People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between the people and staff.

People were treated with respect and helped to maintain their independence. People actively made decisions about their care.

### Is the service responsive?

The service was responsive.

Good



The people's needs were assessed and care plans were produced identifying how support needed to be provided. These plans were tailored to the individual requirement and reviewed on a regular basis.

The people were involved in a wide range of everyday activities and were supported to live an independent life as possible. The people was encouraged and supported to maintain/develop the skills needed to live independently.

# Summary of findings

The provider had a complaints procedure and the people told us they felt able to complain if they needed to.

## **Is the service well-led?**

The service was well led.

The home had an open and approachable registered manager. Staff were supported to work in a transparent and supportive culture.

There were effective systems in place to monitor and improve the quality of the service provided.

The registered manager had systems in place to ask the people's opinions of the care they received. They also asked the view of the family and health professionals involved with the home.

**Good**



# Steven 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 checked 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.

We undertook an unannounced inspection on the 15 December 2015, the inspection team consisted of one inspector.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We looked at documentations such as people's care and support files, health notes, risk assessments and daily care records. We also looked at two care plan files, a sample of audits, satisfaction survey, staff rota, and policies and procedures

During our inspection, we spoke with a relative on the phone and with the people about their care and support to help us to understand the experiences that people had. We also spoke with two care workers and the registered manager/provider. We also looked around the environment and the outside spaces available to people.

At the previous inspection on 9 June 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “the staff do look after us, and are always here if we need them, I do feel safe here”. The family member we spoke with told us that they were very happy with the home and did feel staff kept their relative safe. They also said that they knew if there were any problems staff would let them know straight away.

The staff told us that they had received safeguarding training in the last year and the certificates we saw in the training files confirmed this. The staff we spoke with was aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions should they occur. They said they were confident the registered manager would respond appropriately to any concerns.

The staff member understood what was meant by whistle blowing, and said they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that had been reviewed. These policies clearly detailed the information and action staff should take to protect the people in their care.

The people were protected from avoidable harm. Staff had a good understanding of the people’s individual support needs and behaviour patterns. Records provided staff with detailed information about the people’s needs. Through talking with staff and the registered manager, we found they knew the people well, and had identified risks relating to the people’s care needs. The people were being supported in accordance with their risk management plans. For example, staff understood the routines that the people had chosen to follow and staff respected this. The staff member told us “If we did not respect the people’s wishes they would then become anxious and may exhibit behaviours challenge”. There were plans in place to help the staff keep the people safe, particularly when out in the community. We found that staff understood and followed these plans.

We looked at the people’s care records and saw that staff had assessed the risks to the people’s safety. Records of these assessments had been regularly reviewed. The care/ risk assessments were personalised to the individual and covered areas such as finance, independence, preferred

routines and health issues. This ensured staff had all the guidance they needed to provide support and keep people safe. Staff discussed the risk assessments with us and outlined how and why measures were in place. For example one person needed to be reminded about road safety and not wondering off while out shopping if the people they were with stopped to look at something. Staff therefore had an understanding of the risks and were able to minimise these when they were out of the home together.

Staffing of this home was consistent and the people living there know all the staff that cared for them. There was adequate staff in the organisation to cover any sickness and annual leave when required. We found the staff had the necessary experience and training to meet the needs of the people they cared for. We looked at records such as the rotas and staff training files these confirmed training had been made available to meet the specific needs of the people they were caring for. Handover time was built in to the rota so that staff could pass on important information relevant to the peoples care and wellbeing.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as adults at risk would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files that we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them. The provider had a disciplinary procedure and other policies relating to staff employment, these had been reviewed annually. Staff had access to these and staff were supported to keep people safe.

There was a plan staff would use in the event of an emergency. This included an out of hours’ policy and arrangements for people which was clearly displayed in care folders. Staff were aware of what to do if an emergency evacuation was needed, however the PEEP (Personal Emergency Evacuation plan) had not been fully documented and needed to be reviewed. This was completed during our visit. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We asked one staff

## Is the service safe?

member what they would do if the fire alarms went off, they described how they would call for help and evacuate the people who lived in the home to an agreed place to keep them safe.

We saw that all the necessary checks had been undertaken to make sure the environment remained a safe place to

live. For example, PAT (Portable appliance testing), there were in date certificates for the electrical installation, gas and the fire system was checked regularly by the staff at the home and outside contractors. This showed the registered manager maintained a safe environment for the people who lived there and the staff.

# Is the service effective?

## Our findings

People told us the staff looked after them well and said “Yea they have training but I don’t know what that’s about, I just know they know what they are doing”. We asked them if staff always asked them what they wanted to do each day, they told us “Yes, they always ask me what I want to do, sometimes they may tell me we need to get some shopping, guess we both choose but I am happy with that”.

Staff told us that they always get the people’s consent and that they were fully involved in all aspects of planning their day and care. Staff had a good understanding of the people’s likes and dislikes and the things that could upset the individual so these were avoided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The manager was following the process for making DoLS applications, in light of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Any application or consideration of DoLS starts with the assessment of their ability to make decisions. It is not until they are considered not to be able to make the decision that a DoLS is considered. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use this in practice. People’s consent to all aspects of their care and treatment was discussed with them and with their family as appropriate.

People were supported to have enough to eat and drink. Staff explained that each person had their favourite foods and chose what they wanted to eat. Often in the evening they take turns choosing what they wanted to eat. We spoke to people about this and they agreed to do it this way as both liked the meals and both said they were happy to eat anything. One person said, “it not a problem, I would say if I really did not want something and the staff would help me choose something else”. They also said “staff cook the meals unless we eat out, I sometimes help with the preparation”.

From our discussions we found that staff were aware of their roles and responsibilities and had the skills,

knowledge and experience to support the people they cared for. Staff were required to undertake training to carry out their roles safely by the provider. This included refresher training on subjects such as safeguarding adults and first aid. Staff also undertook training on fire, health and safety, nutrition, infection control and medicines administration. We viewed the staff training records and the registered manager ensured staff training remained up to date. Staff had received an induction when they first started work if they had not already achieved this in their prior employment. All new staff had to work alongside experienced staff.

Staff we spoke with during the inspection told us they received regular supervision and found the registered manager to be extremely supportive. The registered manager told us that they completed monthly supervision with all staff. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and annual appraisals had taken place and demonstrated the staff were supported in their roles.

Staff worked with health professionals who supported the people who lived at the home. Staff also supported the people to attend appointments and make sure their other physical health needs were met. The people could see a GP when they wanted or needed to. There was a health action plan in place which was written in a way that the people could understand. This plan provided advice and health awareness information which may support the people’s health and wellbeing. This was reviewed at least six monthly or when there had been a significant change.

We saw records to confirm that staff encouraged the people to have regular health checks and where appropriate staff accompanied the people to appointments. They had attended appointments to professionals such as hospital consultants, their GP and dentist. When health concerns arose staff made contact with relevant healthcare professionals. The staff also made other checks by weighing the people each month to make sure their weight remained stable. In this way the staff at the home monitored the people’s health in order to keep them as well as possible.

# Is the service caring?

## Our findings

One person told us that staff were good to them and both agreed that they treated them with respect. For example one person said, “The staff look after me, they are always there when I need them. They always ask me what I want to do, if I want to go out, and stuff like that”. They told us that they made their own choices and decisions, which were respected by staff. The people we spoke with said they were happy with the help they received at the home. One person said “I like it here the staff are very kind, I get to do what I want to do most of the time”. The people told us staff were always there.

The people’s relatives said they were encouraged to visit and made welcome. We spoke to the people’s relatives about the home and they said, “I am so glad they are there, we can see the improvement in them, they seem happy and I know they are well looked after”.

We saw that the people were being encouraged to be more independent and to have as much choice over their day to day life as possible. Staff told us that they encourage them to be involved in making the decision about what they did and when. However staff told us that the two people living at the home for example liked spending time with each other and they don’t always make individual choices but go along with what the other person says they want to do, or what they want to eat. The staff make sure when this is the case that the other person chooses first the next time.

The people were supported and encouraged to maintain and improve their independent living skills, such as preparing their own breakfast and choosing what they wanted for lunch. The evening meal was always made with the people living in the home. They were encouraged to do things for themselves for example they made their beds and help with a lot of the cleaning around the home.

The people said that staff do support them to do things, one person said the staff do treat me with respect, I also have my privacy in my room staff don’t just walk in when I am getting dressed and things”. We heard a staff member talking to people with dignity and respect. It was apparent that the staff member was attentive and interacted well with them.

The environment was a normal well maintained house, with just two rooms for the use of staff, a study and the smallest bedroom for the sleep in staff. The people had personalised their bed rooms the way they wanted them to be. One family member said that they had been able to buy with them some new bed covers and things for his room after it had been re-decorated. The staff member we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this could be achieved whilst caring for the people. Staff knew how to respect the people’s confidentiality. All confidential information was kept secure in the office.

Staff knew the people they were supporting very well. They had good insight into the people’s interests and preferences and supported them to pursue these. For example, the people liked to watch football and staff assisted them to watch the games when they were on the television. One person I like a routine in the morning which they said staff respected. This showed that staff supported the people based on their choices and preferences.

The registered manager and staff showed genuine concern for the people’s wellbeing. It was evident from discussion that all staff knew the people very well. We heard staff and the people engaged in general conversation and they were having a laugh together. From our discussions with the people we found that there was a very relaxed atmosphere and staff were caring and maintained a professional relationship.

People were involved in regular review of their needs and decisions about their care and support. This was clearly demonstrated within the people’s care records and support planning documents that were signed by them. The support plans showed that people realised and showed their preferences and these had been taken into account.

The registered manager told us that advocacy was available for the people. We saw there was information about an advocacy service that the people could contact if they wished. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

# Is the service responsive?

## Our findings

People told us that the staff knew exactly how to support them and that staff supported them if they became unwell. They said the staff help them but that they do as much as they can themselves.

Care records contained a record of people's assessments, care preferences and health needs. Staff understood the people's needs and people confirmed that they received their care in accordance with their preferences and staff escorted them to health care appointments. For example, the people told us that staff supported them to go out for example to the shops or church. One person said "I get very forgetful so I need someone to remind me and the staff do that. They also take me to the doctors when I am not well or to the hospital when I have to go. We saw that the people's care records were updated to reflect any changes in their needs. This ensured that staff had access to up to date information. For example, we saw that the plan had been updated when there had been changes in the people's medication.

There was a procedure in place that made sure any new person being admitted to the home would have their needs met. They would be fully assessed and visit and spend time at the home before their admission would be accepted and then at first only on a four week trial. The provider knew the assessment was crucial to make sure the staff could meet the persons needs before they were admitted. Also with other people living in the home it was also important that they got on well with the other people living there.

People's care plans were reviewed monthly and a full assessment undertaken at least yearly. Each year the provider wrote a report about any issues and progress the person had made. This was prior to a multi-agency review each year.

The people told us that staff encouraged them to pursue their interests and participate in activities that were important to them. One person told us "We like to choose what we are going to eat and then we go shopping to get the things we need". Staff confirmed this, and said that there were a couple days a week where they go somewhere to every week such as church but the rest of the time they go where they want and do what they want. However they did not have an activity rota, as the people decided each day what they wanted to do. We saw this had been recorded in the daily record. One person told us "I don't know what I want to do, and neither does my friend here and then the staff make suggestions, we always find something to do.

We saw that there was a copy of the complaint procedure in the statement of purpose. We asked the people what they would do if they were not happy with any of the staff at the home, one person said "I would talk to Daniel (the registered manager) but we get on with all the staff. We never have had a problem". The complaints procedure clearly informed people how and who to make a complaint to. Giving timescales for action. One family told us, "They let us know when they are not well or if there are issues, if we were not happy we would speak with the registered manager first. They said they would give the manager a chance to sort it out. They said "We have never really had any issues with the care they provided". We saw there had been no complaints made in the last 12 months.

The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of the complaints procedure.

# Is the service well-led?

## Our findings

The people and their families were complimentary about the home. They told us that they thought the home was well run and they were happy there. The people's family we spoke with found that staff listened to their views and were receptive to their suggestions when there had been issues with people. The people who use the service were happy, one person said "the staff, ask us about things to do with the home, Daniel is often around and we talk to him a lot".

The home had a clear management structure in place led by the provider/registered manager. Staff spoken with understood the aims of the home. The manager encouraged a culture of openness and transparency as stated in their statement of purpose. Their values included an open door policy where people could access the manager at any time to discuss any issues. Both staff spoken with said they had a good relationship with the manager, one staff member said I never worry about asking the registered manager about anything, he is so supportive and never minds us asking if we are not sure. This showed that people felt comfortable around the registered manager and the home.

The registered manager and staff worked well with other agencies and services to make sure the people received their care in a joined up way. We saw that each year the manager sends a report about the people they care for prior to a multiagency meeting. This is detailed and covered any issues that have arisen and how that has been resolved. It also documents the improvements they have seen during that year. This enabled the professionals who would be involved in the multi-agency meeting to have an overview of the past year before they met. It also gave them the opportunity to check understanding and ask for further information before the meeting date.

Monthly meetings were held with staff. At these meeting staff were actively encouraged to look at what could be done better. Also we saw that surveys had completed by the people who used the service and the family annually. These were the manager's way of asking for people's views about the service. Where there were suggestions they were acted upon. For example the registered manager told us it was suggested the same staff should provide the support to each home. This has happened and now the people have a consistency of staff looking after them. One person we spoke to said that he knew all the staff well that work in

his home, and he was happy having the same people. Staff said that when a staff member could only be covered with someone else from another home they made sure they were introduced first and often they would shadow a member of staff before they covered the shift.

The registered manager said "I talk to the people living here most days and their family when they visit. I ask if they are happy and would they like anything done differently, this is informal but I would document anything they were not happy about and take action". The family said that they have a good relationship with the manager and that he always asked if we are happy about everything.

The registered manager understood the need for good quality assurance and used regular audits to make sure the home provided a high quality of care and support. We found that the registered manager had effective systems in place for monitoring the home. They completed daily, weekly and monthly audits of all aspects of the service, such as medication, cleaning and fridge temperatures. They used these audits to review the home and evidence that high standards were being maintained. For example, each day there are areas of the home that are cleaned, staff signed to confirm this has been done. The fridge and cupboards were checked each week to make sure that any out of date food is removed. The registered manager/provider does spot checks and if their findings showed jobs had not taken place such as cleaning the bathroom then the staff were held to account. Staff confirmed that the registered manager does spot checks every week to make sure staff had undertaken the tasks they were responsible for. This showed that the registered manager acted on the findings which ensured the people was kept safe through regular monitoring.

There were systems in place to manage and report accidents and incidents. Accident records were kept and signed off by the registered manager who looked for trends. This enabled staff to minimise or prevent similar accidents/incidents in future. Staff spoken with told us that they were aware of the audits and they made sure that all relevant documents were completed fully.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the manager. The staffing and management structure ensured that staff knew who they were accountable to.

## Is the service well-led?

The registered manager was aware of when notifications about incidents had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Very few notifications had been sent in for this home but that is understandable because of

the size of the home. We use this information to monitor services and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.