Affinity Trust

Tilehurst 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

We conducted and unannounced inspection of Tilehurst Lodge on 19 January 2017.

Tilehurst Lodge is a care home without nursing that provides accommodation for up to six people with a learning disability or autistic spectrum disorder. At the time of the inspection there were four people living at the service.

There was a registered manager in post. 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.

People who were supported by the service felt safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicines as prescribed. There were systems in place to manage safe administration and storage of medicines.

The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff received adequate training and support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager) and team meetings to help them meet the needs of the people they cared for.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People received care that was personalised to meet their needs.

People were supported to maintain their health and were referred for specialist advice as required. There

were good systems in place to allow safe transitioning between services.

Staff knew the people they cared for and what was important to them. Staff appreciated people's life histories and understood how these could influence the way people wanted to be cared for. Staff supported and encouraged people to engage with a variety of social activities of their choice in the community.

The service looked for ways to continually improve the quality of the service. Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Leadership within the service was open, transparent and promoted strong organisational values. This resulted in a caring culture that put people using the service at its centre. People, their relatives and staff were complimentary about the management team and how the service was run.

The registered manager informed us of all notifiable incidents. Staff spoke positively about the management support and leadership they received from the management team.

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.

Risks to people were managed and assessments were in place to manage the risks and keep people safe.

People were protected from the risk of abuse. Staff had a good understanding of safeguarding procedures.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people effectively.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and support plans were accurate

and reflected their needs.

People received person centred care which enabled them to pursue personal interests, education and work.

People's views were sought and acted upon.

People knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Good

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made staff and people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Tilehurst 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.

This inspection was carried out by two inspectors. The inspection took place on 19 January 2017 and was unannounced.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed 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. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. In addition we obtained feedback from commissioners of the service.

We spoke with two people and two relatives. We looked at four people's care records including medicine administration records (MAR). We spoke with the registered manager, operations manager and three support workers. We reviewed a range of records relating to the management of the home. These included three staff files, quality assurance audits, staff minutes of meetings, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

We observed that people appeared to feel safe in the home. People were comfortable in approaching and interacting with staff. People told us they felt safe living at Tilehurst Lodge. Some people had difficulty verbalising. We asked them if they felt safe and one person said, "Yeah" and another person nodded their head. One person's relatives told us, "It's safe. There is always staff in".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had completed safeguarding training and understood their responsibilities to identify and report any concerns relating to abuse of vulnerable adults. Staff told us, "If I had any safeguarding concerns I would tell the manager, CQC or social worker" and "There is a local authority concern procedure that is displayed in the office that guides me on what to do. If the manager is available at the time, and I suspect abuse, I report to him immediately so that he can take action". Staff knew where to report to outside agencies and named the Care Quality Commission (CQC) and the local authority safeguarding team.

People's care plans included risk assessments and where risks were identified there were management plans in place to manage the risks. Staff were aware of the risks to people and used the risk assessments to inform care delivery and to support people to be independent. Risk assessments included risks associated with: kitchen use, medicines, using the shower, community based activities, nutrition and environment. Records showed people had Personal Emergency Evacuation Plans (PEEP) in place. Ways of reducing the risks to people had been documented and staff knew the action they would take to keep people safe. For example, one person worked in the community and used the bus independently. Staff ensured this person always had their mobile phone with them and that it had enough credit to make phone calls.

We looked at the arrangements for safeguarding people's money. We saw that where a person was unable to manage their own finances due to a lack of understanding, appropriate arrangements were in place for staff to manage them safely. All money spent on behalf of people was recorded, receipts were obtained and audits conducted. The system protected people effectively from the risk of financial abuse.

The provider recorded and reported accidents and incidents appropriately. Records clearly documented when incidents and accidents had occurred and what action was taken following the event. For example, we saw an incident reported on missed medicine. The member of staff involved was retrained and had their medicine administration competencies checked. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One member of staff told us, "Yes, we normally discuss accidents and incidents with colleagues and the manager, and come up with different ideas".

People received their medicines as prescribed. There were systems in place to manage medicines safely. The provider had a medicines policy and procedures in place. Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the medicine administered from a monitored dosage system. Where medicines were not dispensed in a monitored dosage system MAR had details of the medicine which included; dose, strength, method of administration

and frequency. Staff had completed medicines training which included competency checks.

People were supported by sufficient staff to meet their individual needs. The provider employed permanent staff who were supported by bank staff. Staffing levels were determined by the people's needs as well as the number of people using the service. Staff rotas showed there were enough staff on duty to meet the required amount of support hours. They also showed there was enough staff to meet people's needs.

Safe recruitment procedures were followed before staff were appointed to work at Tilehurst Lodge. People were actively involved in staff interviews. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge needed to carry out their roles. New staff were supported to complete a comprehensive induction programme before working on their own. The induction programme included training for their role and shadowing an experienced member of staff. The induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. One member of staff told us, "Induction was ok. I had training in health and safety, infection control, safeguarding, fire, medication, manual handling, challenging behaviour training and MCA. It prepared me for the role". The induction programme formed part of the six month probationary period.

Staff were also supported through The Care Certificate standards training. The Care Certificate is a set of standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us training was available to them. One member of staff said, "The manager also gives us a list of training available for me to choose if I need them".

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff received their one to one supervision meetings with their line manager. This gave staff the opportunity to discuss their performance, raise concerns and identify any development needs they might have. Records showed that these checks were undertaken and identified any areas where the quality of care people received could be improved. Staff spoke positively about their experience of appraisals and supervisions and welcomed any feedback to improve their practice where they could. One member of staff told us, "I had one to one with [manager], he asked how I was doing, if I'm struggling with anything" and "My supervisions give me an opportunity to meet my manager to discuss issues".

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their support plans. Care records showed staff discussed people's dietary needs and support on a day to day basis and people received adequate support. There were systems in place to support people to be independent with preparing meals. We observed staff supporting people to prepare meals safely. The kitchen had pictures on cupboards showing what was inside making it easier to locate food and utensils. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food. We observed snacks were available for people throughout the day, such as fruit.

People were supported to access health professionals when needed. People's support plans showed people had been referred to GP, district nurses and dentists when needed. Records showed people were supported to access on going health care.

People's consent was sought before any care or support was given. Staff we spoke with told us they would explain support to be given and seek the person's consent. We observed staff seeking verbal consent whenever they offered support. We also saw in care files that people, or family members and advocates on their behalf, gave consent for care they received and in line with best interest decision making guidance. For

example, all files reviewed showed consent for support and taking and using photographs. Staff told us consent was always sought and the response was not necessarily obtained verbally. Staff observed people's body language which determined if a person was happy with the support offered. One member of staff told us, "I knock at their [people's] door, and say 'are you ok, can we clean your room' if he says later then you'd give him privacy and some space".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Records showed staff knowledge on MCA was often discussed during supervisions and appraisals. People were always asked to give their consent to their care, treatment and support. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments and involving advocates. Where people did not have capacity, there was evidence of decisions being on their behalf by those that were legally authorised to do so and were in a person's best interests.

Staff understood their responsibilities in relation to MCA. One member of staff said, "We support people and their choice, and support their needs". Another member of staff told us, "The MCA is designed to protect and empower people who may lack the capacity to make their own decisions about their care and treatment. I support people through enabling them to exercise choice and control over all aspects of their lives".

Staff had a good understanding of their responsibilities under the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be restricted of their liberty for their safety. The registered manager told us and records showed there was one person with a DoLS authorisations in place. Staff knew how to support this people in the least restrictive way.

Good

Is the service caring?

Our findings

People appeared happy with the care they received. We heard one person referring to a member of staff, "She should be my mother, really kind and always does work, just lovely". People's relatives were positive about the care people received. One person's relative said, "Staff are very caring. [Person] is very happy".

We observed many caring interactions between staff and the people they were supporting during our inspection. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere in the lodge was calm and pleasant. There was chatting, laughter and use of appropriate humour throughout the day.

Staff were respectful in their approach to ensure people were not distressed or worried by having inspectors in their homes. The inspection team was introduced to people. Staff took time to explain the purpose of our visit to people and sought people's consent for us to speak with them. Staff told us how each person preferred to communicate and shared any special methods of communication such as by body language, hand signals and pictorial aids to ensure we were able to obtain views from all people. Understanding people's specific ways of communicating also meant staff ensured people were able to consent to and be involved in decisions about their care. For example, if one person shrugged their shoulders, staff knew this meant the person did not understand what they were being asked.

Staff told us they enjoyed working at the service. One member of staff said, "They [people] are like my family now, I love my job". Staff showed they cared for people by attending to them in a caring manner. We observed people being assisted in a patient way offering choices and involving people in the decisions about their care. People were given options and the time to consider and choose.

People were treated with dignity and respect by staff. Staff ensured people received their support in private and staff respected people's dignity. Staff described how they treated people with dignity and respect. One member of staff said, "By respecting their choices, wishes and privacy. For example, when supporting them [people] with personal care, I ensure that the doors/curtains are closed". Staff spoke about people in a caring and respectful way. Support records reflected how staff should support people in a dignified way and respect their privacy. Support plans were written in a respectful manner.

People were involved in their care. Records showed where appropriate, people's relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care. People's relatives told us they had been involved in developing care plans and reviewing care. One person's relative said, "I attend [person's] reviews of support and care plans".

Staff understood the importance of confidentiality. They told us, "You need to protect confidentiality. I do not talk about a resident with another resident" and "I only disclose personal information with prior consent of the person concerned except where there is clear safety risk of legal reason". People's support records were kept in locked cabinets in the office and only accessible to staff.

Each person's support plans detailed repeatedly the importance of people maintaining their independence where possible. For example, people were supported to be in relationships and to have jobs. Staff told us that people were encouraged to be as independent as possible. One member of staff said, "If you did all for him you'd take his independence away. I read care plans to see what they can do".

People benefited from a culture that encouraged positive risk taking and this promoted personal growth and independence. Risk assessments and decision making pathways were used to allow choice and enable the development of people in independence. For example, one person had been supported in deciding to move in with a family member. People were supported and encouraged to try new things. These were small things that they would do which made huge differences in their daily lives.

People were given an option of having an end of life care plan. Families had been involved in some cases but others had found it too difficult to address. Staff admitted this was often a sensitive area to discuss with some families. The people the service supported often did not easily understand the idea of the plan. Staff told us they had been very supportive throughout the whole process.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. The registered manager met with people, their relatives and other healthcare professionals to perform these assessments. These assessments were used to create a person centred plan of support which included people's preferences, choices, needs, interests and rights. For example, one person was a Liverpool football team supporter and their one page profile was completed on a Liverpool logo template.

Support plans were personalised and contained detailed daily routines specific to each person. This prevented triggering any challenging behaviour due to change of routine. These included what was important and essential to people. For example, one person thrived on consistency with everything. The support plan guided staff on how to maintain consistency with this person and ensured they received support from the same staff in exactly the same routine. The provider matched staff with people who had the similar personality characteristics and same interests to allow development of relationships. For example, common interests of fashion, dancing and music.

People had positive behaviour support plans in place. These guided staff on how to prevent and manage any challenging behaviours. For example, they had information on triggers, signs as well as proactive, active and reactive strategies. Staff told us and records showed these positive behaviour plans had significantly reduced chances of challenging behaviours.

Staff told us and records confirmed the provider had a keyworker system in place. A keyworker is a staff member responsible for overseeing the care a person receives. They liaised with families and professionals involved in a person's life. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency. People knew their keyworkers and worked very closely with them as well as relatives to ensure support planning was specific to each individual.

Support plans were reviewed monthly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes. For example, one person's behaviour became more challenging. A full review with other healthcare professionals was initiated and the person's medicine changed. The support plan and risk assessments were updated to show the changes.

The service had good systems in place to ensure smooth transition between services. People had 'hospital passports' which had all the important information to allow continuity of care. These included important information on communication, likes and dislikes, health information and allergies.

People's wishes and preferences were used to identify meaningful activities of interest for people. Each person was supported to develop a weekly activities plan with pictorial aids that involved work days, a number of social groups and activities of their choice such as bingo, shopping, and cooking. One person enjoyed cooking and staff told us they supported this person with cooking meals for other residents. One person told us they were going for a disco with karaoke at the end of the month.

People were supported to have holidays of their own choosing. These included visits to holiday parks, the sea side and local cities. The holidays were planned well in advance and people and their relatives were fully involved throughout the planning process. People had holiday risk assessments done to ensure their safety.

Staff told us they always gave people options and choices during support. For example, choice of what to wear, food or where to spend their time. Staff completed records of daily support given to each person. These provided key information on the support provided and the person's general mood. Where complex support was provided the daily notes reflected this.

Feedback was sought from people through regular house meetings and surveys. Some of the themes on the agenda were holidays and what changes people wanted. For example, in one meeting, a person expressed interest to be supported to invite friends to have a meal with them at Tilehurst Lodge. The service was considering this suggestion. One person's relative told us, "I have attended house meetings. They are good".

People and their relatives knew how to make a complaint if required and were confident action would be taken. The provider had a complaints policy in place. There was also a complaints procedure for people in 'easy read' format (simple, clear English supplemented by photographs). One person told us, "Never had reasons to complain, I am fine". Staff were clear about their responsibility and the action they would take if people made a complaint.

Records showed complaints raised had been responded to sympathetically and followed up to ensure actions completed. Relatives spoke about an open culture and felt that the home was responsive to any concerns raised. One person's relative told us, "I can complain to the manager if I have to". Since our last inspection there had been compliments and positive feedback received about the staff and the support people had received.

Good

Is the service well-led?

Our findings

Tilehurst Lodge was managed by a registered manager who had been in post for nine months. They were supported by an operations manager and were actively recruiting for a team leader. The registered manager also managed another service and divided their time equally on both services.

There had been significant changes seen since the registered manager's appointment. The registered manager told us, "One of my achievements has been listening to staff complaints about high staff turnover which was affecting formation of relationships with service users". The registered manager told us they had managed to recruit permanent staff and implemented a keyworker system where people chose which member of staff they wanted. The registered manager commented, "We had poor staffing levels and were using agency staff. Now we introduced a more favourable shift pattern for staff to accommodate people's needs. People look happy now".

The registered manager had a clear plan to improve the service. They told us they were engaging more with senior management to invest into the structural improvement of the lodge. The registered manager said, "Our aim is to engage service users in positive risk taking. This is achieved with good staff training. My aim is to improve and encourage staff development".

The registered manager told us the service valued staff contribution at all levels. Staff were encouraged to be open, make suggestions and be confident these were taken on board. Staff felt listened to. The operations manager told us staff had fedback about a daily log that was in use and suggested a more exhaustive daily record which the service implemented.

During our visit, management and staff gave us unlimited access to records and documents. They were keen to demonstrate their caring practices and relationships with people. Staff told us they felt the service was transparent and honest. Staff we spoke with felt the service was well led and that the registered manager was supportive. They told us they had good relationships with the registered manager. Staff comments included, "Yes, manager is approachable. He is always available in the service and when he is away, I can reach him on his mobile phone, which he usually answers well" and "If I want to raise any issues I talk to my manager, who is always open and endeavours to address the issue".

People and their relatives knew the registered manager and told us the service was well managed. Comments from people's relatives included, "Manager is available and approachable" and "The home is well managed. I can talk to the manager about anything".

Staff commented positively on communication within the team. Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Staff discussed things that had gone well and how to improve the service. One member of staff told us, "Yes, we have team meetings every month. I find them useful and always make sure we have achieved what we discussed in the last meeting".

The provider had quality assurance systems in place to assess and monitor the quality of service provision. For example, key quality audits for service users. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, one audit identified some six monthly care plan reviews had not been completed. This had been actioned and those care plans were now up to date.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The provider had a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff told us, "Yes. There is a whistle-blowing policy to follow in my company that gives me guidance on what to do".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.