

Leonard Cheshire Disability

Shore Lodge - Care Home Learning Disabilities

Inspection report

Bow Arrow Lane
Dartford
Kent
DA2 6PB

Tel: 01322220965

Website: www.leonardcheshire.org

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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

About the service

Shore Lodge – Care Home Learning Disabilities is a residential care home providing personal care to nine people with physical and learning disabilities at the time of the inspection. Some people were older, and some had profound needs. The service can support up to 10 people.

The service was registered prior to guidance 'Registering the Right Support'. However, the service has been developed 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.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to ten people. Nine people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size.

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

People told us and indicated they were happy living at the service and that they felt safe. People continued to be protected from abuse, discrimination and avoidable harm by staff who understood their responsibilities to keep people safe. Risks to people's health and safety were assessed and measures were in place to reduce risks. Accidents and incidents were recorded, and action was taken to reduce the risks of them happening again. People continued to be supported by enough staff who worked closely as a team to meet people's needs. People were supported to have their medicines on time.

People were supported by staff who were knowledgeable and knew them well. Staff completed regular training and met with the registered manager regularly to discuss their performance. People told us they enjoyed their meals and staff supported them to cook and shop. People's health care needs were monitored and regularly reviewed. Changes in people's needs were recorded and, when needed, people were referred to health care professionals. There was a calm and relaxed atmosphere. The building was easy for people to navigate with good wheelchair access to help support their independence.

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; the policies and systems in the service supported this practice.

The service applied the principles and values consistently of Registering the Right Support and other best practice guidance. These ensure that 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.

People had built trusting relationships with staff. Staff spoke passionately about the people they supported and were kind and caring. People's privacy and dignity were respected by staff and their independence was promoted. People were empowered to do as much for themselves as possible.

People, their relatives and representatives were involved in the planning and review of their care and support. People were encouraged to remain active and were supported to engage in the local community. People knew how to complain and would speak with staff if there were unhappy. There had not been any complaints since the last inspection.

The registered manager completed regular checks to ensure the quality of the service was good. Staff worked with health care professionals to deliver effective, joined-up care and support to meet people's needs.

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 13 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Shore Lodge - Care Home Learning Disabilities

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

The inspection was carried out by one inspector.

Service and service type

Shore Lodge – Care Home Learning Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report.

During the inspection

We spoke with five people, using sign-assisted language when necessary. We also spoke with four staff and the deputy manager. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation staff supervision. A variety of records relating to the management of the service were also reviewed. We used all of this information to plan our inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager and looked at recruitment and quality assurance records.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from abuse, discrimination and avoidable harm by staff who were able to recognise the signs of abuse and knew how to report any concerns.
- People told us and indicated they felt safe living at the service. People were asked in annual quality surveys if they felt safe and the latest results were positive.
- The provider continued to have effective systems in place to safeguard people. The registered manager and staff understood their responsibility to raise concerns with the local authority safeguarding team and Care Quality Commission in line with guidance.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and welfare were assessed, monitored and reviewed. There was clear guidance, which staff followed, to minimise risks. For example, when people were at risk of choking there was detailed guidance to minimise risks. Guidance included advice from speech and language therapists, such as having drinks thickened and food cut into small pieces. We observed people being supported with their lunch and staff followed the advice given by health care professionals. Risk assessments also included what action to take if a person began to choke.
- Some people were at risk of hurting themselves. Guidance for staff included what may cause a person to have these behaviours, how they presented at times of distress and what control measures should be in place. Staff spoke with us about how they provided reassurance and used distraction techniques which resulted in people's anxiety reducing.
- Staff were knowledgeable about risks to each of the people they supported and knew how to keep them safe.
- People were involved in regular fire drills. A complete evacuation of the service had recently been completed to make sure people could be supported out of the service in an emergency. Each person had a personal emergency evacuation plan and, following recent training, these were in the process of being updated.

Staffing and recruitment

- People continued to be supported by staff who had been recruited safely. Robust checks, including those from people's last employer, and checks with the Disclosure and Barring service were completed to help the provider make safer recruitment decisions.
- People continued to be supported by a consistent team of staff who had worked at the service for a long time. Staff worked flexibly to cover any emergency shortfall, such as sickness. The deputy manager said, "We have our own flexi-bank of staff. A lot of staff will pick up an extra shift to make sure people have the right support".

- Staffing was arranged around people's activities, appointments and individual needs. For example, when a person had moved to the service for a respite stay, additional staff were allocated to the night shift to provide support and help the person settle in. The registered manager told us, "Everything we do is for the people who live here. If we need to have more staff on shift, then that is what we do. They come first".

Using medicines safely

- People were supported to have their medicines safely and on time. Medicines were stored securely, managed and disposed of correctly. People's medicines were regularly reviewed to make sure they were working effectively.
- Medicines were recorded on an electronic system. The system prompted staff to make sure they had completed the required records. For example, when a person needed creams to help keep their skin healthy, staff were prompted to complete a body map to show the identified area for application.
- When people had medicines on an 'as required' basis (PRN), such as pain relief or for anxiety, staff recorded the reason the PRN was given and also followed up later to check the medicine had worked as expected.

Preventing and controlling infection

- People lived in a service that was clean and tidy. Staff completed training about infection control and food hygiene to keep up to date with best practice.
- Staff understood their responsibilities in relation to infection control. When supporting people with personal care they used protective equipment, such as gloves.

Learning lessons when things go wrong

- Accidents, incidents and near misses were recorded. The registered manager monitored these to check for any patterns to ensure people were referred to health care professionals if needed.
- When lessons could be learned, or things could have been done differently, this was discussed with the staff team.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical and mental health, social and emotional needs were holistically assessed, monitored and reviewed. People and their relatives or representatives were involved in the planning and reviewing of their care and support to make sure all the relevant information was acquired. This enabled the registered manager to develop person-centred support plans and risk assessments.
- People's needs and preferences were assessed before they moved to the service to make sure staff were able to meet them. Assessments included identifying protected characteristics under the Equality Act 2010. This meant people's lifestyle choices in relation to sexuality, disability and religion could be respected.
- Staff followed evidence-based guidance to assess and monitor people's health and well-being. For example, they used the Waterlow scoring tool to assess the risk of developing pressure areas.

Staff support: induction, training, skills and experience

- People continued to be supported by staff who were skilled, trained and knowledgeable. People told us, and indicated, that staff knew how they liked to be supported.
- New staff completed an induction when they began working at the service. This included working alongside experienced colleagues to get to know people and how they preferred to be supported.
- Staff told us they completed regular training some of which was face to face and others on-line. This included topics such as positive behavioural support, mental capacity, food and nutrition and effective communication. They said they felt very well supported by the registered manager and deputy manager. They met regularly, on a one to one basis, to discuss their performance and personal development. Staff were encouraged and supported to enhance their skills and knowledge by completing recognised qualifications, such as NVQs.
- Training was monitored to make sure staff completed refresher courses to keep up to date with any changes in best practice.

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

- People continued to be supported to eat healthily and drink plenty. People told us they enjoyed their meals. Some people ate together in the dining room and others were supported in the lounge. When staff supported people with their meals they were patient and explained to people what they were eating. They allowed them time to enjoy their food and did not rush people. They checked that people were enjoying their food.
- People were encouraged to help prepare meals. People told us they liked to do this.
- Some people needed to have their drinks thickened to help them swallow and staff made sure this was always done.

- People's weights were monitored to make sure they remained healthy. When there was a loss or increase in weight staff liaised with health care professionals for advice. For example, the deputy manager told us, "[Person] had lost some weight and we involved the dietician. We started a diet fortified with cream, butter and high fat foods. We recorded everything they were eating. They are now back to a healthy weight and back on a normal diet".

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked together and communicated well among the team. A handover was completed between shifts and a communication book was used to capture important information which needed to be shared. This helped make sure people received consistent care and support.
- People had a hospital passport which included important information about their individual needs and preferences. These were used to inform health care professionals to ensure people continued to have the support they needed in the way they preferred.
- Staff had developed strong working relationships with health care professionals, such as the local learning disability team. This helped make sure people received co-ordinated, person-centred care and support.

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

- People lived in an environment that was easy to navigate and supported their independence. For example, corridors and doorways were wide to allow easy access for people using wheelchairs. There were pictorial signs for bathrooms and toilets.
- People chose whether to have signs or names on their bedroom doors. Some people's rooms were fitted with ceiling track hoists to help people move from their bed to their wheelchairs.
- The kitchen was equipped with standard and low-level worktops to enable wheelchair access. This meant people could participate in cooking their meals, which they said they enjoyed.
- People's rooms were personalised with photographs, ornaments and pictures. People proudly showed us around the service and into their rooms.

Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental health, social and emotional needs were monitored and regularly reviewed. People were empowered to live as healthy a life as possible.
- People's care plans included how they should best be supported with their oral hygiene.
- People were supported to see health care professionals, such as dentists, GPs and speech and language therapists. People attended well man / well woman clinics with the support of staff.

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.

- The registered manager and staff understood their responsibilities under the MCA. People were involved in making decisions about their care and support to make sure their human and legal rights were upheld.
- When people were not able to make a specific decision about their health and well-being, such as undergoing surgery, the registered manager and staff met with people, their relatives or representatives and health care professionals to make sure decisions were made in a person's best interest.
- People were offered choices in ways they could understand. For example, one person who liked to choose their clothing each day liked to feel the fabric before they made their choice.

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 continued to be supported with kindness and compassion. Interactions between people and staff were positive. Staff had supported people for a long time and they knew people well.
- The registered manager and staff had received feedback from a member of the public commenting on the support people received in the community. It noted, 'We were in [bar] in Bluewater earlier this evening and there were two people in wheelchairs who were being supported on an evening out. We were really impressed at the care and support given to the people being supported, so impressed we had to ask where the carers were from. All too often when I am out I see poor support but what I witnessed on this occasion was excellent support. Well done to the carers'.
- Staff told us they had time to spend with people which enabled them to understand how people liked to be supported. Staff said, "The best thing working here is seeing people happy. It is fantastic being able to help them. Some people don't have family, so we can really make a difference".

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

- People were supported to make as many decisions about their care and support as possible. Staff used forms of communication, such as pictures and larger text, to enable people to make choices and decisions.
- People had a communication passport which gave health care professionals when they were unable to communicate verbally. For example, pointing to items and sounds or actions people may make if they were unhappy or in pain.
- When people needed additional support to help make decisions, their relatives or representatives were involved.
- People had a keyworker who took the lead in co-ordinating their care and support. For example, people's keyworkers supported them to plan and arrange their holidays and go clothes shopping.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity continued to be respected. People had keys to the service and their room when they wished to have them. One person told us this was important to them as they were able to come and go as they please and said they always told staff where they were going when they went out.
- People were asked if they preferred to be supported by male or female staff and their choice was respected.
- People were empowered to remain as independent as possible. For example, people told us they did their laundry, cooking and helped with cleaning. One person said, "It is my home and I like to keep it clean and tidy. I enjoy cooking and doing things myself".

- People were supported to do as much for themselves as possible. For example, one person was not able to put on shampoo or conditioner, however staff encouraged them to wash their hair themselves with minimal support. This independence was important to the person.

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

- People's individual preferences about how they liked to be supported were included in their support plans. These gave staff detailed guidance about people's daytime and night time routines. For example, one person liked to have two pillows at night and have their blanket pulled up to their chin.
- People's physical and mental health needs were monitored and regularly reviewed with them and their representatives to make sure they had as much choice and control as possible. When there was a change in a person's need this was reflected in their care and support plan to ensure they received the right support.

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.

- People were given information in a format that suited them best. For example, some documents were provided in large text and with pictures.
- Some people used electronic tablets to support their communication.
- A photo board with staff pictures was on display so people knew who was supporting them each day.

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

- People continued to be supported to stay busy, follow their interests and take part in meaningful activities. During the inspection people were engaged in an arts and crafts session provided by an external company. There was laughter and chatting and people appeared to really enjoy this. People went out throughout the day in the service's minibus. Some people went shopping to help staff buy a birthday cake to celebrate a person's birthday later in the day.
- People regularly used a local hydrotherapy pool. Staff told us how they had arranged trips to Eastbourne, Herne Bay, Ramsgate and Dover and that people really enjoyed going to the seaside. In the nice weather there were barbecues and there were regular trips to local shops and cafes.
- People were asked at monthly residents' meetings for additional suggestions for activities and trips out. Staff supported people to organise these when possible.
- People continued to be supported to keep in touch with relatives and friends. Visitors were welcome at any time.

Improving care quality in response to complaints or concerns

- People told us they would speak with the registered manager or staff if they were not happy with anything. People did not have any complaints.
- People were reminded at monthly residents' meetings how to raise a complaint. The provider had a complaints process and an easy to read complaints form was available.
- There had not been any complaints since the last inspection.

End of life care and support

- People were supported to have a dignified, comfortable and pain free death by staff who were compassionate about end of life care.
- Staff had worked closely with community nurses and hospice nurses to support people who were nearing the end of their lives.
- A recent 'thank you' card from a relative noted, 'A big thank you to you all for your kindness and care to [person] in the year they had been living at Shore Lodge. I believe they were very happy and content there'.
- At the time of the inspection no-one was being supported at the end of their life.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were supported by staff who understood and valued their individuality. They were empowered to do as much as possible for themselves. Staff celebrated people's achievements. For example, staff proudly spoke about one person had recently made a glass of squash themselves for the first time.
- The registered manager and staff promoted an open and inclusive culture. There was good communication throughout the staff team.
- The registered manager welcomed feedback from people, relatives and staff to continue to drive improvements.

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

- Staff were clear about their roles and the registered manager was clear about their regulatory responsibilities. They notified the Care Quality Commission (CQC) and the local authority in line with guidance of important events, such as a death or a safeguarding incident.
- The provider displayed a copy of their rating in the service and on their website. It is a legal requirement that a provider's latest CQC inspection report rating is displayed where a rating has been given.
- Regular checks and audits on the quality of service provided were effective. When a shortfall was identified these were discussed with staff and action was taken to address this and help make sure it did not happen again.

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

- People continued to be supported to be active in the local community.
- People, staff and relatives were asked to complete a survey each year. The results of the most recent survey were being collated by the provider's head office and were to be analysed to check for any areas of improvement. The registered manager was seeking ways to gain additional feedback from health care professionals.
- Staff told us they worked closely as a team to provide people with the right support. They said they felt supported by the registered manager.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with changes in legislation and best practice. They attended forums and workshops with health care professionals to develop their knowledge. For example, they recently attended An NHS and Clinical Commissioning Group conference designed to increase the collaborative working and keep people out of hospital.
- People continued to be supported in the way they preferred by staff who worked closely with their health care professionals and followed any advice given.