Community Housing and Therapy

Highams 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 last inspected this service on 26 July 2016. This inspection took place over two days on 9 and 20 August 2018 and was unannounced on the first day of our visit and announced for the second day. At our last inspection we found the provider in breach of Regulation 11 relating to consent to care and treatment. At this inspection we found the provider had made the necessary improvements to meet the relevant requirement.

Highams Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Highams Lodge accommodates up to 15 adults in one adapted building. The service provided support to people with complex mental health needs and substance misuse issues within a therapeutic environment. This is a step-down service to prepare people with the necessary life skills before moving on to more independent living. At the time of our inspection 14 people were using the service.

The service did not have a registered manager in post. However, the manager was in the process of registering with the CQC to become the registered manager. 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 generally felt safe living at Highams Lodge, but at times felt unsafe due to the challenging behaviour of some people. At the time of our inspection we saw that the manager had addressed this and was working with other healthcare professionals to move people on to more appropriate accommodation.

Medicines were managed safely and people received their medicines as prescribed. People received care that was safe and safeguarding practices protected people from the risk of abuse. Staff were subject to the necessary checks before starting work.

Risk assessments identified risks and how these should be mitigated. Staff understood their role in managing and dealing with risks.

People using the service signed to give their consent to care and treatment. People are supported to maximise choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Medicines were managed safely and people received their medicines as prescribed. Systems were in place for recording and learning from accidents and incidents.

Systems were in place for logging and dealing with complaints and people using the service knew how to

approach staff if they were unhappy with the service.

People's cultural and religious needs were respected when planning and delivering care. Staff respected people's sexual orientation and needs so that lesbian, gay, bisexual and transgender people could feel accepted and welcomed when receiving a service. People took part in a variety of activities and hobbies of their interests.

Staff told us the manager was approachable and listened to concerns. There were systems in place to monitor the quality of the service and obtain feedback from people using the service.

Staff received training and supervision to help them to effectively carryout their role. We have made two recommendations in relation to staff training in specialist area and compatibility of people admitted to the service.

Further information is in the detailed findings below.

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. People liked living at Highams Lodge, but felt at times unsafe due to the behaviours of others. Records showed that the manager had a system in place for addressing these concerns. People using the service had been involved in this.

Safeguarding procedures were in place and staff were aware of their responsibilities in reporting suspected abuse. Staff received training in safeguarding and were able to recognise the signs of abuse.

Recruitment practises were safe and staff joining the organisation were subject to necessary checks before starting work.

Is the service effective?

Good

The service was effective. People using the service had capacity and signed to consent to care and treatment.

Peoples needs were assessed before joining the service Staff were knowledgeable about people's needs.

Staff received training relevant to their role, however, some staff felt they required training in specialist areas to enable them to carry their job more effectively.

People's health needs were assessed and the service worked closely with other healthcare professionals to ensure that people received the care and treatment they required. □

Is the service caring?

Good

The service was caring. People were mostly treated with dignity and respect by staff. However, some people had concerns about inappropriate behaviour by other users of the service.

Care plans were detailed and relevant to people's individual needs. The manger told us of their plans to improve these to make them more person centred.

Is the service responsive?

Good

The service was responsive.

People took part in activities of their choice and interests.

People's independence was encouraged and people were free to come and go as they pleased.

There was a complaints procedure in place and people were aware of how to make a complaint. Complaints were dealt with in line with the provider's complaints policy.

Is the service well-led?

Good

The service was well-led. People told us that the manager was approachable and helpful most of the times, but received mixed views in relation to how incidents were managed.

There were systems in place to monitor and assess the quality of the service.

The service had a quality improvement plan outlining the start of the provider's plans to make changes that will improve the service.

Highams 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 took place on 9 and 20 August 2018 and was unannounced.

The inspection team consisted of an inspector, a Pharmacy inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, with an expertise in mental health.

Before we visited the service, we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people using the service and two relatives, interviewed five staff including the manager, senior support worker, two support workers, an agency staff member and an in-house psychotherapist. We reviewed records for four people using the service, including care plans and risk assessments. We reviewed staff recruitment checks and supervision records for four staff members. We also reviewed medicine administration records (MAR) for 14 people using the service. We also looked at records relating to the management of the service including accidents and incidents and quality audits. We asked the manager to send us additional documents related to the running of the service. This included policies and procedures and an action/service improvement plan.

Good

Is the service safe?

Our findings

Whilst people told us they generally felt safe at the service, at times when there were serious incidents involving other people using the service, this had taken longer to resolve. Comments included, "I feel safe with the staff. But other Service Users kick off sometimes," "I feel safe with staff but not always safe with other [people who use the service]. It seems sometimes that there are no consequences to broken rules," "I do like this place, I really like this place. It's just the way it's managed. Shouldn't have to wait a year and a half to get things done." and "I don't feel safe with staff or service users. The staff are completely disorganised ." We spoke with the manager about this and he showed us records of action he had taken to resolve the situation, this had however taken longer to resolve as it took time to find some alternative placements for the people involved.

Safeguarding procedures were in place to ensure that people were protected from the risk of abuse. The provider worked closely with the local authority in respect of safeguarding alerts raised with them. Records showed that the manager had taken appropriate action when any allegations of abuse had been brought to their attention. This included a protection plan to manage the situation. Staff were aware of their responsibilities in reporting any concerns of abuse and received training in safeguarding. One staff member told us, safeguarding "Is to make sure that vulnerable people are not exposed to harm, abuse or neglect. I would report any concerns and signs to the manager and record the concerns in the daily communication book."

People gave us feedback about how their medicines were managed, one person told us, "I get my meds every day at Noon. And I have a depot once a month." Another person said, "I take meds twice a day and PRN whenever necessary,"

Medicines were stored safely and securely. Controlled drugs were managed and recorded correctly. Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use.

Records showed that appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

All the people who used the service were registered with the same local general practitioner who reviewed and prescribed all non-mental health medicines. All other medicines were managed by local psychiatric services; however, the manager explained that for some people who normally resided outside the local area it was often difficult to get these people's medicines reviewed by a psychiatrist.

There were two people who used the service who took medicine which required regular blood tests and specialist monitoring. Both these people attended a local clinic where this was managed. There were clear

guidelines in place if either person refused to take their medicine for more than two days.

We saw there had been three recorded medication errors in the last 12 months. Records showed these had been investigated and lessons learnt were appropriate.

We reviewed the staff rota for week commencing the 6 and 13 August 2018 and noted two staff members were on duty during the day and two at night. During the night there is a staff member sleeping in and one working staff waking nights. People told us they felt staffing levels could be better. They told us a staff member had been left alone to deal with a potentially violent situation involving another resident who became aggressive and caused damage to parts of the building. We raised this with the manager who told us they were in the process of recruiting more permanent staff. The manager told us they used regular agency staff to cover the vacancies and staff absences, who were familiar with people using the service and the processes. On the second day of our visit we saw that a new agency staff member had joined the team for a week, but had experience of working with people with mental health needs. In addition to this the service employed a counselling psychologist and a psychotherapist who provided weekly counselling sessions to people at Highams Lodge.

Recruitment records showed that staff were subjected to the necessary checks before starting to work with people using the service. These included employment references, criminal records checks proof of identification and a record of the staff's previous employment. This meant the service had taken steps to ensure suitable staff were employed.

There was a process for dealing with and acting on accidents and incidents. We reviewed incident records and saw that this included details of the incidents, actions taken and reflections of learning from the incident. A staff member told us lessons were learnt when dealing with a recent incident involving a person using the service who became physically aggressive, the approach could have been different to avoid the situation becoming out of hand. For example, speaking to the person before allowing maintenance to enter their room. Staff also discussed incidents during weekly staff reflective meetings, facilitated by one of the clinical psychologist's employed by the provider.

Records showed that weekly health and safety checks were carried out on people's rooms and the building. However, we found a number of duplications and follow up action points from the checks were not always recorded where this was required. We told the manager about our findings and he said that this was something he was aware of and in the process of rectifying.

Staff received infection control training and knew how to ensure this was maintained throughout the home. People living at the home were encouraged as part of their support to clean their rooms. People confirmed that they were encouraged to clean their rooms and to keep the communal areas clean and tidy. The manager told us that this formed part of people's recovery and encouraged their independence. People using the service told us that they had a rota, but some people did not always adhere to this. The manager told us that this was discussed in morning house meetings. Records confirmed this.

We reviewed the way food was stored and found that labels were used to indicate when a food item had been prepared and when this was due to expire. Daily temperature checks of the fridge were carried out to ensure that food was stored at the recommended temperature. Records showed that daily checks of fridge contents were also carried out by staff. People using the service were encouraged to take part in these checks. However, there were a few items, such as a fried egg from two days prior to our first visit which was still stored in the fridge. We asked the manager about this and he told us that this had been overlooked and was immediately removed. The manager told us that they were in the process of registering with the food

standard agency (FSA) 'safer food, better business', which includes information and guidance on, for example, cross contamination, cleaning and cooking. Following our inspection, we received an email from the manager with confirmation that the service had registered with FSA within the local authority. A senior member of staff told us that staff had completed level 2 in food and hygiene on-line. This was confirmed by staff.

Risk assessments covered areas of risk, such as physical and mental health, aggression to others, self-harm/suicide, alcohol and illicit substance abuse and disengagement from services. Risks included signs and triggers to look for and a risk management plan for staff to follow. Records showed that staff undertook risk assessment training and staff were aware of the risks posed to people using the service and others, including the triggers that would indicate someone is becoming unwell.

Good

Is the service effective?

Our findings

At our last inspection on 26 July 2017, we found mental capacity assessments had not been carried out as appropriate in relation to managing people's medicines. We found the provider was in breach of the regulations relating to consent.

At this inspection we found that people had signed a consent form giving the service permission to provide care and treatment, including in relation to managing their medicines.

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.

People using the service had capacity to make decisions about their care and were able to express their views. Records showed that people had signed consent to share information with other professionals. Staff understood the requirements of the MCA and importance of asking someone for consent before supporting them. One staff member told us, "Giving people choices and supporting them with their choices. Ask people before supporting them with their choices."

Peoples needs were assessed at the point of being referred to the service. These were detailed and contained information such as, a personal psychiatric history, relapse risk factors, substance misuse, compliance with medicines and self-care. As part of the assessment people would have the opportunity to visit the service for the day. This would enable them to make an informed decision about whether they wanted to use the service. Staff knew people well and were knowledgeable about their needs.

Records showed that the service worked closely with other healthcare professionals to ensure people's needs were fully met. We saw copies of emails from the community mental health team and psychiatrist where people had become unwell and required some additional intervention or a review of their medicines. Staff assisted people to attend hospital or GP appointments and we saw this on the first day of our visit. One person told us, "Both my Mental Health and Physical Health needs are catered for. They will also make prompt appointments with the doctor or dentist as and when needed."

Staff completed an induction before working in the service. This covered an introduction to the house, crisis management, risk assessments, the keywork relationship, recording & reporting systems, policy and procedures, medicines and fire safety. Staff received refresher training in areas such as safeguarding, infection control, food hygiene and mental health awareness, including the Mental Capacity Act. However, staff felt that training in specialist areas such as challenging behaviour would help them to be more effective in their role. We recommend that the provider seeks advice and guidance from a reputable source in relation to specialist training.

People had access to food and drink throughout the day. During our inspection saw that people accessed the kitchen and had assistance from staff where necessary to prepare meals. People told us that different people would sometimes prepare the evening meals. Records showed that some people were given a budget to buy the foods of their choice. This was also confirmed by people using the service. The manager told us that shopping was done on a weekly basis, with people using the service, Wednesday community meetings were used to get people's choices for meals. A few people were given a food allowance to buy food of their choice. This helped to develop people's life skills to live independently in the community.

We received mixed comments about the food, people's comments included, "The food is good here. [Staff member] does dinner here," "Staff normally cook meals (e.g. dinner)," and "We don't always get enough to eat (esp. lunch) so I often get takeaways." A senior staff member told us that people are given a choice of purchasing a takeaway meal on Saturdays funded by the service. During the week meals are discussed and agreed at the morning community meetings, where people can decide who and what meal will be prepared on that day. At times, people may decide they don't want the healthy option on offer and will choose to buy a takeaway meal with their own money.

Staff received regular supervision and a yearly appraisal. Staff told us that supervision was helpful. Staff also had regular reflective practice meetings, one staff member told us, "All staff get together to work out how we (are) all working and supporting people, has been helpful and valuable. If any issues, (we) bring it up there and is more productive. Yes, I feel supported." An agency staff member told us, "I have worked in a lot of places and find communication is very good. They are good at giving staff handover, you are constantly updated,"

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. Comments included, "The staff are all brilliant, it's all to do with the management. They're supportive. They do what they come to work to do. They give time to people. They are very professional", "Staff are friendly and caring. They treat you with kindness, compassion, dignity and respect. They are like part of the family. It is like a proper home here", "They show us kindness and compassion. They treat me as a person and not as a number in the [mental health] system", and "Staff treat us well most of the time. They're okay."

People told us that staff supported them whenever they needed it. "We receive support whenever we need it, either from permanent staff or agency staff ", "It's usually the same staff unless someone is away for some reason," and "There are some who will support you more than others." People told us that staff helped them in areas such as, when they felt anxious, going shopping, help with resolving benefit issues. One person told us, "Staff are very validating about how I feel. [Person using the service] can be sexually inappropriate when drunk, although the staff do what they can to mitigate things."

We received mixed feedback from people using the service in relation to whether staff respected their privacy. Whilst some people felt staff respected their privacy, other people did not. Comments included, "They do respect our privacy and they let us get on with things", "Staff do not always knock on the door before entering" and "One of the staff once went into my room when I was not there and without prior permission." People said they felt listened to by staff but this would depend on the staff member. Staff understood the importance of confidentiality and keeping information about people safe. We saw that personal information about people using the service was kept in locked cabinets in the office. People using the service told us that staff maintained confidentiality.

Staff gave us examples of how they ensured people were treated with dignity and respect. One staff member told us, "Staff treat people here with dignity. For example, one person who can get verbally aggressive, staff were very supportive, reassured him, made sure his welfare was key, spoke to him (in a) gentle and calm way. Staff made sure they were around him to keep him and others safe." Another staff member told us, "I treat them as individuals that have a different taste and things they enjoy, show respect, keep boundaries and do not overstep the boundaries."

People using the service told us that they were involved in the planning of their care, whilst others told us that they had not seen their care plan. Comments ranged from, "I am happy with my care plan and in my role in creating it," and "I don't know anything about a Care Plan."

The manager told us that people were given the opportunity to express their views about their care through regular one to one keyworking. This is a one to one meeting held between a designated staff member and person using the service to review and support them in setting and achieving their goals. Weekly psychology sessions were also used for people to express their views. This was confirmed by the clinical psychologists.

People were supported to maximise their independence. During our visit we observed people leaving the

building to go to the shops or to meet friends and attend appointments. Records confirmed this. People had personalised rooms, for example one person told us, "I got a nice room. Quite a nice size. I'm glad I came here. It's nearer to my [relative]."

People's cultural and religious needs were respected and people were supported in their area of worship, by staff. Discussions with staff members showed that they respected people's sexual orientation and needs, so that lesbian, gay, bisexual and transgender people (LGBT) could feel accepted and welcomed by the service. One staff member told us "I respect their sexuality, it's completely their choice and would refer them to appropriate LGBT groups and services, encourage that if they wished." "You get to know their likes and dislikes, know how they like to be supported being respectful of their choices, having positive relationships."

Good

Is the service responsive?

Our findings

People participated in several activities of their choice. We saw that the lounge included a piano which people used and some people played an instrument such as the violin. Another person wanted to pursue further studies. There was a piano in the living room which people told us was used by a few people who enjoyed playing music, including the violin, guitar and the drums.

People told us and we observed that they were given choice about how the environment looked. For example, the lounge had been decorated in colours chosen by people using the service. One person told us, "We painted the lounge and chose the colours. We also feedback and suggest which foods we should make." People told us about their aspirations to develop themselves and take part in further activities. One person told us, "I would like to work behind the bar in a pub. But I would also appreciate the support and funding to undertake either some A-Levels or an Open University degree, diploma, or certificate." Following our discussion this person started researching the various options open to them, with staff support. Another person talked about wanting to do more fun stuff and expand the Friday activities day to twice a week but understood that there were budgeting constraints. The manager told us that they were looking into different activities, this included an art project for which they had just received funding for.

Care plans were regularly reviewed and contained people's likes, dislikes and preferences for care. One person told us, "I like shopping and the staff know this so sometimes they will accompany me when I'm out on a shop. They provide me with company," another person told us, "They have got to know me over time."

People were involved in their care and were asked for their views. Daily community meetings were held each morning, Monday to Friday at 10.00am and the service had residents' meetings once a week on a Wednesday. One person told us, "Our views are taken into consideration." Another person told us, "It is at this meeting [Wednesday] that we arrange for Friday activities." On the day of our visit we observed the morning community meeting with people's permission and noted that people gave their views about how they felt. People felt able to express their views, although some people felt that they did not get the best out of the meetings.

The service had a complaints policy and procedure in place. This provided guidance to staff and people using the service on how to make a complaint and how the complaint would be handled. The procedure included stages and timeframes for dealing with these. Records showed that there was a system in place for logging and addressing complaints and those responded to were dealt with in line with the provider's complaints policy. We saw that a copy of the complaints procedure was displayed on the notice board in the communal hallway.

People using the service knew how to make a complaint and said they would speak with a specific staff member who they felt more comfortable to approach. During our inspection we saw that people approached staff to talk about their concerns or to request some help. Comments included, "I would speak to [keyworker] about my complaints ", "I would first turn to the staff that I know", "I would complain about staff if I had to , but anonymously" and "I would not feel confident in complaining about the manager." The

manager told us that they encouraged people to use the formal complaints procedure should they be unhappy with any aspect of the service.

People using the service were younger people who were not expected to consider end of life care at this stage of their lives. However, the head of service told us that the provider had an end of life policy in place should the need arise.

Good

Is the service well-led?

Our findings

The service did not have a registered manager as the previous manager had left. The existing manager had worked for the service for a number of years. At the time of our inspection the manager had applied to become the registered manager and records showed that the process was in progress.

Whilst people felt the manager did a good job, three out of six people felt that serious incidents involving people using the service were not always managed that well. We spoke with the manager and we were reassured of the actions they had taken to address the issues presented by people using the service. We recommend that the provider seeks guidance and advice in relation to the compatibility of people admitted to the service.

People knew the manager well and said that they had a visible presence at the service. Comments included, "[Manager] is normally available", "The manager is evident and approachable", "Yes the manager is well known to all of us" and "I know the manager and we do speak."

We found the manager to be well informed of people's needs and the operational matters of the service. The manager had completed a self-assessment based on CQC domains. The manager told us the organisation was going through a period of change, moving away from a programme of structured group therapy towards individual psychotherapy and one to one keywork. This focused on recovery and person-centred care and independence. Records showed that this change was in progress and documented in the provider's implementation plan for the service. Part of this change includes training for staff in areas such as, working with suicidal ideation, self-harm and recovery planning.

Staff told us that they enjoyed their jobs and felt the manager did a good job. One staff member told us, "The beauty of the job is when they [people using the service] move on, gives you a good satisfaction." "Challenging but I do enjoy it." An agency staff member who had recently worked for the service, told us, "I have been here for a week and leaving today, it's been a good experience." the staff member went on to say, "It's a bit sad for me to leave today. [People using the service] are good people. I have enjoyed working here and with people."

Staff felt that the service was a good place to work in an environment that encouraged openness and transparency. One staff member said, "I think it's a good place, challenging place, well managed. Staff are working hard to help people and the work can be emotionally draining." Another staff member told us that there is, "So much openness and transparency." When asked whether they were comfortable to report any concerns this staff member said. "[Manager] does have a difficult job. [Manager] does that very well."

Regular audits were carried out, including daily, weekly and monthly checks to ensure the administration of medicine was being recorded correctly. There were weekly stock checks of medicines and the sample we checked were correct. There were daily health and safety checks around the building and people's rooms.

Records showed that the service had various systems in place to review and monitor the service, including a

service improvement plan. For example, a monthly planner detailed the manager's plans around staff training, meetings, appraisal and supervision with scheduled dates when these were expected to take place. There was house and building works planned for 2018, some of which we noted had been completed, such as the purchase of a new cooker. Additionally, organisation audits were carried out, this includes clinical review and quality assurance audits and senior management audits, these audits included areas such as, a review and analysis of incidents and outcomes for people using the service. Records showed that the service had helped people to achieve good outcomes, for example, one person who when they arrived at the service did not go out or communicate with people, is now going out in to the community and talking to people. This showed that the service had systems in place to meet people's overall needs.

The manager told us that they felt supported by their line manager and met with them monthly for supervision. Records confirmed this and showed that discussions focused on incidents, complaints, safeguarding, risks to people and health and safety.

The manager worked in partnership with other authorities to ensure that people's needs were met by the service. For example, the manager met with the local police in relation to their response to incidents. The manager told us that it was important to remind the police of what the service was and the people they supported. The manager told us that they had also met with the local authority to improve communication and establish a named contact. This had helped the manager to, "put a face to the name."

People using the service had been involved in fund raising as part of a co-production. A person using the service who attended a fund-raising committee confirmed this. As a result, the service won a lottery grant to have an outdoor office space.