

# Caretech Community Services (No.2) Limited

## May Lodge

### Inspection report

Barrow Hill  
Sellindge  
Ashford  
Kent  
TN25 6JG

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Tel: 01303813926

### 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

This inspection took place on 18 July 2017 and was unannounced. May Lodge is a care home which provides care and support for up to 6 people with learning disabilities or autistic spectrum disorder with additional physical disability needs. The service is a bungalow and is fully accessible for people in wheelchairs. The service is set within residential housing and is set back from a busy road and off street parking is available. At the time of our inspection there were three people living at the service.

Our last inspection in August 2016 found five breaches of our regulations and an overall rating of requires improvement was given. This was because there were concerns in respect of risk assessment and effective quality assurance. We also highlighted that improvements were needed in respect of medicines management, restrictions to a person's liberty and staff training. The provider sent us an action plan which told us how they would improve and when this work would be completed. At this inspection we found that all these issues had been addressed.

There was a new registered manager in post. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run. The registered manager was present throughout the inspection.

The environment was well maintained although some improvements were needed to improve safety in the garden. Fire prevention and other equipment and installations were routinely serviced, checked and tested. Staff received fire training and plans were in place to ensure all staff participated in fire drills.

Staff had received training to recognise and act upon suspected abuse. Incidents and accidents were appropriately managed and analysed for trends. There was a robust staff recruitment process in place. New staff were inducted into their role and all staff received appropriate training. Staff felt supported and listened to, and received regular opportunities to express their views and discuss their training and development needs with their line manager. There were sufficient staff on duty at all times to meet people's needs.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005, and Deprivation of Liberty safeguards and what this meant for the people they supported.

Staff understood people's food likes and dislikes and developed menus that took account of individual preferences and special dietary needs. Alternatives to the menu were available for people and snacks and drinks were provided in between meals. Any nutrition and hydration risks were addressed with health professionals. People had individualised plans of care and support about which they and their relatives were consulted. People's health needs were met.

Staff demonstrated they knew people well. Staff were respectful to people and treated them with dignity and kindness. Staff showed they had a good understanding of people's individual characters and provided support in a person centred way. People's social needs were met. Staff communicated effectively with people and understood when they were unhappy about aspects of the service they received.

The provider had a quality monitoring system in place. A range of audits were in place to provide assurance that all aspects of service quality were being monitored and shortfalls acted upon to ensure people's safety.

## 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 had risk assessments in place. Staff had detailed guidance to inform and enable them to support people safely.

The environment was well maintained. Some improvements were needed to ensure the garden remained safe. Medicines were managed safely.

Staff knew how to recognise and report abuse and keep people safe from harm. Recruitment processes checked staff suitability for their role. There were enough staff to support people's needs.

Accidents and incidents were recorded and analysed to identify patterns.

Staff had received fire training. A plan was in place to ensure all staff undertook regular fire drills.

### Is the service effective?

Good ●

The service was effective

People's health needs were responded to promptly. People were referred appropriately to health care professionals and were supported to access professional healthcare appointments when they required this.

The provider had a good understanding of the Mental Capacity Act and was working within the principles of the Act.

Staff received an appropriate induction and programme of training to help fulfil the responsibilities of their role. Staff felt supported and systems were in place to assess their development and competency.

Staff worked with people to enable them to make more active choices around what they ate and drank.

### Is the service caring?

Good ●

The service was caring.

People were calm and relaxed in the company of staff. Staff were attentive to their needs. They supported people at a pace that suited each person.

Staff had an understanding of people's different methods of communication but sought advice from professionals to help with this. Staff treated people in a caring, respectful and friendly manner.

Staff encouraged people to make choices and were supporting people to develop daily living skills. Staff supported people to maintain contact with their relatives.

### **Is the service responsive?**

**Good** ●

The service was responsive.

An in depth pre-admission process was in place for people referred to the service. People and their families were involved in care planning; relatives were invited to reviews. Care plans were individualised and person centred.

People had individual activity plans for in-house and external activities, and outings, these were flexible and could change dependent on each person's wish to participate.

A complaints procedure was in place. Staff understood when people were unhappy and would take action to identify the cause and take appropriate action.

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

**Good** ●

The service was well-led.

Staff and external professionals spoke positively about improvements in the service as a result of the leadership at the service. Staff told us that they felt supported.

There was improvement to the audits and checks undertaken to make sure the service was safe and effectively run. There was improved oversight of the operation of the service by senior management.

Policies and procedures were available. The Care Quality Commission was appropriately notified of events.

# May Lodge

## Detailed findings

### Background to this inspection

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

This inspection took place on the 18 July 2017. The inspection was conducted by one inspector; this was because it was considered that additional inspection staff may be intrusive to people's daily routines.

Before the inspection, the 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 all the other information we held about the service, including previous reports, complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met and spoke with all three people in the service. People were unable to speak with us directly about their views of the service, so we used a number of different methods to help us understand their experiences including the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

At inspection we spoke with the registered manager, one senior support worker and two agency staff. We spoke with two visiting professionals a psychologist employed by the organisation and an occupational therapist from the local community learning disability team.

We looked at two people's care plans, health records and risk assessments. We also looked at medicine records, menus, and operational records for the service including: staff recruitment, training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance audits.

We displayed a poster in the entrance area of the service inviting feedback from people, relatives and

visitors. Following the inspection we contacted three care managers, three relatives, and three other health professionals for feedback.

# Is the service safe?

## Our findings

People were unable to tell us about their experiences but they were relaxed and comfortable in the presence of staff. Staff demonstrated a clear understanding of each person's individual needs, and the support they required and preferred for these to be met. We observed that staff were alert and attentive to people's needs, always mindful of where people were. Health professionals spoke positively about the work staff were doing with people and the progress individuals had made since the last inspection.

A relative told us "We feel that they have ensured a safe environment that ( person's name) is largely respecting," and "Initially he was reluctant to get out of my car after returning from a home visit, but now he gets out very quickly laughing and with a smile. Clearly happy to be back at May Lodge and with his carers with whom he has developed great relationships."

Staff were trained in fire safety and undertook regular fire drills to understand what actions they needed to take in the event of a fire, agency staff inducted into the service were walked through the fire procedure and if present when drills were undertaken participated in these too. Two staff however who covered the majority of night shifts one a permanent staff member and one a bank staff member for the organisation had not participated in any fire drills over the last 12 months. People could be placed at risk of harm if the staff supporting them at night have not practised evacuations or were not familiar with the actions they needed to take to keep people safe. The provider has taken action to ensure all staff participate in fire drills.

Cleaning schedules were in place; staff understood about infection control and had access to personal protective clothing supplies. Checks and servicing of equipment and installations was conducted to timescales. Maintenance arrangements for requested works were suitably responsive and kept pace with the requirements of the service. Some areas of the garden required attention to ensure it was safe for people. The registered manager arranged for this work to be carried out shortly after the inspection.

Each person had an individualised personal emergency evacuation plan (PEEP). A PEEP sets out specific physical and communication requirements that each person needs to ensure that they can be safely evacuated from the service in the event of a fire. In response to a previous inspection recommendation, people's personal evacuation plans had been reviewed to ensure they accurately reflected the support people needed during an evacuation to another part of the building or entirely from the building. A fire risk assessment had been undertaken in January 2017, fire prevention equipment such as the alarm, fire extinguishers and emergency lighting were routinely tested and serviced to ensure they were maintained in good working order. A business continuity plan was in place to inform staff what actions they needed to take following a wide range of emergency events to ensure people were kept safe.

At the previous inspection we had identified that although a process was in place to identify risks and introduce measures to mitigate these, for example going into the community, travelling in vehicles, use of the kitchen; some risks relating to people's specific health needs had not been assessed. Since then detailed guidance to inform staff how to support people had been developed. For example one person required a soft mashed diet due to swallowing difficulties, at inspection the person was offered a softer alternative to



the lunchtime meal and staff followed guidance about the use of thickener in the person's drinks.

There were enough staff on duty to meet people's needs. Staffing was provided on a one to one basis with a fourth staff member available in the afternoons to provide support to two people who required the support of two staff when outside in the community. The rota showed that during Monday to Friday staffing was supplemented by the registered manager who spent time at the home several days each week and was easily accessible in the adjacent service at other times. During the day time shift there were three support workers and one senior support worker on shift. There were two waking night staff who worked between 9pm-7am.

There were robust procedures for recruiting all levels of staff. The procedures included required checks, such as checking the applicant had provided a full employment history; proof of their identity; satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check, a statement of health. These checks helped to ensure that people were supported by suitable staff.

Staff received training in how to recognise and respond to suspected abuse. They understood how to report abuse and protect people from harm. They felt confident of using the whistleblowing procedure and of escalating concerns if they felt these were not being dealt with appropriately. Policies and procedures were available for them to refer to if they needed to. Staff had appropriately dealt with and reported a recent safeguarding issue, and actions to minimise recurrence of similar events had been looked at.

A record of all accidents and incidents was maintained. The frequency and types of accidents and incidents were analysed for trends and patterns. Incidents of individual types of behaviour for people showed a marked reduction with damage to property and assaults on staff greatly reduced. Analysis of incidents by a behaviour therapist with the involvement of staff had resulted in positive behaviour support strategies that were working to improve people's quality of life.

## Is the service effective?

### Our findings

Health professionals spoke positively about the improvements they had noted in the people supported. Health professionals said that they were impressed with the commitment and enthusiasm shown by staff who implemented advice given to them; they felt staff confidence was growing and some staff were developing ideas of their own for working positively with people.

Previously we had expressed concern at delays in moving and handling training for new staff. The provider took action to address this. New staff were automatically booked on the first available training within a short time of commencing work at the service, and before they were expected to provide moving and handling support.

New staff received a two week induction to the provider and service. They were initially counted as an extra person on shift so that they had time to familiarise themselves with people's care and support plans and the routines staff followed in the service. All staff attended a four day induction to the organisation. All new staff not previously experienced in care or in possession of a care qualification were required to complete the Care Certificate. The Care Certificate was introduced in April 2015 by Skills for Care. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. New staff were subject to a three month probationary period during which time they received supervisory support and mentoring; their competency to undertake and fulfil their caring role was assessed. A programme of mandatory training updates and access to specialist training provided staff with the necessary skills and knowledge they needed to understand people's needs and support them appropriately.

Staff said they felt supported and there was a structure and line of accountability for each shift with the presence of a senior on every shift. Staff were provided with formal supervision four times per year and an annual appraisal. Staff said they found these meetings useful and felt able to bring their own views and opinions; they felt listened to.

At our previous inspection a restrictive practice was in place for one person in regard to access to their wheelchair when in bed. At this inspection we found that a best interest discussion had been held with a range of people including some health professionals and relatives and had considered a modified course of action for restricted access to the wheelchair to protect the person and this was kept under review. People in the service were all subject to Deprivation of liberty authorisations. Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Staff understood that where a person lacked capacity to make a specific decision for themselves the decision could be made by other people on the person's behalf. Staff were familiar with best interest discussions and some staff had been present for these.

Mental capacity assessments were in place for other daily living activities such as finance and medicines management where people were unable to take control or make decisions in these areas for themselves. Staff provided support to people based on their consent; people were able to refuse consent and did on

occasion. At these times staff gave the person concerned space and reoffered support at a later time. If this was refused staff respected the person's choice and recorded the refusal.

People's food preferences were understood by staff. Information about people's individual likes dislikes and any specific dietary needs and allergies were gathered by staff at the time of the pre-admission assessment and subsequent discussions with relatives. As each person settled into the service there was time for them to make staff more aware of their preferences and for staff to offer new options. In the dining room there was a menu board with pictures of the menu options which were changed daily. We looked back over meals people had had, these were varied and nutritious. Staff produced the menu each week and took into consideration special dietary needs people had. One person had a food board where they had pictures of snacks and drinks they liked to have in between meals, when they wanted a drink or a snack they made staff aware through vocalisations and pointing. This worked well and the person was able to make their needs known. Staff were keen to enable another person in the service to be able to make the same meaningful and active choices and had made a referral for a communication assessment to help with this.

People's health needs were met. Weights were taken and showed people had put on weight. Where health issues were identified staff referred people appropriately for assessment and interventions. People received visits from a behaviour therapist, epilepsy nurse, occupational therapist, speech and language therapist and physiotherapist in addition to community nurses and social care professionals. Hospital passports were in place for when people needed to go to hospital and these explained to hospital staff the important information they needed to know about the person and how to support their needs when in hospital.

# Is the service caring?

## Our findings

People were happy, calm and comfortable in the presence of staff. At our previous inspection staff were wary of some people's behaviours and did not feel confident that they had the knowledge and skills to support people. At this inspection the atmosphere within the service had completely changed. Staff were relaxed and confident. They understood the support they needed to deliver to people and were doing so. A relative told us that they had no concerns about their relatives care and thought staff were 'doing a great job'. Another commented "staff have tuned into him very quickly and understood his needs. They have created a great space that allows him his independence which was a key change initiative in him settling in."

Professionals too were satisfied with the commitment of staff in implementing advice and guidance to improve people's quality of life. One person was able to sign 'good' when we asked them about what they thought about where they were living and whether they were happy with what they were doing. Another person was making happy vocalisations in their room but was happy to come out and interact with others when they chose to.

Staff told us and we observed that people preferred their own company to engaging with each other. People sometimes sought out staff or sat near them if staff were engaged in doing something. One person had their own accommodation separate from other people in the household; staff knew the person preferred this arrangement as they had seen a marked improvement in their mood and behaviour. The provider had recognised the preference the person had for same gender staff and had made efforts to recruit staff to provide the support the person preferred. All staff working with the person had attended basic Makaton training and were seen to use this when communicating with them. A previous recommendation for the provider to look into the provision of a flashing doorbell for the person who was hearing impaired had been implemented. This enabled the person to retain a level of privacy and be aware when staff wanted to enter their room. They also had a vibrating pillow alarm that was linked to the fire alarm to ensure they were alerted in the event of a fire.

People were supported to maintain links with the important people in their lives and homes visits were arranged so people could spend time with their relatives. For some people this could be a weekend stay for others it may just be a day visit. Staff were working with one family to help manage one person's understanding of when it was time for a home visit. This was because knowing they were going to happen often precipitated over excitement, anxiety and had the potential for escalation into negative behaviours. Staff had requested relatives to provide several different versions of video messages to remind the person that they were not coming home that weekend, and this was played to them until they were actually due on a home visit. This had helped reduce anxieties and behaviours around planned visits.

People were observed making staff aware through vocalisations, sign or body language that they required support; personal care matters were handled discreetly. Now that staff had a better understanding of people's individual characters and abilities, they were able to support and encourage people who showed an interest in developing their skills further, for example one person helped with their laundry, another person was learning to make snacks for themselves with input from an occupational therapist; with a goal to

move from making cold snacks to hot snacks. At present the person worked off a kitchen table. There were plans to make the kitchen surfaces and equipment more accessible for the person but this was dependent on the persons levels of participation and reducing levels of risk through the current skills training they were supported with.

People had their own bedrooms which had been personalised with things they liked. There was a degree of wear and tear on some fixtures and fittings in bedrooms, so staff needed to be mindful to check these had not been damaged and posed a risk of harm to the person; daily checks were undertaken on one person's room in particular to keep them safe.

Staff supported people at a pace to suit them mindful that failure to do so could precipitate negative behaviours. To this end for example if a person refused personal care in the morning, sometimes this was delayed until they were open to the suggestion of accepting this at a later time in the day. At inspection one person had asked for a second shower that day which staff acted immediately to support them with this. Routines were flexible to accommodate people's preferences.

Staff used pictorial prompts and objects of reference to aid communication. They had received training in basic Makaton to enable better communication with one person, and used the picture exchange communication system (PECS) with another; these communication tools helped engage people in making independent choices about daily activities, food and drinks. Staff used a combination of observing body language, objects of reference and pictorial prompts with another person but had referred them for communication assessment to gain a better understanding of what worked best for the person concerned.

Although people had a number of health issues they received appropriate support for these and no one was in receipt of palliative or end of life care; preferences about end of life wishes had been documented in their care plans following discussions with relatives on admission.

## Is the service responsive?

### Our findings

Healthcare and social care professionals said they had no concerns about the service; they thought the service quality was improving and staff were working well with people. A relative told us that although they had limited contact with their relative in the service they had no concerns about the care they received there.

No one new had been admitted to the service since the last inspection. Areas of improvement that we had highlighted previously and learning from shortfalls within the admission process, had led to the development of a more comprehensive pre-admission and transition process. Assessments of prospective residents were being undertaken. We viewed one assessment completed recently following assessment visits to meet the person, the assessment ran to 35 pages and was a comprehensive amalgamation of information about the person's history, medical health and needs and preferences. The information was gathered from a range of sources who knew the person well. The registered manager was clear that any new person to be admitted would be given a clear transition plan. This would provide staff with opportunities at different times of the day, night and at weekends to observe the prospective resident, and their interactions with staff and other people in the service. These observations and staff feedback would help to inform the decision as to whether the person's needs could be met by the service or not.

Each person had a personalised and comprehensive plan of care. This informed staff about what the person's needs were and how they preferred to be supported. Personal information was recorded that gave staff an understanding of the person's social history and the important people in their lives. An assessment of the person's needs, medical information and identified risks informed staff what the person they were supporting needed and preferred. Support plans detailed a person's likes and dislikes, how they communicated their needs and wishes, and the support they needed with specific areas of their daily lives for example, personal hygiene support, continence, finance, positive behaviour support, epilepsy, mobility, moving and handling. One person who suffered from anxiety had a workbook in which they with staff support identified what made them anxious, how this made them feel and what they could do about it to reduce their anxiety levels; staff supported the person with their anxieties by following these anxiety reducing measures.

People were allocated a key worker (these are staff whose role is to understand the needs and personality of the person they are allocated to a greater degree than other staff and to ensure they have everything they need). Key workers completed a monthly report which informed the update and review of care plans. A daily report was completed by staff on each shift to record how the person had been during the shift and focused on their mood, wellbeing what they had eaten and drunk and what they had done during the day. Care plans were reviewed monthly and an annual review to which relatives and professional were invited provided a holistic overview of all aspects of the person's wellbeing, health and support needs.

People had individualised activity plans. Activities were planned to ensure there were always two staff to support an outside activity, if the activity was some distance away planning ensured that a driver was available to facilitate taking one of the vehicles to transport the person and staff. The type of activity, time of

day and where were all carefully considered. Daily reports showed people had frequent activities every week. During the inspection one person went out with staff to the pub. Another person enjoyed trips out into the community for shopping and also planned trips home to their parent. Activities were reviewed and adapted to take account of level of participation and interest, and incidents that may have occurred to ensure people were kept stimulated but safe.

A complaints procedure and system for recording complaints was in place but had not been used to date. At the previous inspection we had recommended that the provider consider the development of an accessible complaints procedure for the people in the service. An adapted version of the complaints procedure was available and plans were in place to develop this further to ensure it was fully accessible to people. People relied on staff to understand their body language and behaviour as they were unable to raise verbal complaints formally. Staff felt strongly that although people could not necessarily vocalise a complaint they would make staff very aware if they had been made unhappy by something. The registered manager thought this would need to be an ongoing development issue until they were clearer from communication assessments how much people understood from pictorial prompts or whether they needed to devise another means of identifying when people were unhappy with an aspect of the service.

## Is the service well-led?

### Our findings

Professionals told us there had been improvements in the way the service operated and the quality of service delivery people received. They thought that service staff communicated well and appropriately with them; listened to and responded appropriately to advice given.

Relatives felt that staff told them about health issues or incidents when they arose, comments included "He is clearly in a caring environment that is led from the top and carried right through. The actions and plans that have been put in place have been both effective and delivered positive outcomes; the staff always keep us informed and consult on issues."

Staff said they felt supported and they felt informed. This was a marked improvement from the previous inspection when staff were unclear about what they were meant to be doing and felt they had not been given all the training they needed to fulfil their role. At this inspection staff demonstrated confidence that they knew the people they were supporting well and had the right knowledge and skills to do so safely.

Staff said they felt well supported and were able to raise issues with the registered manager who they found approachable. With a developing sense of team, staff said they worked well together and could draw on support from each other too.

The registered manager split their time between this and an adjacent service. This did not concern staff as there was a senior on every shift and they knew they could contact the registered manager in the other service if need be. Staff had access to the out of hours on call service in the evening and at weekends if they needed advice and guidance.

Staff meetings were held, staff said they felt able to raise issues, they felt able to suggest ideas and felt listened to, they were enthusiastic about how the use of new technology and how this could improve people's lives and the registered manager was keen to nurture their interest. The registered manager had clear ideas for developing the future of the service but these were not recorded. Recording improvement plans is an area we have identified as requiring improvement.

Surveys of relatives have not yet been sent but the process for doing so was in place and would be carried out once everyone had been resident for a minimum of 12 months. At the previous inspection we identified that the quality monitoring processes in place at that time were not being utilised effectively; they could not provide assurance that all areas of service quality were being maintained. Since then with the appointment of the registered manager the provider had made efforts to strengthen the audits and monitoring processes in place. They had taken action to drive improvement in the service forward. A senior manager conducted service reviews, following their visits a report was made and these were added to a service action plan that had been created which outlined timescales for improvements to be achieved. A monthly check of finances was undertaken using an audit tool and a visit from the providers financial audit team also checked systems and practices were being appropriately followed. Two different medicines audits were alternated on a monthly basis to ensure aspects of medicine management were adequately covered.



A quarterly health and safety checklist was completed to ensure the environment was safe. Cleaning and kitchen audits were also undertaken. Infection control practices were monitored on a quarterly basis, an audit conducted in April 2017 showed a pass rate of only 67% action was taken to address shortfalls and a repeat audit in May 2017 showed the service to have a 90% compliance. This showed the provider was undertaking robust assessment of quality and taking action where necessary to implement improvement.

Staff had computer logins to enable them to access on line training and also updated policies and procedures, a hard copy of policies and procedures was also available and accessible to staff in the office. Discussion with staff and a review of the daily records they completed showed that the language they used when speaking about people or completing daily records about them was appropriate and respectful.

The registered manager received support through peer support at manager meetings. They received supervision on a regular basis from their service manager who visited regularly to provide support and ensure progress in areas highlighted for improvement were on target for completion.

The registered manager was informing the Care Quality Commission appropriately of any notifiable events that occurred.

The Provider Information Return (PIR) tells us that the registered manager regularly updated their knowledge through internal provider updates on changes in law and legislation relating to the Health and Social Care industry and the sharing of good practice from other services. They also attended quarterly manager development events that enabled networking. The service also subscribed to a mailing list that enabled them to keep updated with information on their websites these included Accommodation Solutions for Kent Care Homes Team, (NHS) Care Improvement Works, Skills for care, Drugs and device alerts, and the Food standards agency.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the reception and on their website.