

Mr Brian Taylor

Loveys Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 12 November 2014 and was unannounced.

Loveys Lodge is a care home for up to four people with a learning disability. There were three people living at the home at the time of our inspection who had lived together for 18 years. They were supported by a small number of staff, some of whom had worked at the home for a significant number of years.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection of Loveys Lodge on 3 June 2014, we asked the provider to take action to make improvements to ensure people living in the home were safeguarded financially, and this action had been completed.

Everyone living at Loveys Lodge had complex needs, which meant they were not all able to talk to us about

Summary of findings

their experiences using words. We learnt from speaking with staff and looking at records that people were very dependent on staff to support them in all areas of their lives.

We found that staff had been trained to recognise signs of potential abuse and they demonstrated a good understanding of the potential risks faced by people living in the home.

Risk assessments were in place to manage identifiable risks in a way that did not restrict people's freedom, choice and control more than necessary. Positive and effective strategies were observed in the way that staff managed behaviours that were potentially challenging.

There were sufficient numbers of staff who had the right skills and knowledge to carry out their roles and responsibilities. It was clear the staff understood people's needs well and how to meet these.

Systems were in place to ensure people received their medication when they needed it and in a safe way.

We found that the service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed, and that assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support.

People were supported to have sufficient quantities of food and drink and there was an emphasis on maintaining a balanced diet.

Arrangements were in place to support people to maintain good health and to have access to external healthcare services and professionals, as required.

Staff were observed providing care and support in a caring and meaningful way, and people were treated with kindness and compassion. People also had regular opportunities to engage in activities within the local community.

We saw that people's dignity was respected at all times and they were encouraged to maintain their independence as far as possible.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to. The registered manager told us that no one had raised any concerns or made a complaint about the service in the last 12 months.

The registered manager encouraged open communication amongst the staff team. It was clear that she had a good working knowledge of the needs of the people living and working at the home, and that she provided appropriate support where required.

Systems were in place to monitor the quality of the service provided including satisfaction surveys, meetings and internal audits. We saw that relatives of people living in the home had provided positive feedback in terms of staff knowledge and approachability, feeling listened to and involved, opportunities for people to make their own choices, privacy and dignity for people and external activities.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

We found that staff understood how to protect people from avoidable harm and abuse and risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

People's medicines were managed so that they received them in a safe way.

Good



Is the service effective?

The service was effective

We found that people received effective care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

The registered manager acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Good



Is the service caring?

The service was caring

We saw that people were treated with kindness and compassion.

Staff listened to people and supported people them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Good



Is the service responsive?

The service was responsive

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Good



Is the service well-led?

The service was well led

There was effective leadership in place and we found that the service promoted a positive culture that was person centred, inclusive and empowering.

There were systems in place to support the service to deliver good quality care.

Good



Loveys 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.

The inspection was carried out by one inspector on 12 November 2014 and was unannounced.

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 reviewed the content to identify good practice and to help focus our planning in order to determine what areas we needed to look at during our inspection.

We checked the information we held about the service and saw that no recent concerns had been raised.

In addition, we asked for feedback from the local authority, who have a quality monitoring and commissioning role with the home.

During the inspection we spoke with, or observed the care being provided to all three people living in the home on the day of the inspection. We also attended part of a staff meeting and spoke with two members of staff, the registered manager and the provider. We then looked at care and financial records for two people who used the service, as well as other records relating to the running of the service such as staff records, audits and meeting minutes.

Is the service safe?

Our findings

At our last inspection of Loveys Lodge in June 2014, we found that people were being placed at possible risk of financial abuse because there were no arrangements in place for checking or auditing the management of people's finances. The provider told us after the inspection that he would take steps to address this and ensure people were safeguarded financially in the future.

We found during this inspection that improvements had been made to keep people safe. The registered manager explained that everyone living at Loveys Lodge had been formally assessed under the Mental Capacity Act 2005 as not having capacity to make informed decisions about their personal finances. This meant that people needed total support to manage their finances. The provider then showed us that he was now undertaking reviews of people's finances, which included bank withdrawals, deposits and daily expenditure. We looked at financial records maintained by the home for two people, and found that the records were clear and overall demonstrated appropriate and safe systems in respect of safeguarding people's finances. This showed us that arrangements were now in place to protect people from potential financial abuse.

We did find however, that people living in the home were covering the cost of staff refreshments when out in the community. Although there was no evidence that staff had acted inappropriately, we spoke to the provider about this who said he would ensure that the arrangement was agreed formally with people and their relatives; to make sure that it was in people's best interests. The registered manager told us there were no formal advocacy services involved with the home, but it was clear from speaking with staff and looking at records, that relatives were closely involved in making decisions about their relative's care and support.

Staff we spoke with confirmed they had been trained to recognise signs of potential abuse. They demonstrated a good understanding of the potential risks faced by people living in the home and knew how best to keep people safe, in the least restrictive way. We saw that information had been provided to them which included contact details for the local authority's safeguarding team, in the event of

suspected abuse. We found that staff had received safeguarding training but the registered manager was in the process of arranging refresher training for all staff, as this was due to be renewed.

The registered manager told us that risk assessments were in place to manage identifiable risks to individuals in a way that did not restrict people's freedom, choice and control more than necessary. We noted through observation that people were not restricted in their movements around the home. Even when the evening meal was being prepared and additional hazards were evident in the kitchen; people were not prevented from going into the kitchen and staff provided appropriate supervision to ensure their safety and wellbeing. Positive and effective strategies were observed in the way they managed behaviours that challenged, which minimised the risk of harm and frustration to everyone involved. We found that information about potential risks to people and how these should be managed was contained within people's care files.

The provider and registered manager told us about the arrangements for ensuring the premises was managed in a way that ensured people's safety. The registered manager confirmed the provider was responsive in the event of emergency or general maintenance requests, to ensure the wellbeing and safety of everyone living and working at the home. We saw that routine checks took place to ensure the building and equipment was safe and fit for purpose.

The registered manager told us that there were two staff on duty during the day and one waking and one sleeping in member of staff at night, to support the three people living at Loveys Lodge. We saw that this was the case on the day of our inspection and we learnt from speaking with staff that the home had a low turnover in staff, with the majority of staff having worked at the home for a number of years. It was evident from our observations that there were sufficient numbers of staff who understood people's needs well and how best to meet them. This showed that there were sufficient numbers of suitable staff to keep people safe and meet their needs.

We spoke to staff about the medication arrangements for the home. They explained that two people living in the home had very few or no medicines prescribed for them. They said they were working with healthcare professionals to review the third person's medication, to ensure these were still appropriate for them. Staff confirmed they had received training to administer medications in a safe way

Is the service safe?

and records we looked at supported this. We saw that medication was being stored appropriately, and medication records had been completed properly, indicating that people had received the right medication at

the right time. We counted some of the medication to check this, and found no anomalies. This showed that arrangements were in place to manage people's medication in a safe way.

Is the service effective?

Our findings

Staff we spoke with confirmed that they had the right training to carry out their roles, including support to achieve national health and social care qualifications. We found that the staff team had a good understanding of the needs of the people they were supporting, and that they communicated effectively and openly with one another. Our observations found that there was an emphasis on treating people as individuals and ensuring that they received the best possible health and quality of life. We looked at training records for six members of staff and found that the majority had received training that was relevant to their roles, and ensured people received effective care from staff who had the right skills and knowledge to carry out their roles and responsibilities. We did find some gaps in training where refresher courses were due, but the registered manager showed us she was in the process of arranging updated training for all staff.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We spoke with the registered manager who demonstrated a good understanding of her responsibilities under the MCA. She was also aware of recent case law which makes clear the necessity for care home providers to ensure Deprivation of Liberty Safeguards (DoLS) are in place for people who can't make decisions about their own treatment or care. Under DoLS arrangements, providers are required to submit applications to a 'Supervisory Body' where someone needs more care and protection than others, to ensure they don't suffer harm. The registered manager showed us that she had already followed DoLS requirements as she had submitted relevant applications for people living in the home to cover all aspects of daily living and community access, and these had been authorised by the local authority.

We spent time observing how care and support was provided to people living in the home. Although some people did not communicate using words, we observed that they were able to demonstrate their consent clearly through other means such as actions and physical movement. People were encouraged to make their own choices and decisions, as far as possible, throughout our inspection. Staff were observed asking, rather than telling, people about what they would like to do next and people

were seen to respond positively to this approach. Care records we looked at showed that information about people's individual choices and preferences had been documented, in terms of how their care and support should be provided. These arrangements showed that staff actively sought people's consent to care and support, in line with legislation and guidance.

We found that people were supported to be able to eat and drink sufficient amounts to meet their needs. We observed people being given a drink and snack on their return from day care. This enabled them to relax while they waited for the evening meal to cook. We spoke to staff who told us they supported people to maintain a balance between choice and healthy living. They talked to us about people's individual dietary requirements, and we saw that menus were planned around these without restricting choices for other people living in the home. During the evening meal we saw that people were given time to eat and drink and the pace was not rushed. Assistance was provided in a discreet and helpful manner to one person who required help with eating and drinking. Everyone ate well and the empty plates indicated that the meal had been enjoyed by all.

Records showed that people's weight was monitored on a regular basis to support staff in identifying any potential healthcare concerns. Individual dietary requirements had also been assessed, to identify people's individual preferences and requirements such as soft food options, if someone was at risk of choking or had difficulties with swallowing for example. Our observations found that people received the assistance that was described within their individual care records. This showed that staff were aware of people's specific dietary requirements and were able to meet these in a consistent way.

The registered manager told us that everyone living at Loveys Lodge was supported to have an annual health check with their GP and attend regular dental and optician appointments. During the staff meeting we heard staff discussing people's individual health care needs and concerns. One person had undergone some dental treatment the day before. They were seen later pointing to their mouth on several occasions and talking about what had happened. Staff took time to talk to the person about what had happened, to ensure they understood the procedure that had taken place and how this was likely to affect them in the days to follow. The person responded in

Is the service effective?

a way that indicated they understood and that they felt reassured by what staff had told them. Records showed that each person had their own Health Action Plan, which

contained clear information about the outcome of appointments with relevant healthcare professionals – routine and specialist. This showed that arrangements were in place to meet people's healthcare needs.

Is the service caring?

Our findings

We saw some written feedback from a relative of someone living at the home, which reflected on the caring approach of staff. They had written: 'we [the person's] parents are very happy in the way [the person] is cared for'. Staff were observed during the inspection providing care and support in a caring way and people were treated with kindness and compassion. One person was seen directing behaviours that challenged towards a staff member. Staff we spoke with provided a possible explanation for the behaviours, and managed these effectively and calmly. We observed that the person responded positively as a result.

Throughout the inspection the staff team demonstrated a good understanding of people's individual needs, and how best to meet these. Staff interactions with people were meaningful and not task led. For example, we saw one person wanting to cuddle up with a member of staff on the sofa. The member of staff took the time to sit with the person and gave them the hug and reassurance they were seeking.

Care records that we looked at were personalised and included information about people's individual preferences in respect of daily routines and social activities. Records supported the fact that people's preferences were taken into consideration, and we observed that staff were aware of these preferences and provided support accordingly. These arrangements showed that the staff team had developed positive caring relationships with the people living at Loveys Lodge.

We saw that staff treated people with respect at all times and everyone looked comfortable in the presence of staff. They demonstrated this in the way they engaged staff in conversation or by actively moving around the home to be close to them. Although some people living in the home did not communicate verbally, we saw that staff continually included them in conversations and encouraged them to express their views using non-verbal methods of communication. One person indicated through movement that they were ready for their bath after dinner. Staff explained that it was quite early but when they persisted, the person was supported to have their bath. This showed that people were listened to and had their views acted on.

We observed some positive engagement between staff and people living in the home where people's individual diversity, values and human rights were recognised. During the evening meal we saw that people were encouraged to be as independent as possible for example through the provision of different crockery, to best meet their needs. We also observed two members of staff on separate occasions supporting another person who required assistance with eating and drinking. The person was supported to maintain their dignity throughout as both members of staff promptly wiped away any excess food and drink.

Everyone had their own bedroom enabling personal care to be offered in private, and personal care that was provided during the inspection was done so discreetly. This showed that people's privacy and dignity was respected and promoted.

Is the service responsive?

Our findings

We found from speaking with staff and our own observations that people were treated as individuals and the care provided was planned in a way that took into account their personal history, preferences and interests. The registered manager told us the staff team had developed close working relationships with people's families over the years, and they valued the support and input that relatives provided to the service. We saw some written feedback provided by relatives of people living in the home which confirmed they were given opportunities to contribute to their relative's care, and that their views were taken into account.

We observed that once people had returned from day care, staff focussed entirely on them, making sure they had everything they needed and spent time with them. It was evident that staff knew people really well and understood their needs including their individual methods of communication. We saw from the way that people moved towards the dining table or how they approached staff, that there were established routines which helped them to understand when it was time to eat or time for personal care. It was also clear however that these were not rigid and staff responded flexibly to suit the individual needs of people. We saw that people's requests were met promptly. For example one person asked for extra milk in their cup of tea, and sauce with their dinner. Both were provided straightaway.

Staff talked to us about people's hobbies and interests. They demonstrated that they knew what people liked to do when they were at home and supported people to engage in activities of their choosing. For example we heard one person talking about their favourite television programme, and we saw that staff had supported them to personalise

their bedroom with pictures of the characters from that programme. We also learnt that people went out regularly into the community, and financial receipts we looked at confirmed this to be the case.

Care records we looked at contained some clear information, and had been reviewed recently to ensure the care being provided was still appropriate for each person's needs. Attempts had been made to make information accessible to people living in the home through pictures and photographs. However, staff explained that due to their learning disabilities, some people would still have a limited understanding of information presented to them in any format. To this end, we saw that communication passports had been developed for each person. Communication passports are used when a person cannot easily speak for themselves. It brings together information about the person's needs and preferences, to support staff and other people involved in that person's life, to get to know the person and interact / respond consistently when supporting them. Our observations found that the care and support provided to people matched the support needs described in their records and communication passports. These arrangements showed that people received personalised care that was responsive to their needs.

The manager told us that no one had raised any concerns or made a complaint about the service during the last 12 months. We saw that a complaints procedure, including an easy read version, had been developed to let people know how to raise concerns if they had any. Satisfaction surveys returned by relatives for everyone living in the home confirmed that they felt comfortable approaching staff if they needed to discuss anything. This showed us that arrangements were in place for people to raise concerns or make a complaint, and that people felt able to do so. We noted that none of the relatives had provided any negative feedback in their questionnaires.

Is the service well-led?

Our findings

The registered manager explained that Loveys Lodge was a small independent service, where the staff team worked closely together. She told us that she welcomed and encouraged open communication amongst the team. During the staff meeting we heard the manager actively seeking feedback and contributions from the five staff members who were also present. We saw that staff looked comfortable in her presence and this was evident in the way they spoke with her and one another. We heard staff taking it in turns to discuss the specific needs of people living in the home, and the challenges that were presented in some cases. The registered manager provided verbal support to the team, acknowledging difficulties that they had experienced. Staff responded well to this and voiced their appreciation that the manager had understood them.

It was clear that the registered manager had a good working knowledge of the needs of the people living and working at the home. Staff confirmed that they had regular opportunities to speak with her informally as she regularly worked alongside them. We observed throughout the inspection that staff treated each other, and everyone living in the home, with respect at all times and interactions were positive and inclusive. These arrangements showed that there was clear leadership with a positive culture that was person centred, inclusive and empowering.

We learnt from speaking with the registered manager and provider that they welcomed opportunities to support their understanding of their roles and legal obligations, through attendance at external provider forums and training. It was

evident that the registered manager had taken action following these events to ensure she was meeting her legal obligations, which demonstrated good management and leadership.

The provider and registered manager talked to us about how they ensured the service delivered high quality care. They told us that they used satisfaction surveys, meetings and internal audits to monitor the quality of service provision, and to give people the opportunity to express their views. We heard that the provider visited the home on regular basis and we saw that he maintained a record of his visits, briefly detailing the areas he had looked at or discussed with the manager. This also showed that he carried out routine checks and maintenance tasks, to ensure the safety and wellbeing of people using the service, staff and visitors.

We looked at the results of the most recent satisfaction surveys, sent out to relatives of people living in the home and other stakeholders. We noted that all the relatives for people living in the home had responded and had provided positive feedback in terms of staff knowledge and approachability, feeling listened to and involved, opportunities for people to make their own choices, privacy and dignity for people and external activities. We also contacted the local authority prior to this inspection, who confirmed they had no concerns with the service in terms of their contractual and quality monitoring role with the home. This showed that systems put in place to ensure a high quality service for the people living at Loveys Lodge had been effective.