Cygnet Learning Disabilities Midlands Limited

Walkern Lodge

Inspection report

14A Walkern Road
Stevenage
Hertfordshire
SG1 3QX

Tel: 01438749301

Date of inspection visit:
20 April 2018
25 April 2018

Date of publication:
12 June 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 20 and 25 April 2018 and was unannounced. This inspection was carried out due to information of concern we received. The information suggested that people's needs were not met in a safe manner, people and staff were not positively supported by the manager, people's dignity was not promoted, and people were not free to leave the building. We found at this inspection no evidence to support these reported concerns.

Walkern 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. The service accommodates up to four people. At the time of the inspection there were three people living there.

The service had a manager who was not registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

The home has been established for ten months prior to this inspection and was working in line with the values that underpin the Registering the Right Support. These values include choice, promotion of independence and inclusion, although the home did not always record how this was being done. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People were consistently supported in a safe manner by staff who knew them well. Staff were aware of the risks to people's safety and wellbeing. Risk assessments were not always completed to support staff with keeping people safe. Staff knew how to report any risks to people's safety and incidents were reported where people may have been at risk of harm. However, incidents were not robustly reviewed as required to mitigate the chances of the incident recurring. People received their medicines as the prescriber intended and were regularly reviewed. People were supported by sufficient numbers of staff. People lived in a clean, hygienic environment although not all staff had up to date infection control training. Staff completed fire safety checks regularly however not all staff had received training.

Staff were supported by the manager and received a range of training to support people's needs. However this training was not always specific to the needs of the people staff supported. Most people were supported in accordance with the principles of the Mental Capacity Act 2005; however, this was not consistent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service support this practice. Consent to care and treatment was clearly documented and appropriate authorisations were in place when people lacked capacity to make decisions.

People's nutritional needs were met and monitored. People were supported by a range of health professionals when they needed this. People lived in a suitable environment that was well maintained.

People were supported by staff in a respectful and kind manner with staff ensuring people's dignity was maintained. People received care in a person centred way that took account of their wishes and views. People were supported to engage in a range of activities that took account of their interests, hobbies and choices. There was a complaint's process which people knew how to use should they need to.

People and staff were positive about the management of the home. There were systems in place to monitor the quality of the home. However, they had not identified the areas that required improvement that we found on inspection. People's records were not consistently maintained as their needs changed. Information that is required to be submitted to CQC was done in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service consistently safe.

People had their individual risks assessed. However, these were not always documented when people's needs changed.

Sufficient numbers of staff were available to support people and had been recruited safely.

Staff knew how to recognise and report any risks to people's safety, this included fire safety.

Medicines were managed safely.

People lived and were cared for in a clean environment, following appropriate infection control practise.

Is the service effective?

Requires Improvement

The service was effective.

People were not consistently supported by staff who had received training that was appropriate to their role and specific to people's needs.

People were not consistently supported in accordance with the principles of the Mental Capacity Act 2005.

People's consent was sought prior to support being given.

People had regular access to health care professionals when they required it.

Is the service caring?

Good

The service was caring.

People were supported by staff in a caring and sensitive manner.

People received support to remain independent and to develop everyday living skills.

People`s wishes and preferences were respected by staff.

People's records were stored securely and were available when requested.

Is the service responsive?

Good

The service was responsive.

People received care that responded to their needs and was focused on their preferences and choices.

People were provided with structured activities which aimed to support people's personal interests and preferences.

People were able to share their views and opinions or raise suggestions regarding the running of the home.

There was a complaint's process in place.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems were in place to monitor the quality of care provided; however these had not addressed all the areas found at this inspection.

People and staff were positive about the management of the service.

People's care records were not consistently updated and completed as their needs changed.

Notifications that are required to be submitted of certain events to either CQC or the local authority were made in a timely manner when required.

Walkern 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and 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 prompted in part by concerns raised to us regarding people's safety and overall management of the service. The information shared with CQC indicated potential concerns about the management of risk to people.

The first day of the inspection was carried out on 20 April 2018 by one inspector. We returned to the home on 25 April 2018 because the manager was not available to speak with us on the first day.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We did not request a copy of the provider information return at this inspection. 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. This is because the inspection was in response to concerns we had received.

During the inspection we spoke with three people who used the service, four staff members, the manager, a representative of the provider and three health professionals. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "I am safe here, they [Staff] are very nice and look after me." A second person said, "I am safe, happy and want to stay living here." Staff spoken with were aware of how to keep people safe and were confident that the manager would respond to any concerns of abuse. Staff knew how to recognise and report abuse and there was information about safeguarding people from abuse displayed around the home. This was in a format people could easily understand and helped raise their awareness. Staff were aware of external organisations they were able to share their concerns with, and knew about raising their concerns anonymously through 'Whistleblowing.'

We saw that staff were reporting incidents, however following these incidents there no formal review of people's care For example, in March 2018 one person had 28 documented incidents involving aggressive or challenging behaviour. This did not trigger a formal review of their care. Staff managed this person's behaviour through positive behaviour support plans developed with health professionals from the local authority which detailed how staff should give them support during these incidents. In addition to the incident reports completed when a person became challenging or presented a risk, staff completed an adverse behaviour chart (ABC). The ABC chart is an observational tool that is used to record behavioural concerns. Its purpose is to aid staff understanding of why a person is acting in a particular way, and requires staff to observe the person over a period of time. However, staff used the ABC chart as an incident reporting form. Staff did not document and record over a period of hours, days or weeks how a person behaved. This meant that key aspects of behaviour or emotional distress were not monitored to identify patterns and triggers. We spoke with the manager about the incident monitoring process requiring improvement to ensure it was a more versatile and effective system of managing behavioural needs.

Staff were knowledgeable about risks associated with people`s daily living. They were able to describe to us in detail how they supported people with both their mental health and learning disability needs. One person had recently experienced a significant deterioration of their mental health needs, leading them to self-harm and aggression. Staff responded immediately by removing all items the person may use to harm themselves. This reduced the risk of the person harming themselves further, and staff continued to use appropriate de-escalation and distraction techniques. Two visiting health professionals told us they felt the care provided to keep the person safe had been appropriate. The person themselves told us they were happy with how they received their care. They told us, "The staff have taken all my things away as I might harm myself. I am happy with that though, it keeps me safe." One person was at risk of developing pressure ulcers and had appropriate risk management plans in place to support staff in understanding how to mitigate these risks. We saw this was kept under constant review, and when needed staff sought assistance from either the GP or District Nurse. We noted that this person`s skin condition had not deteriorated and remained in good condition.

People were supported by sufficient numbers of staff. One person said, "Yes, I always have my carer to help me when I want it." People were assessed by health professionals prior to them coming to Walkern Lodge. As part of this assessment, staffing levels were set, either as one to one or two to one support. We checked the rotas for the previous three months and found that people had been supported by their allocated staff

member as contractually required. Staff spoken with told us they always had enough staff on duty and if they were short due to annual leave or illness then the team leaders provided cover. One staff member said, "I can safely say that we always have the right number of staff, and we cover for each other when we need to. There is never a time when a male staff member is left to provide personal care." Our observations over the two days of inspection were that staff although at times busy, they had sufficient time to provide people with personalised support and care in an unhurried manner. Safe and effective recruitment practices were followed. Pre-employment checks were completed prior to staff starting in their role, this included proof of identity, qualifications and criminal record checks.

Staff were aware of fire safety and took part in regular fire drills, evacuations and safety checks. Staff knew how to evacuate people in the event of fire and people had individual evacuation plans. There were regular safety checks in place and a robust fire risk assessment in relation to the building structure was carried out by a qualified person. However, the manager must ensure that all staff carry out a fire drill. They told us they had not planned the drills to include all staff members, and due to changing shift patterns some staff had not done this. Staff had also not completed fire marshal training. The manager showed us they had booked this training to commence in May 2018; however at the time of the inspection no staff member had completed this.

People's medicines were managed in accordance with the prescriber's instructions. Staff worked safely when administering people's medicines. One person told us, "They [staff] deal with my medicines but they are always there when I want them." We found that quantities of stocks agreed with the records of medicines received into the home and administered. Daily checks of temperatures and medicine records were undertaken. People's medicines were regularly reviewed, and protocols for medicines on an as needed basis were in place and followed. For example, some people were prescribed medicines to take when the symptoms of their mental health condition placed them or others at an increased risk of harm. Medicine records demonstrated that people were only given these medicines for a short period to manage the symptoms of aggression or psychosis. Staff monitored people and when their symptoms improved, stopped using these medicines.

People lived in a clean environment and staff followed infection control guidelines when providing care. During the inspection we observed staff following infection control procedures which included hand washing and the use of gloves. Staff received training and regular checks identified areas needing improvement. For example a recent audit undertaken found the carpets were in need of a thorough clean. Staff told us they had completed this recently and we found those areas to be clean and odour free.

Requires Improvement

Is the service effective?

Our findings

Staff told us that they felt supported and had received appropriate training to support people effectively. We saw that training given to staff covered key areas such as safeguarding vulnerable adults, mental capacity and health and safety. Training was also specific to the support needs of the people living there. For example, staff had all been trained in MAPA. This training enables staff to safely disengage from situations that present risks to themselves, the person receiving care, or others, and finally use suitable and acceptable physical interventions to reduce or manage the behaviour when other interventions have failed. One staff member told us, "The training is very good, I moved here from another service and the manager is supporting me to be a team leader."

However, training had not consistently been provided to staff to support people's specific needs. For example, staff told us people living at the service lived with complex personality disorders. When we looked to see if staff had received training in this area we found they had not and none was planned for the following year. The local authority provided training in behavioural support and autism, both areas people required support with. However of the seventeen staff employed, either on a permanent basis or as a bank worker, only two had completed autism training.

Staff told us they felt supported by the registered manager and seniors on a daily basis to carry out their roles effectively. They told us that one to one supervisions were carried out regularly. One staff member said, "I feel [manager] listens to us and supports us, they are always around to get help or support from."

Since being in post the manager had performance managed a number of staff. This had resulted in a number of disciplinary meetings and staff dismissals. We saw they regularly met with new and existing staff to monitor their performance. Where issues were identified, these were discussed with the staff member and support provided to attempt to remedy the performance issues. Where this did not improve, the manager followed their policy and took appropriate action. The manager told us, "When I started here one of the biggest jobs was staffing. I have had to performance manage some of the staff meaning some left or didn't make their probation. It has been hard but I think we have a good team now."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff and the manager demonstrated an understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They knew what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. However these steps were not

consistently followed.

Incident records showed that people had been physically restrained by staff who although had been trained, had not submitted the appropriate application to the local authority. The local authority DoLS assessor visited over the weekend to assess the restrictions in place for one person who had recently moved to the service. However staff had not asked them to review as part of this assessment when and how a person could be restrained. We spoke with a representative of the provider who was unaware of needing to make that particular type of application. This was however completed following our second day of inspection. The manager was aware of when to apply to the local authority to have the DoLS removed because a person's needs had changed. We saw evidence where one person had been reviewed and due to the risks reducing that placed this person at risk of harm the restrictions were removed.

Staff were aware of how to obtain consent for people who may not have the capacity to consent to the care they received. Individual assessments were completed following the requirements of the Mental Capacity Act 2005 and we saw assessments undertaken of decision-specific examples in place where appropriate. Staff understood that if a person lacked capacity to make big decisions they could still make decisions about their day to day living. For example, choice of clothes, food and how to spend their day.

People were asked for their consent prior to staff supporting them, and when people did not give their consent, staff respected this and withdrew. Staff took their time to explain what they wanted to do; sometimes repeating themselves over and over again to ensure the person heard them. We saw where appropriate staff involved advocates in reviews of people's care or where consent was required.

Walkern Lodge was not a purpose built home, but had been extensively adapted from a residential home. People could access a large garden with outbuilding they used for arts and crafts and had communal areas and a kitchen they could all use. People's 'flats' were a good size with an en-suite shower room and personalised with people's individual items.

People were supported to cook their own meals and carry out their shopping. We heard staff and people discuss what they were going to have for lunch and dinner on both days, and then all people were supported to purchase the ingredients. Staff then assisted people to prepare their meals, encouraging people as much as possible to be involved. Staff gave advice regarding healthy eating and monitored what people had eaten. Where people had a specific dietary need, such as an allergy or intolerance, staff spoke to people to help them make healthy choices. People had their weight monitored regularly and took appropriate actions when necessary.

People had regular contact with health care professionals and staff referred people to health care professionals when their needs changed. For example, one person had developed blisters which caused them significant discomfort. Having tried a variety of other options staff were planning on taking the person to see the podiatrist for a review of their footwear. Staff told us about involvement from GP, psychiatrists, social workers, dentists, district nurses and opticians.

Good

Is the service caring?

Our findings

People we spoke with told us they felt the staff were caring. One person said," I like the staff here. They are nice. [Manager] is my favourite, they look after me." A second person said, "Staff all care for me, I love them all."

We observed that people and staff communicated openly, interactions were sensitive and kind. It was clear from our observations over the two days that the manner which people related to staff demonstrated good relationships between them based on respect and trust. This suggested that there was a good relationship between people and staff. Because of the intense staffing levels each person had at least one staff member allocated to them, this meant staff had all day to spend with just one person, this helped them to form close and meaningful relationships.

Staff treated people with dignity and knew people well. Staff knocked on bedroom doors and greeted people when they went in and ensured bedroom doors were closed when they provided personal care to people or for privacy. One person was particularly protective regarding their privacy and did not like staff entering their flat at times. We saw that when they wanted staff to leave them they did. A doorbell had been placed inside this person`s flat for them to use when they wanted staff support. This helped to ensure this person`s privacy was maintained.

People looked well groomed, their hair looked clean, staff had listened to how people wanted to look and supported them with that. For example, one person and their staff member were discussing a shopping trip they were going on to buy clothing and accessories. The person was clearly excited as they detailed the things they were looking forward to buying. Staff were supporting a second person to go to the hairdressers because they wanted their hair dyed. Where staff listened to people and how they wanted to be supported this helped to create relaxed atmosphere in the home.

People told us staff were open to their suggestions and listened to what they wanted support with. For example we saw on the day of the inspection a person wanted to prepare their own meal and they needed support to complete a shopping list to ensure they had all the ingredients they needed. Staff took time and helped the person compile their shopping list and then accompanied the person to a local shop to buy what was needed. People and staff told us that they met regularly with people to discuss their support needs. People were able to discuss areas of their care and support that was important to them for example their social life, activities, physical and mental health among others.

People were supported and encouraged to be independent. For example because a person spent a considerable amount of time in institutions they had lost some of their everyday living skills. Staff supported the person to become more independent, supporting them to think about what they wanted to achieve and arranged support with budgeting, shopping and cooking among a number of other areas.

We found that personal documents and records for people were held securely and people had a say in who had access to the information in their care plans.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and the support they received was as they liked it. One person said, "The staff do the things I want to do." A second person said, "It's nice, I have my own flat and things I like, if I want help then the staff do it."

Care plans when completed contained information about people`s mental health needs, medical conditions, personal care needs, medication, risks to their well-being, and also records when other health or social care professionals visited or subsequent care reviews. We found that people's care plans when developed were completed in partnership with them and they detailed discussions they had with staff in setting goals they wanted to achieve.

Personal behavioural support plans were a key area where people's individual needs and wishes were recorded and gave sufficient insight into people`s perception of their mental health condition. These plans gave people a daily structure with clear goals to support their mental health.

On both days of our inspection we found that people were engaged in a variety of activities that were specific to their interests. Activities were planned with people on a daily basis following what people chose to do which was documented in their daily behavioural plans. We saw there was a mix of therapeutic activity along with social and lifestyle activities. People could however change this depending on what they wished to do, or how they felt. Activities included, cooking sessions, shopping, arts and crafts, face painting, day trips and visiting local towns for lunches and socialising. We saw when we arrived one person painting the faces of all the staff and manager in a variety of colourful designs. All involved were clearly enjoying the activity, along with senior management who visited later that day.

Staff worked with people and their relevant health professionals to plan larger events such as holidays, which required a lot more planning and management. People were supported to build gradually up to larger activity such as a holiday, by working towards smaller goals, such as going on a day trip.

People told us they were not bored and they had available resources in the home to use as well as having friends and relatives visiting if they wished. On the days of our inspection the home was busy and vibrant. People were occupied getting ready to go out shopping for food and clothes, visit the bank, cook their meals or prepare for group activities such as art and craft. There were a number of lively discussions and debates about who was going where and what they were going to do, which demonstrated people were free to choose how they wished to spend their day, and with whom.

People told us they were able to raise concerns within the home with staff or the manager if they needed to. The manager was able to demonstrate to us where they had listened to people`s views particularly in relation to the environment they lived in. People had requested new furniture for the communal areas, and had been able to choose the style and colour of the furniture that was ordered. The manager regularly met with people to discuss their views, and also kept people informed of any necessary developments within the service that may affected them.

The service had a complaints policy in place that was available to people living at the service and visitors. One person told us, "If I am not happy I talk to [manager] and they put it right." There had been no recorded complaints received since the service registered with CQC. However, grumbles and concerns reported to staff were not formally documented.

Requires Improvement

Is the service well-led?

Our findings

People and staff told us they felt the home was well managed. One person said, "I like [manager] I think they are very nice, they listen to me." One staff member said, "I think [manager] is supportive, they keep us up to date with what is going on. It's been up and down lately with the staff coming and going but [manager] has done well to keep things going."

At the time of this inspection there was not a registered manager in post. The previous registered manager had deregistered in October 2017. The current manager had been in post since November 2017 and had begun the process of registering with CQC and was awaiting the results of their criminal records check, however was not registered with CQC as required.

There were quality assurance systems in place to help identify and improve the quality of care people received. The manager completed their own regular audits in areas such as infection control, medicines and care planning. They had identified people's care plans were unwieldy and cumbersome with information that was no longer relevant. Both the manager and regional manager identified that people's care plans focused on their clinical needs, and not their social care needs, relevant to the regulated activities provided. The manager was in the process of updating and developing a new care planning system.

On the first day of the inspection we looked at one person's care records to see how their needs had been assessed prior to recently moving to Walkern Lodge. We were unable to see this assessment and related care plans because the manager had the information stored on their laptop. This meant the information was not available to staff working at the service.

People's care plans, although cumbersome did not consistently contain detailed or individualised risk management plans to manage and mitigate identified risks. People's monitoring charts for areas such as blood tests, medication appointments for injections and skin integrity were inconsistently completed. This meant when these areas among others were reviewed by health professionals they did not have a complete and accurate record available to make an informed decision.

The provider carried out their own regular audits of the quality of care. We saw from previous audits that areas for improvement had been identified in relation to care planning, incidents and accidents to be reviewed, and requirements of the Mental Capacity Act 2005 to be met when considering consent for people that may lack capacity. We saw that some of these areas were in the process of being reviewed, however found on the day of inspection we needed to prompt the manager to complete DoLS applications for restraint, and develop a plan of care for one person recently admitted.

The home was working in line with the values that underpin the Registering the Right Support. These values include choice, promotion of independence and inclusion, although the home did not always record how this was being done. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The management team had embedded monitoring systems and were working on ways to develop them further. However, these systems had not identified and resolved all the issues found at this inspection. We saw that any actions identified as needed to improve the service was captured in a service improvement plan. We found that some of these improvements were already on going and some staff were already booked for training, and the manager was reviewing care records.
The manager was aware of local organisations they could share information and develop their practise with, and was a member of a local training and support organisation. They had also sought the support of another manager who was part of the providers group to support them with reviewing areas in governance such as incident management. The manager was developing the links with the local authority and mental health services; however developing local links with the community was an area that required further development.

The views and opinions regarding the way the service was managed had been collated. However at that time only one person lived at the service and the manager therefore planned to revisit this area to gain a broader view of the quality of care provided to people.

The manager demonstrated a very good understanding of people`s needs and were clearly passionate about delivering a high quality service. Staff told us they received appropriate support from the manager and they understood their roles and responsibilities. Statutory notifications were submitted by the provider to CQC in a timely manner. This is information relating to events at the service that the provider is required to inform us about by law.