Homes Together Limited

Caxton Lodge

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 19 March 2016 and was unannounced. There were no breaches of regulation at the last inspection on 24 August 2014.

Caxton Lodge is registered to provide residential and personal care for up to ten people with a learning disability and an associated visual impairment. The home is a large Victorian building near to Ripon town centre. There is a garden to the rear of the property and parking for visitors and staff.

The home has a registered manager in place. A registered manager is a person who has 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.

We found people were cared for and supported by sufficient numbers of suitably qualified and experienced staff. Robust recruitment procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work. Staff received the training and support required to meet people's needs.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff ensured that people were supported to make decisions about their care where possible. People were cared for in line with current legislation and they were consulted about choices.

Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Relatives we spoke with also told us they thought people were safe at the home. There were systems and processes in place to protect people from the risk of harm. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

People's care plans contained sufficient and relevant information to provide consistent care and support. People's mealtime experience was good with ample assistance available for those who required one to one help with their meal. People received good support which ensured their health care needs were met. Staff respected people's privacy and dignity.

Staff had been responsible for encouraging and supporting people with new interests which they had benefited from. The home made a particular effort to communicate with relatives and other interested parties to make sure that people were 'given a voice' despite their complex needs.
People were supported to take part in activities and daily occupations which they found both meaningful and fulfilling. Relatives told us that they appreciated how staff had thought of new ways to make sure people could join in daily routines and events they could enjoy.

We were told by relatives, and we also observed throughout our visit, that people were treated with patience and kindness. Staff responded quickly to people's changing needs and knew people well enough to know when a subtle facial expression or a sound indicated they needed assistance or support. Staff knew how best to communicate with people. This included the use of gestures, touch, key phrases and noises, which the person understood. We saw people smiling and engaging with staff. Needs were regularly monitored through staff updates and staff meetings. We saw staff had a good rapport with people and worked together as a team.

The home was kept clean and tidy and staff were trained in infection control.

People's needs in relation to their diet were met. We saw plenty of food and drinks being made available throughout our visit. People seemed to enjoy their meals and their individual preferences had been incorporated into menus. The dining arrangements were organised to make sure people were settled and calm during their meal. This included three sittings, so that smaller groups were seated at any one time so that people could be given the individual attention they needed. We observed that the dining experience was pleasant and that people had choice and variety in their diet.

The service had good management and leadership in place. Relatives and people who used the service had opportunities to comment on the quality of the service and influence service delivery. Effective monitoring systems were in place, which made sure people received safe, quality care. Complaints were welcomed and were investigated and responded to appropriately. The registered manager and deputy worked alongside the team, supporting the staff to make sure people received the care and support they needed. Staff told us they got on with the registered manager and that they were approachable and listened to them.

There were quality assurance systems in place which were used to make improvements to the service. We sampled a range of safety audits and looked at the results of a recent quality survey sent out to relatives and healthcare professionals.

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, who were able to give us their view, told us that they felt safe and secure at Caxton Lodge.

People received the right medicines at the right time because medicines were properly managed.

There were enough staff on duty during the day and night to meet people's needs.

There was a robust recruitment procedure in place which meant that only staff who were suitable to work with people who may be vulnerable were employed.

The registered manager was proactive in addressing issues of safety which kept people safe and minimised the risk of harm.

Is the service effective?

Good

People's changing needs were met by staff who had received comprehensive training. The registered manager supported staff to develop professionally in an atmosphere of respect and encouragement.

People had access to a full range of healthcare services when they needed them.

The registered manager and staff were aware of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This means that people were supported to make decisions about their lives in a way which maximised their autonomy.

People were consulted about their preferences with regard to meal choice and mealtimes were a social occasion. People's nutritional needs were met and kept under review.

Is the service caring?

Good

The service was caring.

Staff communicated with people in a clear, warm and caring way. Staff had positive relationships with people which benefited them.

Staff supported people to build their confidence and to feel reassured. They enabled people to be as independent as possible. Throughout our visit we observed that staff had respect for people's privacy and dignity.

Relatives told us that staff were caring and friendly. We observed this throughout our visit. We also found staff supported people through their day, at their own pace and in line with their individual needs.

We found that staff took a pride in their role. Staff were positive and 'up beat' during our visit, taking time to make sure everyone was comfortable and had what they needed.

Is the service responsive?

Good

The service was responsive to people's needs, some of which were complex.

People received personalised care which had been discussed and planned with them, or their relatives. People were supported to engage in a variety of activities and staff had safeguards in place so that outings and activities could go ahead within the home and the local community.

Staff made every effort to make sure people's lives were as fulfilling as possible.

People's views were listened to and acted upon by staff.

Is the service well-led?

Good

The service was well led.

The registered manager and the senior staff team were supportive of people who lived at the home and of each other.

Staff understood their roles and responsibilities and they told us they were encouraged and supported to develop professionally.

Staff told us they were had good leadership and guidance to carry out their roles as effectively as possible.

Staff were supported to improve their practice across a range of

areas. Communication between management and staff was regular, effective, inclusive and informative.

There was an effective quality assurance system in place. The registered manager and staff team were proactive in their actions to find ways to improve the experiences of people living at Caxton Lodge.

Caxton Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 19 March 2016 and was carried out by one adult social care inspector. The inspection was unannounced.

Some people who used the service had complex needs and were unable to share their views about their experiences. We therefore used observations throughout our visit to make a judgement about people's experiences. We observed how people were in their surroundings, how staff interacted with them and how individual's needs were being met. As part of the inspection we also took time to contact relatives by telephone to seek their views.

Prior to our inspection we reviewed all of the information we held about the service. We considered information which had been shared with us by the local authorities, who were responsible for placements. 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 gathered information we required during the inspection visit.

We spoke with the relatives of three people who lived at the home, four members of staff, the registered manager and the operations manager. We also met everyone who was at home and spent time with them in the communal areas or their bedrooms.

We looked at all areas of the home, including people's bedrooms, with their permission where this was possible. We looked at the kitchen, laundry, bathrooms not in use, toilets and all communal areas. We spent time looking at three care records and associated documentation. This included records relating to the management of the service; for example policies and procedures, audits and staff duty rotas. We looked at the recruitment records for three members of staff. We also observed the lunchtime experience and interactions between staff and people living at Caxton Lodge.

Good

Is the service safe?

Our findings

People who could share their views and relatives told us people were safe and secure at Caxton Lodge. One person told us, "I am safe; I can't think why I wouldn't be." One relative told us, "I have no concerns about my [relatives] safety; the staff know what they are doing."

Staff had received up to date training in areas relating to safety such as, moving and handling; safeguarding of adults; risk assessment; whistle blowing; fire safety; infection control; diversity and human rights and medicine handling.

Staff told us about the equipment they used to ensure people were moved safely. They had received training in this and equipment was up to date and working well. Staff told us about taking their time with people, so that they could retain their independence whilst also keeping them safe.

Staff spoke knowledgably about areas of risk and they correctly explained what they would do if they witnessed or suspected that abuse had taken place. Safeguarding notifications had been sent to CQC as required.

We saw risk assessments in care plans. These were detailed for each individual and had a clear emphasis on supporting people to have as much freedom as possible. We saw risk assessments for such areas as physical care needs, activities outside the home, moving and handling, and food and drink. Staff understood the needs of each person and the strategies which had been agreed to protect them from harm. Only one person had been assessed as safe to go out unaccompanied in a taxi. Everyone else needed to be accompanied and this was managed effectively so that people had access to community facilities.

Risk assessments for the environment had been completed and were regularly reviewed with the changing needs of the people who lived at the home, featuring in the information. There were no obstructions or risks to people moving about the home.

The registered manager analysed information relating to accidents and incidents and used this information to plan for future care. All incidents were recorded and an outcome based plan was written to minimise the risk of future occurrences. In some instances, new plans were reviewed after a week to check their effectiveness and where necessary, revised.

People were encouraged to raise concerns about their safety in individual discussions with the staff team. Staff also included this information in team meetings and during handovers at shift changes. This meant that everyone was supported to raise any issues so that prompt action could be taken where necessary.

At the time of our visit there was full occupancy. Every day, including weekends, there was a manager or senior member of staff on duty. There were also on call arrangements which were organised on a roster basis. Staffing was organised to accommodate the dependency levels of people living at the home and staff told us they worked flexibly to make sure there was continuity of care if someone was absent from work,

taking annual leave for example. No agency staff were used. The home employed a team of care workers and had access to a maintenance person and activity organisers who worked across the organisation.

One relative told us, "There are lots of staff. Sometimes when we visit there might only be two in the house but that's because the others are out with people. There doesn't seem to be a problem that way." Another relative told us, "They have everything they need. The staff do it all."

We found staffing levels were sufficient to meet the needs of people who used the service. On the day of our inspection the staffing levels agreed within the home were being maintained, and this included the skill mix of staff. The home does not use agency staff.

We observed staff assisting people to move around the home and saw this was done at the persons pace and calmly. The staff member provided quiet reassurance if needed. The home was generally well decorated and was suitable for people with limited mobility, as there was level access throughout the grounds and premises. People were provided with equipment to help reduce the risk of harm and keep people safe. The home had detailed records of when falls or incidents occurred.

Staff were aware of the level of support people required should the building need to be evacuated in an emergency. We looked at the records for fire safety and saw evidence of routine fire checks taking place. Fire extinguishers and other fire prevention equipment were also checked on a regular basis. Staff we spoke with were able to confidently describe the action they would take if the fire alarm sounded. We found regular maintenance checks were carried out which included routine room checks, emergency lighting and water temperatures. Where staff had identified maintenance issues in the home they recorded this in a log which then resulted in prompt action being taken to carry out the necessary repairs.

We looked at the recruitment records for three staff, which showed safe recruitment practices were in place. We found recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) and that two references were obtained before staff began work. The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people. This meant that the home had taken steps to reduce the risk of employing unsuitable staff.

People's medicines were handled safely and according to the home's own policy and procedure. Prescribed medicines were provided in a 'pre-dispensed blister pack' from the local pharmacist. The service had a person who was responsible for managing the medicines. This included reordering, stock control and audits. Staff had also received up to date training in handling medicines and were able to tell us about safe practice. They also understood what certain medicines were prescribed for, the effect they had on people and the importance of keeping medicines under review.

People's medicines were stored securely in locked cabinet in a locked store room. There were procedures in place which meant that medicines were given in a timely and correct way, including those medicines which were needed before meals. Medicines which were not prescribed, such as homely remedies, were also recorded when given. There were risk assessments in place for homely remedies and where necessary the person's doctor had been contacted for advice about how best to give medicines where people had difficulty with swallowing for example. We looked at the Medication Administration Records (MAR) for seven people. The home was on the third week of a monthly cycle. The MARs were well completed and medicines were signed for, which indicated people were receiving their medicines as prescribed.

Controlled medicines were rarely provided or kept but there were arrangements for these to be stored

securely. The service had consulted with their local pharmacist about medicine arrangements and we saw an audit had been completed as part of that process.

Infection control and hygiene standards were well managed. Staff explained how they used protective wear such as aprons and gloves to ensure people were protected from the risk of infection. We saw these were used routinely throughout our visit and were available in bathrooms and peoples bedrooms so that staff could access them easily. Staff understood their responsibilities around minimising the risk of infection. The service had this year achieved a level 5 in food hygiene from the environmental health service, where 5 is the safest score. The home was clean and smelled fresh throughout. The laundry room, domestic in style and layout, had a suitable washing machine and dryer.

Staff we spoke with were able to identify different types of abuse and could describe the signs they would look for which might indicate a person was being abused. Staff told us they would report any concerns about abuse to the registered manager. They felt confident their concerns would be listened to, but also said they would pass on details to the CQC if they felt they needed to. The staff training records showed staff had received safeguarding training and some had completed this during induction. Staff were also aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the home if they felt they were not being dealt with effectively.

Good

Is the service effective?

Our findings

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).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us there were nine people subject to a DoLS authorisation at the time of our visit. The training records showed that all staff had completed training in this topic.

The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. One relative told us, "The staff make it easy for me to help with the decisions being made. They ask me questions and between us we decide what is best."

We looked at staff training records which showed staff had completed a range of training sessions, which were either through an e-learning method (on the computer) or conducted face to face. These included emergency procedures, food safety, infection control, moving and handling and autism. The registered manager told us they had a mechanism for monitoring what training had been completed and what still needed to be completed by members of staff.

We were told by the registered manager that new staff completed an induction programme which included orientation of the home, policies and procedure and training. They also said each new staff member worked 'shadowing' a more experienced member of staff until they felt confident and were able to work unsupervised. One member of staff confirmed this and explained their induction programme and how they were able to work with another member of staff in this way.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. When we looked in staff files we were able to see evidence that staff had received individual supervision and appraisals. If there were concerns about performance or practices which needed addressing then supervisions were planned more regularly. Staff told us they found supervision sessions useful and used it to discuss their practice and highlight any training requirements. They also liked to discuss what they were doing well and any areas they felt they could improve.

During the day we saw staff supporting people with their breakfast, lunch and afternoon snacks. Staff were seen giving people different choices of food and drinks. Staff took the time to ask people what they wanted and knew by their responses if they were providing what they liked. We also observed the lunchtime meal

being served. Again people were supported with their meals and could either sit at the dining table or in their own rooms. Those people who needed additional assistance or supervision during their meal were supported appropriately. Everyone seemed to enjoy their meals and were given time to eat at their own pace.

Staff told us they knew what people liked to eat and that if there was a meal they did not like they would provide an alternative. The home provided a main meal at teatime and a snack at lunchtime. People also varied their dining experience with trips out to local cafes for meals, takeaways and snacks, accompanied by staff when appropriate.

We found records concerning people's dietary requirements were well managed and these were detailed enough so that staff knew how to best support someone. We saw snacks and drinks were available throughout the day and staff regularly checked if people wanted a drink.

We saw evidence in the care plans that people received support and services from a range of external healthcare professionals. These included doctors, community psychiatric nurses, district nurses and dieticians. Needs around clinical care were recorded. For example, we saw plans around nutrition management. People were regularly weighed to identify anyone who may be at risk of losing weight or malnourishment. Nutrition and fluid charts were used when necessary. This gave evidence that staff monitored people's health to maintain and improve their physical wellbeing.

Relatives told us that the staff were very knowledgeable about people's care needs and that they had no doubt their needs were being met in full. One relative told us, "The staff deal with things quickly, nothing gets missed." Another relative told us the home was good at keeping them informed if there had been a hospital appointment or a change in condition.

Good

Is the service caring?

Our findings

People were comfortable in their home and had access to various rooms in which to spend their time. We saw some people sitting in a lounge area listening to music, people using the sensory room and dining room and others spending time in their bedroom. People's care was tailored to meet their individual preferences and needs. People looked well cared for. They were clean and generally well-groomed in their appearance, which demonstrated good standards of care.

Relatives told us that staff were "conscientious, caring and well able" to meet the needs of people living at the home. One relative told us, "[name] is very, very happy at the home. It is a lovely place, the best home if you ask me." We found that staff were compassionate and patient and supported people through their day at their own pace. One relative told us, "They are a very friendly team of staff. I have nothing but praise for them all." Two members of staff told us they loved coming to work and that they enjoyed the positive impact they had on people, which was rewarding to be a part of.

We spent time with people in the communal areas and noted they were comfortable and happy around staff. There was also plenty of banter and laughter between them as they chatted. There was a caring and relaxed atmosphere throughout our visit and staff were seen being attentive and warm towards people they were supporting. We saw that staff engaged with people and encouraged them to express their views. Staff listened with interest to people's comments and gave people time to respond to any questions. When we asked people about the way staff spoke with them, one person told us, "The staff take their time and listen to me. They are patient." Some people were able to express their views clearly but there were others whose voices may not have been so easily heard. People who had difficulty communicating were enabled to give their views by staff spending time with them, understanding their body language and/or consulting with those who were close to them.

During our visit we saw that staff members responded quickly to any requests for assistance. Staff were attentive and noticed subtle changes in a person's mood or state of wellbeing, which indicated they needed support or help. We observed staff interacting with people in a positive and respectful way. Staff clearly knew how best to communicate with people and interacted effectively using key phrases or particular noises which meant something to the person. Staff told us they had time to spend with people and they were able to help them do the things they enjoyed. They were also given time to get to know people and knew how to approach them and help them feel comfortable.

The service respected the confidentiality of people living at Caxton Lodge. Staff members told us they did not share confidential information inappropriately. Confidential information was securely stored in the office and not left out for other people to see. Staff told us they were highly motivated and committed to the people they supported at Caxton Lodge and that they ran the service for their benefit. Staff spoke enthusiastically to us about their work.

People's privacy and dignity were respected. Staff members told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their

support, for example their social involvement and their choice of meals and food.

Care plans contained good assessment information that helped staff understand what people's preferences were and how they wanted their personal care to be provided for them. The care plan highlighted what was important to each person showing information about what they 'must have' what was 'important to have' what they 'enjoyed having' and what they 'must not have.' For example, a 'must have' could be "I must have my watch with me every day as it helps me remember that I need to take my medication at a certain time." There was also information in care plans about how people communicated how they were feeling and what behaviours showed this. These subtle non-verbal signs were crucial for staff to understand so they knew how to support someone effectively and in accordance with their wishes.

People were supported to maintain relationships with their families and friends. This included supporting people to visit those they cared about and welcoming visitors into the home.

Good

Is the service responsive?

Our findings

Relatives told us that the service involved them in their relatives care. They felt people lived an interesting and fulfilling life. One relative told us, "The staff are able. The home is top of the league as far as I am concerned." We received positive comments about the care provided and some minor comments about lost laundry and clothing items, but overall relatives were satisfied with the care provided and the way people were treated by staff.

We found that staff gave care in a bespoke way. Relatives told us that they had been involved, along with the registered manager and staff team to draw up care plans. Daily notes and activities records were very detailed and provided information about care which was responsive to individual needs and showed the extent of staff support provided. Relatives and other significant people were also consulted to assist staff to build a picture of each person across the whole of their lives. Staff were clear to point out that the care plans were not just about the past but were a document about the present and future plans too. We noted that long term and short term goals were set and these were reviewed regularly. For example, one person had wanted to go swimming. This had been arranged and a review held shortly afterwards to check if the plan in place was working.

It was clear from speaking to relatives, reviewing written evidence and observing the interactions from staff on the day of our inspection that people were supported to live fulfilling lives which were appropriate and relevant to them. People had complex conditions and despite the challenges this can present, staff were prepared to make strenuous efforts to make sure people could engage in social activities and daily events which they knew people would enjoy and benefit from.

The home operated a key worker system for the people who used the service. When asked, the care staff explained the role mainly involved making sure a person's personal care and effects were appropriate and in order as well as liaising with their relatives and health professionals.

The home regularly asked for the views of relatives and other visitors and these were recorded. Any agreed changes arising from discussions were written down with updates on how progress was being made to achieve these.

The home had a varied and interesting programme of activity and entertainment on offer. This included individual events and group participation. We noted that people had been involved in going to the gym, church visits, attending social clubs, day services and horse riding. There were also individual outings to local cafes and attractions. People had access to two house vehicles which were used to take people out on events or to carry out routine shopping trips or attend medical appointments. Everyone at the home had contact with relatives or an advocate. Contact was regular and was either by telephone or visits. The home encouraged visitors and staff supported people to maintain their relationships with people who were important to them.

The registered manager told us they explored the potential benefits of each activity and then evaluated

them with suggestions for improvement, from either the staff member supporting the person or their relative. People's feedback was used to help with future planning. We saw photographs of people on outings and engaged in interesting pastimes. Staff were proactive in researching appropriate activities for people and were sensitive to their individual needs. Some activities were arranged in house and were tailored to each person's preferences. Additional staff were also provided where necessary to make sure activities went ahead without disruption or cancellation.

Relatives told us they were encouraged to express any concerns or complaints they might have. Staff used a variety of methods to support people to communicate if they were unhappy or not. This included information which was supplied in a pictorial format. Staff also had regular contact with people's relatives and other agencies who knew people well, to make sure they had all the right information to satisfy themselves that they were providing a service which people were happy with.

Good

Is the service well-led?

Our findings

The registered manager told us they promoted open, enabling and supportive lines of communication between people living at Caxton Lodge, their relatives and the staff team. One person told us, "The staff are pretty good, I know them all and don't mind who I speak to if I am upset. They sort it out."

There was a registered manager in post who had been in post for a year, but had worked for the organisation for several years. The registered manager was supported by a deputy manager and a team of care workers. The home had a low staff turn-over until recently but had recruited new staff to provide a 'stable' staff team again.

Staff told us that they felt well supported by the management team. People and staff also spoke positively about the providers, who they said cared about providing quality care and who supported and encouraged the development of improvements throughout the home.

The registered manager sought people's feedback informally through chatting with people and more formally through surveys, reviews and meetings. The home held meetings to gain people's feedback and also asked for the views of relatives and other visitors, which were recorded. Any agreed changes arising from discussions were written down with updates on how progress was being made to achieve these. People were also informed when new staff were appointed and they were introduced gradually so that people could build up trust and get to know the person before they gave one to one support. This was crucial where people were used to routines and any changes could upset them, resulting in behaviours which could challenge.

The registered manager told us they, with the help of all the staff, were keen to provide an extremely good service and that they wanted to do their utmost to make people's experiences as positive as possible. Staff confirmed that the management team embodied the core values of the home and promoted an atmosphere of inclusiveness when working towards the overall aims of the service.

Staff understood the scope and limits of their roles and responsibilities and when they needed to consult with external agencies or other healthcare professionals. They also knew who to go to for support and when to refer to the registered manager.

Notifications had been sent to the CQC by the service as required.

We saw that the home had a system of audits and checks in place which focused on outcomes for people. Any shortfalls were identified and action plans were in place to improve issues as necessary. Improvements were checked against an agreed timescale, to ensure that they were put in place in a timely way. Plans for improvements and progress towards achieving them were also openly shared with people who lived at the home and their relatives in meetings and discussions. People told us they were kept informed, up to date and consulted and agreed that they had a say on the way the service was delivered.