Richmond Psychosocial Foundation International

Lancaster 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 was an unannounced inspection that took place on 15 and 16 September 2015.

Lancaster Lodge is a care home for up to 11 adults with mental health needs.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

In May 2014, our inspection found that the service met the regulations we inspected against. At this inspection the home met the regulations.

People told us that staff provided a very supportive service that was focussed on their needs and they liked living at the home. There were opportunities to choose individual and group activities that would enable them to build up the life skills required to live independently,

Summary of findings

further their education and it was up to them to take advantage of the opportunities provided. They said staff provided the support they required in a way that suited them.

We saw that the home's atmosphere was friendly, enabling and inclusive. People came and went as they pleased during our visit. The home was clean, well furnished, maintained and a safe environment for people to live and staff to work in.

The records we checked were comprehensive and kept up to date. The support plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties efficiently.

The staff were very knowledgeable about the people they worked with as individuals and the field they worked in. They had appropriate skills, qualifications and were focussed on providing individualised care and support in a professional, supportive and friendly way. They were well trained and skilled in dealing with behaviour that may challenge and de-escalation techniques. Whilst professional they were also accessible to people using the service and their relatives. Staff said they had access to good training and support.

People were protected from nutrition and hydration associated risks by staff supporting and advising them regarding healthy and balanced diet options. They were positive about the choice and quality of food available. People were encouraged to discuss health needs with staff and had access to community based health professionals, as required.

The management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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.

People said that they felt safe and we saw that they lived in a risk assessed environment. There were safeguarding and de-escalation procedures that staff followed. The staff were background checked, trained and experienced.

People's medicine records were completed and up to date. Medicine was safely administered, monitored, stored, disposed of and regularly audited.

Good

Is the service effective?
The service was effective.

People's needs were assessed and agreed with them, specialist input from community based health services was provided, care plans monitored food and fluid intake and balanced diets were encouraged.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged if required.

Good

Is the service caring?
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. People's preferences for the way in which they were supported were met and clearly recorded.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs. Staff provided good support, care and encouragement.

Good

Is the service responsive?
The service was responsive.

People chose and joined in with a range of recreational and educational activities. Their support plans identified the support they needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

Good

Is the service well-led?
The service was well-led.

The home had a positive culture that was focussed on people. People were familiar with who the manager and staff were. The manager and staff enabled people to make decisions by encouraging an inclusive atmosphere.

Good

Summary of findings

Staff were well supported by the manager and management team and the training provided was good with advancement opportunities available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Lancaster Lodge

Detailed findings

Background to this inspection

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

This was an unannounced inspection and took place on 15 and 16 September 2015.

This inspection was carried out by one inspector.

There were six people living at the home. We spoke with three people, three staff, relatives, local authority commissioners and the registered manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for two people using the service.

Good

Is the service safe?

Our findings

People said they felt safe at the service and in the community. One person said, "I feel safe here." Another person told us, "I feel very safe living here and it is very beneficial for me." A relative told us, "A really safe environment with well trained staff."

Staff were aware of how to raise a safeguarding alert, when this should take place and had received safeguarding training. There was no current safeguarding activity. Previous safeguarding issues were appropriately reported, investigated, recorded and learnt from. Safeguarding information was included in the staff handbook. Staff understood what abuse was and the action to take if they encountered it. This matched the home's policies and procedures. Staff said protecting people from harm and abuse was part of their induction and refresher training.

People's risk assessments enabled them to take acceptable risks and covered areas of daily living that included health and social activities. They underpinned care and treatment plans and were reviewed and updated monthly as part of the care reviews. There were general risk assessments for the home and any equipment used that were reviewed and updated. These included fire risks. The home and grounds were well maintained and equipment used was regularly checked and serviced.

The team shared information regarding risks to individuals including any behavioural issues during shift handovers, weekly staff meetings and if they occurred. There were also accident and incident records kept and a whistle-blowing procedure that staff said they had confidence in. Staff received training regarding behaviour that may challenge and the home had a restraint policy and procedure that was based on de-escalation techniques. This included specific guidance regarding each person using the service. Staff were also aware of what constituted lawful and unlawful restraint.

The provider's staff recruitment procedure recorded all stages of the process. This included advertising the post, providing a job description, person specification and being short-listed for interview. There was a formal interview with two of the organisation's home managers and the Chief Executive Officer (CEO) that contained scenario based questions to identify people's communication skills and knowledge of the field in which the service operated. There was also an informal process where prospective staff were invited to meet people using the service, other staff members and have a meal at the home. This enabled them to become acquainted with people, the home and for people using the service and the staff team to form an opinion of their suitability for the role. References were taken up and security checks carried out prior to starting in post. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood.

We saw there were enough staff to meet people's needs and support them in the activities they had chosen at home and within the community. This was reflected in the way people were supported to carry out activities safely. The staff rota showed that support was flexible to meet people's needs at all times and there were suitable arrangements for cover in the absence of staff due to annual leave or sickness. Where possible support was focussed to promote independence and encourage people to make positive lifestyle choices. This included planning their educational pathways.

Some people using the service were self-medicating within a stepped process. The level of independence depended on their assessed ability and confidence to achieve this task. This was regularly monitored and level of independence increased or decreased depending on how well the person accomplished this skill. The process was monitored on alternate days for the first week, then two weekly and if successful then a minimum of monthly. Medicine was safely administered, stored in a locked facility and appropriately disposed of if no longer required. The staff who administered medicine were appropriately trained and this training was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked, found to be fully completed by staff and up to date. There were medicine profiles for each person in place. Any mental health related medicine changes were authorised by a consultant psychiatrist, whom then contacted the appropriate GP to provide new prescriptions. No controlled drugs were kept on the premises.

Good

Is the service effective?

Our findings

People told us they felt that staff helped them to do the things they enjoyed and wanted to do with their lives. One person said, "This is more structured than any other place I have been too, which is good, you get into a routine." Another person said, "Staff listen and advise; sometimes it is advice you don't want to hear, which is good." Staff communicated with people clearly and in a way that enabled people to understand in their own time. A relative told us, "This is a good half-way house between hospital and home that encourages people to have more control over their lives."

Staff told us and records demonstrated that they received full induction and annual mandatory training. The induction was comprehensive, took place over two weeks and included written information about their roles and responsibilities. All aspects of the service and people who use it were covered and new staff spent time shadowing experienced staff. This increased their knowledge of the home and people who lived there. The annual training and development plan identified when mandatory training was due. Training included infection control, manual handling, medicine, food safety, equality and diversity and health and safety. There was also access to individual, role specific training that put staff in the position of people using the service to improve their knowledge of the problems people encountered and gave indicators of best methods to provide effective support. Specialist training included self-harm; psycho-analytical group work, flashback work and disassociation. Staff were also provided with recommended reading lists and monthly topic discussions took place. Monthly supervision sessions and annual appraisals were partly used to identify any gaps in training. There were also staff training and development plans in place.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. The home understood that applications under DoLS must be submitted by the provider and authorised if appropriate. All people using the service were assessed for capacity. The assessments were carried out by staff that had received appropriate training and outcomes were recorded in people's individual support plans. The manager explained that if required people's 'best interests meetings would be arranged and reviewed annually. The 'best interests' meetings would take place to determine the best course of action for people who did not have capacity to make decisions for themselves. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

The support plans we looked at included sections for health, nutrition, diet and specific eating disorders were recorded and monitored. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was a healthy eating information pyramid located on a noticeboard and information about essential minerals, vitamins and herbs and spices that promoted health. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff. People had regular health checks and records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their support plans.

People told us they enjoyed the meals provided. A person using the service said, "Staff support me to stay healthy." During our visit people chose their meals and there was a good variety of choice available, the meals were of good quality and special diets on health, religious, cultural or other grounds were provided. People also went out to eat. Cooking responsibilities were rotated on a daily basis with each person taking responsibility for a specific day with whatever level of support required from staff. People using the service were also responsible for being involved in the home's on-line food shopping, organising a menu plan and daily tasks such as buying milk and bread. The home had a vegetable plot that produced home grown produce.

Good

Is the service caring?

Our findings

During our visit people made decisions about their care and the activities they wanted to do. Staff knew people well, were aware of their needs and met them. They provided a comfortable, relaxed and enabling atmosphere that people enjoyed. One person told us, “It is very good here; staff are excellent on the whole.” Another person said, “The staff team are really good and very supportive”. A further person said, “Staff are lovely, I like them and the support is what I need.” A relative said, “Staff are very caring and non-judgemental.”

People said that the staff treated them with dignity, respect and enabled them to develop skills to enhance their independence and achieve their eventual goal of living unsupported within the community. Staff had received training about respecting people’s rights, dignity and treating them with respect that underpinned and enabled their care practices. People told us that staff provided the support they needed; they enjoyed living at the home and were enabled to follow the pursuits they wished to. Staff were friendly, helpful, listened and acted upon people’s views and people’s opinions were valued. This was demonstrated by the positive and supportive care practices we saw during our visit. Staff were skilled, patient, knew people, their needs and preferences very well. They maintained appropriate boundaries and made people aware of them whilst making the effort to provide an atmosphere that meant people enjoyed their lives. People were encouraged to join in with activities if they wished but not pressurised to do so. Staff also made sure people were included if they wished to be and no one was left out. One person had a birthday during the inspection, a birthday cake was provided and people went out and celebrated in Richmond.

Staff continually made sure people were involved, listened to and encouraged to do things for themselves. Each person was asked by staff if they would like to speak to us, given the time to decide for themselves and option of doing so individually or as a group, depending what they felt most comfortable with. Staff facilitated good, positive interaction between people using the service and promoted their respect for each other during our visit. People were free to come and go as they pleased.

Staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned. There were numerous positive interactions between staff and people using the service throughout our visit.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

People said that they were asked for their views and opinions by the home's manager and staff. They made their own decisions and were given time to decide the support they needed, wanted and when by staff. They also said the care and support they got was what they wanted. It was delivered in a way people liked that was friendly, enabling and appropriate. If they had a problem, it was swiftly dealt with. People were supported and enabled develop life skills and enjoy a healthier life style. One person said, "People are encouraged to do things for themselves and given support when needed." Another person said, "I chose what I want to do, I'm looking for an apprenticeship and my keyworker is helping me with my CV." A relative told us, "This is a great place and I fought hard to get (relative) in there."

There was an admissions procedure that included assessment information provided by commissioning bodies such as local authorities and NHS hospitals. The referrals were discussed by the team and if appropriate the person was invited for informal visits. Assessments and interviews took place onsite although some people were also visited were they currently lived. People were invited to visit as many times as they wished, for a meal and a night stay so they could decide if they wished to move in and the home could better identify if their needs could be met. They were also given the opportunity to select a room of their choice that was held pending the outcome of the transition process that took as long as was required. People were also given the opportunity to talk privately with others currently using the service. Staff told us the importance of considering people's views so that the care could be focussed on the individual. It was also important to get the views of those already living at the home and give them the opportunity to say if they thought the person would fit in. During the course of these visits the manager and staff added to the assessment information. There were six and 12 week placement reviews before one to one therapy sessions with an identified staff keyworker began. People were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was. There were also house rules in place.

Regular placement reviews took place to check that the placement was working. If there was a problem with the placement, alternatives would be discussed, considered and information provided for prospective services where needs might be better met. People's needs were regularly reviewed, re-assessed with them and support plans updated to reflect their changing needs. The support plans were individualised, person focused and developed by identified lead staff and people, as more information became available and they became more familiar with the each other. The support plans recorded health, mental health, physical, psychological, emotional, educational and dietary needs. This information enabled staff to treat people and their wishes with respect and meet their needs.

The home provided care focussed on the individual and we saw staff put into practice training to promote a person centred approach. People were enabled to discuss their choices, and contribute to their support and support plans. The support plans were developed with them and had been signed by people. There were identified goals that people had agreed which identified the required staff support to achieve them. They were underpinned by risks assessments and reviewed at weekly key working sessions with people using the service. If goals were met they were replaced with new ones. Daily notes identified events of importance to the person using the service. The care plans were live documents that were added to when new information became available. The information gave the home, staff and people using the service the opportunity to identify further goals they may wish to achieve.

There was a strong emphasis on people making progress towards their goal of independent living in the community and avenues open to them to achieve this. There was a range of individual and group therapeutic activities within the home and development of educational and work based skills within the community. Each person had their own weekly individual activity plan. During our visit one person was starting university, another person was doing a 17 week Japanese language course and another sitting their first year 'Open university' exams. Two people also embarking on recovery college courses with a view to achieving social care qualifications. People also carried out voluntary work in the 'Vineyard' community centre. They also made good use of local recreational activities such as the gym, shops, theatre, pub lunches and rowing on the river. There were numerous therapeutic sessions that included art and crafts, women's, psycho-educational and

Good

Is the service responsive?

people's process groups. The home had also begun an annual art exhibition of pieces of art by people who use the service that was open to the public. People were also expected to improve their life skills by taking responsibility for tasks such as cooking one day per week, purchasing food items, clearing and cleaning the kitchen, their personal laundry, community garden project and keeping their rooms tidy. One person said, "I like cooking it de-stresses me and I feel relaxed afterwards."

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit.

Good

Is the service well-led?

Our findings

People told us the manager was approachable and made them feel comfortable. One person said, “The manager is lovely and understands.” Another person told us “The manager is around when I need him.” A relative told us, “I’m very much included, whilst staff respect my (relative’s) wishes if they don’t want me to be told of something as I would expect for myself.” During our visit the home had an open, listening culture with staff and the manager making themselves available to people and listening to what they had to say. It was clear from what people told us, the conversations they had with staff and their body language that they were quite comfortable talking to the manager and the staff team.

The organisation’s vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited during staff meetings. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way. There were clear lines of communication within the organisation and specific areas of responsibility that staff had and that they understood.

Staff told us the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration. Bi-weekly discussions about the core standards of the home took place within the staff team. There was a whistle-blowing procedure that staff told us they had access to and said they would feel comfortable using. They said they really enjoyed working at the home. They also thought they worked very well as a team and were supportive of each other. They were prepared to discuss sensitive subjects and how they made be affected by them. An example was given of reactions to suicides should they occur within the home’s community. A staff member said, “The best manager I have ever had.” Another member of staff told us there was, “We are a very close staff team and work with and for people using the service and each other.” A further member of staff said, “A challenging, but very supportive environment to work in.” The records we saw demonstrated that regular monthly staff supervision, weekly staff meetings and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained key performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. This enabled any required improvements to be made.

The home used a range of methods to identify service quality. There were minuted community meetings where any issues could be discussed regarding the home, living there and views and suggestions put forward. Home and organisational monthly quality audits and daily checklists were completed that included medicine, health and safety, and daily checklists of the building, cleaning, infection control and people's support plan information. Policies and procedures were audited annually. Finance audits took place annually and the organisation's finance subcommittee met six weekly. Trustees also regularly visited and pharmacy audits took place. The home also held regular reviews with service commissioners and the local authority rehabilitation team. There was also frequent contact with people’s relatives if appropriate.