

St Lucy Care Services

St Lucy 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

The inspection was unannounced and took place on 24 November 2016. The service was last inspected on 5 December 2013. At that time the service was meeting the essential standards of safety and quality and no concerns were identified.

St Lucy Lodge is a small family run service for people with mental health support needs. The service supports up to five people, at the time of the inspection there were four people living there. The service is registered to provide accommodation for persons who require nursing or personal care.

During the inspection the registered manager was not available. 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 2008 and associated Regulations about how the service is run.

People were protected from harm and abuse. There was a high level of awareness from staff and people using the service about abuse and what to do if someone was worried about themselves or somebody else in the service.

The care staff that we spoke with expressed an understanding of the scope of mental health support that people needed. We looked at training records in individual staff files and found a range of mandatory yearly training records.

Positive, caring relationships had been developed with people and staff showed that they knew the people they were supporting. People were given time to build confidence at their own pace with a long term aim to move into more independent accommodation.

There was a culture of listening to people using the service and different opportunities for people to feedback what they thought and ideas they had. The service had a complaints policy and procedure in place which outlined how people could complain and response times. People received personalised care that was responsive to their individual needs and preferences. The management and care staff involved families in support.

We saw that there was strong leadership in the care home, with motivated qualified people in management positions. There was an in depth monthly audit completed by the owner that covered the areas of safe, effective, caring, responsive and well led. Staff had regular supervision and appraisals and the records we looked at showed there were no gaps in the frequency of these, so continuous support was in place.

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.

Recruitment procedures were being followed and each staff member had a criminal record check to ensure they were safe to work with vulnerable adults.

There was good awareness of abuse and how to report safeguarding concerns.

Medicine administration was managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had regular supervision and appraisal.

Staff had a good understanding of mental capacity.

There was healthy varied food on offer to ensure people ate a nutritious diet.

Is the service caring?

Good ●

The service was caring

Staff knew people well and had positive relationships with them.

People had input into how they were supported through their care plans.

People said they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People needs were regularly reviewed.

There were a range of activities on offer.

People had a say in how the service was run.

Is the service well-led?

Good ●

- The service was well led
- Staff told us they felt supported by the registered manager
- There were quality checks in place to ensure a good service
- The owner had a positive hands on approach

St Lucy 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 24 November 2016 and was unannounced. The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the records held on the service. We looked at previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries received from or about the service and contacted service commissioners to ask for feedback.

Before the inspection, the provider completed a Provider's Information Return (PIR). The PIR 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.

During the inspection we spoke with the four people living in St Lucy Lodge, three staff members on shift, the deputy manager and the provider. The registered manager was not available on the day of the inspection. We contacted three relatives of people living in St Lucy Lodge and spoke with two health care professionals who supported them.

We observed interactions between staff, managers and the people using the service and looked at three staff files, complaints and compliments, training records, health and safety documents, three care files including risk assessments and support plans, and daily records used in the running of the service.

Is the service safe?

Our findings

People said "I do feel safe here, it's my home", and "I am very safe here". Relatives we spoke with said "its very safe" and "I couldn't fault it". Staff were conscious of keeping people safe and one member of staff said "of course people are safe, because staff have the training and the knowledge and everything is in place".

People were protected from harm and abuse. There was a high level of awareness from staff and people using the service of abuse and what it might look like and what to do if someone was worried about themselves or somebody else in the service. The service had put together a short film of a play raising awareness of abuse in support services through role play. People living in the home took the lead in acting and putting together script ideas. The owner told us the idea behind this was so people could understand fully what abuse might look like and what to do about it to protect themselves and others. Staff we spoke with all said they would go to the manager for any suspected abuse and contact the police or local safeguarding authority if necessary. Records showed staff all had safeguarding training in the last 12 months.

There were robust systems in place to manage risks and risks to individuals were managed in a positive and proportionate way. The deputy manager gave us examples of where risk was managed positively so that people could challenge themselves. For example one person was being supported to relearn to cross the road safely and another to cook independently when there had been risk histories associated with these activities. Individual risk assessments were in place for each person using the service, and were used to identify any risks posed to people and the staff supporting them. The deputy and staff told us these were reviewed six monthly or if needs changed and records showed these were reviewed within the timeframe described in the provider's policy. Risks identified were individual to people and management plans included specific actions to manage behaviour that might put people or others at risk. These management plans were reflected in the support that people told us they received day to day and in the daily care notes that were kept in the office. There were risk assessments in place for staff lone working and what to do when supporting a person out in the local area and in their home. We saw evidence of challenging conversations around risk taking place in key work notes, and the deputy manager told us "we want people to be aware of the risks professionals say they face...they might not agree with them".

Medicines were managed safely. They were stored in a lockable wall mounted unit and entries on medicines administration records showed no gaps for the last month for any person. The staff member who took the lead in medicines as their special interest was able to talk through all medicines procedures and was knowledgeable about which medicines people were taking. Other staff that we spoke with were able to describe which medicines people took and what they were for. We saw records for medicines audits taking place and records for receiving and returning medicines. During the inspection, we saw staff offering people a choice of where they would like to take their medicines so that their dignity was preserved. Staff were trained on how to administer medicines safely by a local pharmacist who visited the home yearly. People living in St Lucy Lodge were also invited to take part to raise their awareness around safety and medicines. We checked training files and saw that all staff had attended medicines training in the last 12 months. One relative that we spoke with said staff "help with the medication, this is the most important thing to stay

well".

There were enough staff working in the home to ensure the safety of people living there. One person said "Staff are always about, you can always see staff around the home." On the day of the inspection we saw one night staff member in the morning and two day staff. The owner told us that the staffing ratio was four people to one staff member at all times. There was an extra staff member on duty during the day to support people to access the community, attend appointments and take part in activities external to the home. We also saw the deputy manager and the owner supporting and socialising with people throughout the day.

Safe recruitment practices were in place to ensure that staff were appropriate for the role they were applying for. We saw evidence that there were criminal records checks done for every staff member and these were reapplied for every four years. We saw an application and interview process had been followed and employment references were requested and received for new staff before they started in post.

People who used the service said of the home "It's nice and clean" and "it is clean". During the inspection we saw that communal areas such as shared bathrooms, the kitchen and lounge area were clean and well maintained. We saw mops being used according to the hygiene colour guide on display and hand washing signs and facilities at every sink. Throughout the property fire exits were signposted, fire extinguishers were in place and the fire panel display indicated it was in working order. We saw fire safety checks and records that health and safety audits were carried out frequently and any maintenance issues were resolved within a few days.

Is the service effective?

Our findings

The service was effective. One person that we spoke with said "I feel a lot better here, they have helped me out a lot. For example I have learnt how to control my emotions more from being here." A relative told us their family member was "better now than before they lived there."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The deputy manager, owner and care staff had an understanding of the MCA and had attended training. Nobody receiving the service was assessed as lacking capacity but staff we spoke with understood their responsibilities to report to the registered manager if they thought someone might lack capacity. People signed their care plans and risk assessments which outlined the care and support they would receive and there were consent forms in place for receiving support including around medicines and sharing information.

We saw evidence that the staff in St Lucy Lodge had the knowledge and skills to carry out effective care and support. We looked at training records which showed a range of training courses had been attended. Online, internal and external training sessions took place in mental health awareness, medicines, safeguarding from abuse, diabetes, and moving and handling. We spoke with staff and the owner told us that every senior worker and manager had a nursing qualification. We saw in training records that every staff member had at least an NVQ 2 or equivalent in health and social care. We looked at induction records and saw new staff went through a period of shadowing, reading policies, got to know people living in the home and covered basic training before working on shift by themselves.

Following their induction staff received supervision one to one with the registered manager every other month. The notes that we saw to support this were detailed and staff were given regular opportunities in supervision and staff meetings to discuss the people they were supporting, training and development opportunities and review their performance. We saw annual appraisal records for every staff member who had been there for at least a year. Staff that we spoke with said the training was always helpful and that "I feel like I am always learning" and "every day here is like being on training". Staff told us that they found the on the job support particularly helpful and that the owner and managers have "vast knowledge and experience to share."

People we spoke with said "it's easy to see a GP" and "I have seen the GP here and it is easy to request". We saw that people were supported to make appointments for the GP or hospital when required and to attend these appointments. Staff we spoke with gave examples of where people had been supported to access health care services. One care staff told us about them noticing the behaviour of someone was a bit different and they supported them to go to the GP and were then diagnosed with a medical condition that they are now being treated for. We saw documents to show that people had support to access the dentist, opticians

and podiatrist. One visiting health professional said in a compliment slip they were "happy to see patients are well looked after."

People said "The food is nice here it's fresh and it's hot and we always get three meals a day" and "the staff cook the food here but sometimes I help. The food is nice here and there is always plenty available". During the inspection we observed a mealtime and saw that people were supported to eat and clean up after themselves and able to help themselves to another serving if they wanted it. The menu was up on the wall and had two options for each meal with snacks in between. There was fruit and jugs of water with cups in communal areas so people could help themselves when they were thirsty. There were tea and coffee and snacks available in the kitchen, and the fridge was well stocked with food labelled and in date.

Is the service caring?

Our findings

All of the people and relatives we spoke with said that staff were caring. One person said "the staff are very friendly and caring. I like them a lot, they are helpful and always ask me how I am doing". A relative told us "compared to [where they lived] before they take more care and consideration". The deputy manager said "our care is only as good as the welfare of the people we are supporting". A professional that we spoke with said "they are looking after [persons name] very well".

During the inspection we saw staff interacting with people and laughing and telling jokes and talking comfortably, we saw lively debate and people seemed relaxed and happy. Where one person became upset staff gave that person space and the option to stay and work through their upset or leave and have five minutes to themselves. This approach was mirrored in care plans for this person as their preferred method of being supported when upset. Staff knew people well and picked up on earlier conversations that flowed naturally and the interactions we saw were kind and respectful.

St Lucy Lodge had a comfortable atmosphere, with soft furnishings and decor giving it a homely feel. We saw photo albums of people taking part in activities that lived in the home and people doing different daily activities throughout the day. A relative told us their family member was "being looked after as if a member of the family" and another relative told us "the attitude of staff towards my relative and family members is like an extended family". The owner discussed with us the "mum test" whereby if they didn't think the service was good enough for a family member then changes needed to be made. The owner and deputy manager explained to us that they thought the family unit was an important part of recovery and they aimed to "nurse the family unit", not just an individual, as people's family and friends had an impact on their lives.

We saw that diversity was celebrated in the home and staff encouraged people to talk about their cultural heritage and customs through resident led meetings. There was a rolling cultural movie night where people took it in turns to select a film that would showcase their heritage. The deputy manager was passionate about challenging the stigma surround mental ill health, they said "just because you have mental health problems it doesn't mean you cant achieve and have aspirations". This view was held by other staff members that we spoke with and their positive attitude was seen throughout the day in the way they responded to people and the different ways they expressed themselves. We saw one person was supported by a specialist support worker who visited weekly and helped with celebrating festivals and advocated on the persons behalf in matters of cultural identity.

Information about advocacy was available in a communal area to enable people to have a stronger voice and support them to have as much control as possible over their lives. People were supported to express their views and planning their care and support. Records showed that people had been involved in their care planning and in making decisions that would affect their lives. For example, people could choose who their named worker was and people told us their rooms were tailored to how they wanted them.

People told us that when staff went to enter their rooms they always knocked and "they are polite and respect privacy". We saw that people were treated with dignity and were told by the deputy manager "we

support the person not their history or referral". One person told us "there are no strict rules here. For example I can go to bed anytime I want". We saw during the inspection people being supported to go out into the local area to encourage their independence by going shopping and for walks.

Is the service responsive?

Our findings

Every person that we spoke with said they felt listened to, one person said "the staff do listen to us here", and another "staff do listen if I need something, they try to act quickly to sort it out". We found that relatives agreed and one relative said their family member had been "given the opportunity to contribute and is more confident".

People were encouraged to take an active part in the running of the home so that they could have control over their lives and tailor the support to how they wanted it. The menu and activities were planned by people living in the home and we saw lists they had made of shopping items they wanted bought in. There were consultations on what groups and activities people wanted and notes of regular resident led meetings where it was recorded what people said and any changes they wanted making. The deputy manager gave an example of people meeting and deciding they weren't going to have a beauty group any more as they could do their nails and hair themselves in private so the group was stopped. The interactions we saw were inclusive of people when decisions were being made. For example what was going to be made for lunch or what the afternoon activity was going to be. There was a steering group for the home and its sister service which had a service user representative who spoke on behalf of people in meetings with the owner and registered manager about how the service should be run. People had influence over which staff were employed, with one person from the sister service sitting on all recruitment panels and contributing to and feeding back on the last three sets of interviews for potential new staff.

There was a programme of activities devised by people living in the home. One person said "there are lots of activities, we go walking, cultural day centre etc. I am also able to go to the church...when I like". The activity timetable contained group activities such as cooking together once a week which people told us they enjoyed and was led by one person in particular who said they loved to cook. There were also activities which people had chosen particularly because they held a personal interest. For example there was an art activity and we were told by one person "we play lots of games here and I like dancing and singing which the staff help me do".

To support the importance of good physical and mental health there was a daily movement group in the morning where people were encouraged to move and dance and be more mobile, this had regular attendance. People were supported to go out into the wider community and be active. For example one person was supported to go to a local cultural centre which was set up for people of a particular ethnic background. One person said "I have been able to go to the church and I enjoy that".

St Lucy Lodge records showed they had not received any complaints in the last year. People that we spoke with knew how to complain and said they felt comfortable doing so. One person said "I have no complaints about this place" and another said "there is a suggestions box", which was kept by the front door for people living in the care home and visitors to leave suggestions in. We saw a folder with compliments from family members and professionals. One health professional said "well done St Lucy staff! Thank you for your hard work. [Person's name] achieved what had seemed impossible with the support of staff".

The owner and deputy manager told us that initial assessments were completed by meeting people before they moved in and asking them about their needs. We were told the assessment involved family and professionals and would change over time as the needs of the person changed. We saw in care records regular reviews of needs and people signed each support plan, risk assessment and key work notes, and in several cases left comments. Each care file we looked at documented how people could be supported to achieve the goals that they aspired to. Staff told us that families were involved where people wanted them to be. We were told by one relative that the communication was excellent and St Lucy Lodge "still always let me know what is going on".

Is the service well-led?

Our findings

During the inspection we saw that the leadership culture was open and supportive both for people living in St Lucy Lodge and staff. We saw that people living in the home had been told about the role of the CQC and this had been discussed in a meeting where it was explained what might happen and what the role of people was in the inspection. The owner told us "I am always hands on" and we saw this throughout the day with them giving direction and engaging with people on a one to one basis. Staff described the management team and owners as "very knowledgeable and approachable" and "very caring". People living in the home said "the manager comes round a lot, she asks us if there is anything we need, she's the owner she is very nice".

Staff felt supported to do their jobs and were aware of the aims of the service and the values it embodied. When we spoke with staff they said of management "they are very supportive", we saw in depth supervision notes for every two months. We saw appraisal records for every year a staff member had been at St Lucy Lodge, with development opportunities identified. One staff member told us "I feel empowered by supervision as I know I'm on the right track". The owner and management believed in supervision and training as tools to support staff to be effective and the owner said "if you can, develop your staff so that when you aren't there they can act...I develop my staff so they can question practise".

We saw that the questioning of practise was encouraged and that the owner and management team were focussed on improving the service and open to any feedback. The owner completed a monthly quality audit that included operational information and support issues as well as medicines, paperwork, and feedback from people. Audits were also in place for hand hygiene, medicines records, and environmental risk assessments. These were completed by staff and checked by management. There was feedback gathered from people throughout the year and compiled into a report to give an overall picture of how the service was performing, the owner and deputy said this was one way that they knew the areas they needed to improve on. During the inspection we saw staff, and the owner and deputy manager take pride in their work and the owner focussed on quality, saying "sometimes think I have too many staff but we want a quality service".

There had been no statutory notifications made in the last year, however the deputy manager showed an understanding of when notifications needed to be made to the CQC in line with legislation.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to their manager, and were confident they would act on them appropriately.