

HaywardLiving Ltd

Haywards Lodge

Inspection report

2 Bluebell Road
Walsall Wood
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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

About the service

Haywards Lodge is a residential care home providing personal care for up to three people living with a learning disability. The service provides short stays for people. There was one person staying at the service at the time of this inspection.

People stay in single bedrooms and there are shared areas including a quiet room, conservatory, lounge, dining room and a garden.

People's experience of using this service and what we found

Staff understood their safeguarding responsibilities. Risks to people were assessed and guidance was in place for staff to follow and manage risks to people. There was enough staff on duty to support people. Staff were recruited safely. People received their medicines as prescribed. Infection control policies and procedures were in place to keep people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and in their best interests: the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Observations and records showed that people experienced choice and control over their support and care planning was person centred. People were encouraged to be independent and to make choices about their care.

People's individual communication needs were considered to support them to be involved in their care. Systems and processes promoted a positive culture in the home. Practices at the service were audited to monitor quality of the care people received and areas of improvement were identified.

Rating at last inspection

This is the first rating of this service. The service was registered with us on 09 May 2019.

Why we inspected

This was a planned inspection as the service had not previously received a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Haywards Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector

Service and service type

Haywards Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This meant that they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced at short notice. It is a respite service and there is not always someone staying at the service and we wanted to make sure someone was available to support us with the inspection process.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We reviewed the information received in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two support staff, a team leader, the operations manager, operations director, the registered manager and provider. We met one person who was using the service and spoke with the relatives of three people who had recently used the service. We contacted four healthcare professionals and received a response from one.

We reviewed a range of records. This included three people's care records who had recently stayed at the service. We looked at two staff files in relation to recruitment. We also looked at a variety of records relating to the management and quality assurance of the service.

After the inspection

We looked at further records and continued to seek clarification from the registered provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk's to people's safety was assessed and action taken to manage identified risks. Care plans and risk assessments were in place to guide staff and help staff monitor people's assessed risks.
- Staff were knowledgeable about people's individual risks and had completed training to give them the skills to support people safely.
- Checks on the environment were carried out including fire safety checks, window safety and general maintenance. Some windows required replacing and repairs to some paving slabs in the garden was needed. These had been identified by the provider who had contacted the landlord and plans were in place for the maintenance work to be completed by the end of August 2021.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they thought the service was safe. A relative told us they felt their family member was safe. They said, "Yes I feel they are safe, I can completely trust them [staff] with [person's name]."
- People were protected from the risk of abuse. Staff were trained in how to identify abuse. Staff told us they would report concerns to a senior member of staff and were confident action would be taken. A staff member told us, "I feel that any safeguarding concerns would be reported to the managers and would be dealt with appropriately."

Staffing and recruitment

- Staffing levels were maintained at the agreed level to support people safely.
- The provider carried out checks on new staff before they were employed to work in the home. New staff were checked against records held by the Disclosure and Barring Service. This checked they had not been barred from working in a care service and did not have criminal convictions which had the potential to make them unsuitable to work in the home. The provider also requested references to confirm applicants' good character and conduct in previous employment in a care setting.

Using medicines safely

- Records for prescribed creams did not detail where the cream should be applied. This meant the creams may not be applied as required. This was addressed during the inspection and records and body maps put in place with clear instructions for staff to follow.
- People received their medicines on time and in a safe way. Records were maintained to document the administration of medications.
- Staff had received medication training and checks of their competency to administer medicines safely had been completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Records were completed following any incident. Incident records were reviewed by the registered manager to identify any learning to reduce the risk of an incident happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards. No one had a DoLS in place at the time of the inspection. The provider was able to share with us when they had applied for DoLS to keep a person safe, this showed they understood their responsibilities.
- Staff understood the principles of MCA and how to support people in their best interests. A staff member told us, "I always ask for people's consent before providing care. Sometimes people are not ready for you to help them with personal care. There is no rush, so I would go away and give them some time and come back later."

Staff support: induction, training, skills and experience

- The provider had effective systems in place to induct, train and develop staff.
- The provider told us they had plans in place to complete some further infection, prevention and control provided through Public Health. They were also in the process of arranging oral hygiene training.
- Staff received support to carry out their role. Staff we met were happy with the day to day support and supervision they received and told us the management team were helpful and approachable.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and to stay hydrated.
- Staff knew people's food likes and dislikes and menus were planned around the individual's food preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- Care records contained information about people's healthcare needs and how these would be monitored during their short stay.
- Staff knew what to do if people required medical attention during their short stay at the service.
- Staff promoted people's health and well-being and recognised the importance of this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's individual needs were assessed and reviewed. Individual assessments were completed prior to a respite stay being offered. Information was sought from a range of health and social care professionals.
- Prior to each respite stay staff ensured an update and any changes of people's care needs were obtained and records updated as required.
- Care records showed that physical, emotional and psychological needs were assessed.
- Areas of the home had been adapted to meet people's needs. For example, the bathroom had been adapted with a walk- in shower. There was a quiet room which was being developed into a sensory room.
- People were provided with their own personal bedding for their use only and encouraged to bring personal items for their bedroom to make their stay comfortable and welcoming.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect: and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were relaxed around staff and we observed positive interactions between people and staff members.
- Staff told us they enjoyed working with the people they supported and understood their care and support needs.
- People stayed in individual bedrooms for their respite stay that were personalised with their own bedding. People were supported to bring items from home to personalise their bedroom.
- Relatives told us their loved ones were treated with dignity and respect. A relative told us, "The staff are all very kind and caring, especially [staff members name] they are the jewel in the crown. They know [person's name] so well and really understand their needs."

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported, and due consideration was made to matters of equality and diversity.
- Staff engaged with people in a respectful and kind manner and at a level and pace that was appropriate for the individual.
- People had communication plans in place and staff knew and understood people's communication needs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their care and were supported to make choices about how to spend their time and make choices about what activities they wanted to do.
- Relatives told us they were fully involved in their family members care. A relative told us, "Communication from the start has been very good and I always know what [person's name] has done during their stay." Another relative told us, "It's taken some time for staff to get to know and understand [person's name] needs but I feel they are getting there."

Is the service responsive?

Our findings

Responsive- this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect: and involved as partners in their care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records had information about people's health and social care needs and how people preferred their care need to be met.
- Before each respite stay staff made contact with the person's family [or main carer] to get an update on care needs and any changes. Relatives we spoke with confirmed this. They told us there was good communication systems in place ensuring staff had up to date information about people's needs and preferences at the start of each respite stay.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had systems in place to ensure they could meet people's communication needs.
- Staff completed communication training. Staff understood individual signs that people used and we saw this in practice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in activities that were meaningful to them. People were supported to do things they enjoyed doing during their respite stay.
- A person who had just arrived for a short stay was supported to go to the room they were staying in to unpack their personal items. They then had a snack and selected a film to watch.
- During the pandemic the home only supported one person at a time to limit the risk of COVID-19. The provider told us they would be gradually increasing the numbers and as restrictions lifted they would be beginning to explore suitable community-based activities for people to enjoy during their respite stay.

Improving care quality in response to complaints or concerns

- The provider had policies in place to respond to concerns or complaints
- There had been no concerns or complaints received by either the provider or CQC in the last 12 months.

End of life care and support

- This service was a short stay provision and was not providing end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centered care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

- The management team and staff were clear about their roles and were committed to providing a high-quality service for people.
- There were systems to provide the registered manager with oversight and to monitor the quality and safety of the service. We identified that some documentation required some additional information. For example, more detail was needed on PRN protocols and clearer instructions on prescribed cream records. Everything we highlighted was acted on immediately by the management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The focus of the service was on providing person-centred care which took account of people's individual needs and preferences.
- Staff knew people and their needs well and they told us they felt supported in their role. A staff member told us, "If there is anything I am unsure about there is always someone you can ask and there is always someone on-call."
- One relative told us, "[Person's name] loves their respite stays. The staff are so good, and I feel we all work well together." Another relative told us, "We have been really pleased with the respite service. You can tell the staff really love their job. The communication from the home is very good."
- A social care professional told us, "[Person's name] has had a consistent staff team who fully understood their needs and how to communicate effectively. The managers have always responded promptly to requests for information."

How the provider understands and acts on the duty of candor, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had notified us, as legally required of significant incidents which had happened in the home. The management team told us they understood their responsibility to be open and honest when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people and their relatives through a variety of ways. Contact was made by staff members between visits and just before a respite visit took place.

- Feedback forms had recently been sent out and these were just starting to be received back by the provider for analysis. We saw one completed feedback survey, and this stated, "We were completely happy with the care given to [person's name]."

Continuous learning and improving care

- The provider and registered manager were committed to improving the delivery of care and service through continuous learning.
- Following feedback from external professionals the provider had actioned welcomed additional IPC training and following a recommendation by the local authority they were arranging oral hygiene training for staff.

Working in partnership with others;

- The service worked in partnership with other professionals and agencies, such as health care professionals and social workers.