

Potensial Limited

Heath Lodge

Inspection report

34, Green lane,
Padgate,
Warrington
WA1 4JA
Tel: 01925 816702

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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 inspection took place on 19 March 2015 and was an unannounced inspection.

Heath Lodge is a care home for eight adults, with a learning disability and complex needs. The home is located in a residential area of Warrington, close to shops, other local facilities and is on the bus route to Warrington town centre. People living at the home are supported by staff on a twenty four hour basis. Each person has their own bedroom and share a kitchen, bathroom and lounge. There are gardens at the front and back of the house and parking outside.

There was a registered manager in place at the home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were eight people living at the home on the day of our visit. We spoke with people living at Heath lodge and they said they were happy and felt supported.

Summary of findings

From our observations and from speaking with staff we found that staff knew people well and were aware of people's preferences and care and support needs. People were supported with their healthcare needs and medical appointments.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and staff followed the Mental Capacity Act 2005 for people who lacked capacity to make decisions for themselves.

We spoke with staff members who were aware of people's risks and needs and how best they should be supported. The staff we spoke with said that they were effectively trained and supported to carry out their roles. All staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We saw that people's medicines were securely stored and safely managed. The provider had a policy to guide staff regarding the safe management of medicines. Staff were aware of the actions to take in the event of an error when giving medicines.

There were robust recruitment checks in place so that people were protected from being supported by unsuitable or unsafe staff.

The home was meeting people's nutritional needs and people were supported to ensure they had a good choice and enough to eat and drink.

Staff involved people in choices about their daily living and treated them with compassion, kindness, and respect. People were supported by staff to maintain their privacy, dignity and independence.

We looked at the duty rotas and spoke to staff about the numbers of staff on duty. We found there were adequate numbers and skill mix of staff on duty to meet the needs of people living at Heath Lodge.

We saw records which showed that staff training had taken place and all staff were up to date with appropriate training so that people could be confident they were properly cared for.

The home had a complaints procedure in place and we saw that complaints were logged and actions taken following investigations were recorded so that the service could be improved.

We saw that the leadership and management of the home was good and there were systems in place to check that the quality of the service was effectively monitored.

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.

We looked at duty rotas and saw that there were enough staff available to provide safe care and support.

Risk assessments were in place which included information about how to manage and reduce risks that people faced.

Staff were trained to recognise any abuse and knew how to report it.

Staff recruitment was safe as appropriate pre-employment checks had been carried out to ensure that only suitable staff were employed to work with vulnerable adults.

We found there were safe processes in place to support people with their medication.

Good



Is the service effective?

The service was effective.

Staff received appropriate, up-to-date training and support.

We saw in people's support plans that people's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

We saw people's dietary needs were managed with reference to individual preferences and choice.

The home had policies in place that ensured they met the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

We saw that staff interacted well with the people who used the service.

People had support plans which described their needs and choices and how their support should be provided.

Staff were knowledgeable about people's individual needs, backgrounds and personalities.

People's privacy, dignity and confidentiality was respected. People had free movement around the service and in the local community. Support was given as needed.

Good



Is the service responsive?

The service was responsive.

Support plans contained sufficient information about people's health care needs, and what they enjoyed doing.

Staff we spoke with knew the needs of people they were supporting.

Good



Summary of findings

We saw there were individual activities and events which people took part in that matched their interests.

We saw that complaints were logged and actions taken following investigations were recorded so that the service could be improved.

Is the service well-led?

The service was well-led.

The management and leadership arrangements promoted the smooth running of the service.

The service had procedures in place to monitor and improve the quality of the service and actions were taken to address any issues that were found.

Good



Heath 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 inspection took place on 19 March 2015 and was unannounced. The visit was undertaken by one adult social care inspector. We reviewed the information we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people

receiving care, this also includes any safeguarding matters. We refer to these as notifications. We also received information from a local authority who had purchased services from the provider. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how staff supported people throughout the day. We spoke to three people who lived in the home, three care staff on duty and the registered manager. We saw a monitoring report from Warrington social services. We looked in detail at the support plans of three people, we looked at the medicine management processes and at records maintained by the home about staffing, training and monitoring the quality of the service.

Is the service safe?

Our findings

We spoke with people who use the service and they said they felt safe and supported.

We saw that the home had a copy of the local authority's procedure for responding to safeguarding concerns. This was prominently displayed so that staff could see it. The registered manager was able to explain to us how they would respond to allegations of abuse and this was in line with the local authority agreement on safeguarding vulnerable adults. We saw that staff had received training in safeguarding and staff we spoke with were confident about how to recognise and report concerns of abuse. Staff were familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. Safeguarding concerns raised in the home had been referred to the local safeguarding team and to CQC. We were aware from our contact with Warrington Borough Council that appropriate actions were taken following any incidents.

We saw in people's support plans where risks were identified appropriate risk assessments were in place. For example, how best to move someone safely and risk assessments for swallowing following an assessment by the Speech and Language team (SALT). We saw that people were supported to be independent and we spoke with one person who had been shopping for food for the home at the local shops. We could see that the home's staff members were working closely with people to keep them safe whilst being supported to live a fulfilling lifestyle without unnecessary restriction. Staff were aware of the risks people faced and how to reduce these risks.

The registered manager told us there was always two members of staff on duty during the day and one waking and one sleeping throughout the night. They said that they did not use a formal assessment tool to assess the number of staff required, however, they told us additional staff were always provided to support people with community activities as well as to accompany people to pre-arranged health care appointments or to respond to emergencies. A staff member who could drive was on duty each day. We spoke with staff about staffing levels who confirmed this took place. During the inspection we saw staff responded promptly to people if they required support or assistance.

Staff had time to sit and chat with people. None of the staff we spoke with expressed concerns regarding the number of staff available to support people. People who used the service said they felt the staff supported them well and that there was always someone around to speak to.

We found by looking at staff files that a robust recruitment process was in place at Heath Lodge. We saw that before staff were employed at the home that the registered manager obtained an employment history, character references, confirmed their identification by looking at passports or driving licences and a check was made with the Disclosure and Barring Service (DBS). This helped to make sure only suitable people, with the right experience and knowledge, were employed to provide care and support to people who lived at the home.

The registered manager reviewed any incidents and accidents. We were told by the registered manager they would complete an investigation of every accident and incident and the outcome of this would be recorded.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Medicines were stored safely, and records were kept which showed that they were kept at the correct temperatures to remain fit for use. We looked at the medicine records for people and these indicated people received their medicines as prescribed. On looking at training records we saw that all staff had been trained to administer medicines and this training had been updated. We were told the competency of staff to administer medicines was formally assessed to help make sure they had the necessary skills and understanding to safely administer medicines. We spoke with staff who told us that competency checks were made by the registered manager following initial training. The completed competency checks were recorded in staff files.

We saw in the fire safety file a 'personal evacuation plan' which provided staff with guidance on the support people required in the event of a fire. This showed that the provider demonstrated how they responded to emergencies and keeping people safe from harm.

Arrangements were in place to promote safety and security. This included reviewing accidents and incidents, checking systems, reporting any issues and being familiar with individual risk assessments. Records were available at the service; including, risk assessments, safety checks and

Is the service safe?

maintenance reports which confirmed these arrangements were in place. We found fire safety risk assessments were in place and records showed regular fire drills and equipment tests were being carried out.

We saw that the home was clean and tidy on the day of our visit. The registered manager had completed a full infection

control audit of the home and an overall score of 98% had been achieved. We saw that the home had policies and procedures in place to guide staff in infection control and had identified a lead staff member to liaise with the infection control team and staff at the home.

Is the service effective?

Our findings

During the inspection we observed staff involving people in routine decisions and consulting with them about their individual needs and choices.

People could access healthcare as and when this was needed and a health passport was present in support files. We saw people had regular access to dentists, chiropodists and other primary health care professionals. Records were kept of all healthcare appointments and outcomes. Staff supported people when they attended appointments. One person said they attended chiropodist regularly as they “do a lot of walking so need to have my feet looked at.” Within the health action plan there were details of GPs, dentist and hospital appointments and it was recorded how best to support the person when they attended any appointments. For example letting the person know when the appointment was and who with and how to reassure them if they became anxious.

Both people we spoke with and the staff told us that people often went shopping with the staff to choose the food which would be cooked that day. We observed people helping themselves to drinks and snacks throughout our visit. We saw that the home had a four week menu and that the freezer, fridge and food cupboards were well stocked with a variety of foods. One person told us how they enjoyed helping to cook for the people living at the home. People were involved in shopping for foodstuffs on a weekly or daily basis. Information on food allergies was present in the kitchen and this was discussed with people so they would be aware if there were any ingredients in foods that they may be allergic to.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager demonstrated a detailed

understanding of the recent Supreme Court judgment about people who live in care homes or supported living arrangements who receive 24 hour support and do not go out unsupervised.

At the time of this inspection we were informed by the registered manager that two DoLS applications had been authorised for someone living at Heath Lodge. We saw evidence of this in the support plan and staff spoken to were aware of the reason as to why this had been put in to place and how best to support the person to maintain their independence. We saw information that best interest meetings had taken place where people lacked capacity to make decisions for themselves. The registered manager and staff members spoken with had received training and were knowledgeable about the Act and how it affected people living in the home. Records showed that all staff working at the home had received this training.

We looked at training records and spoke to staff who confirmed that they had received all up to date up to date training on a range of key topics appropriate to their role such as moving and handling, safeguarding, Mental Capacity Act and fire safety awareness and confirmed there was an on going training and development programme at the service.

Staff members told us that they had received regular one to one supervision and on going support from the registered manager. Formal supervision provides staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records of supervisions and noted plans were in place to schedule appointments for the supervision meetings. The staff spoken with said they felt very supported by the registered manager and enjoyed working at Heath Lodge. (Supervisions are regular meetings between an employee and their line manager to discuss any issues that may affect the staff member. This would include a discussion of training needs).

The staff members also had regular staff meetings. These enabled managers and staff to share information and raise concerns. The minutes of the meetings were present in the manager’s office for all staff.

Is the service caring?

Our findings

During the inspection we spoke with people living at the home about whether they felt cared for by staff at the home. They told us “I am fine here, I want to be able to move in to a flat of my own and staff is helping me do that.” and “Yes it’s ok here, staff are great with me.” One person was going on holiday abroad with a staff member and was deciding which location they wanted to visit. They told us “I am not sure where I want to go yet, Mexico or Spain.” They had been assisted to use the internet to look at resorts and countries. This showed how the service provided individual personalised care.

People said they had the freedom to make choices and decisions about how their time was spent each day and how their support was delivered. We spent time with people who used the service and support workers and we observed some aspects of daily life in the home. We noted staff were considerate of people’s needs and choices and people were chatting and laughing with staff.

During our inspection we observed how staff supported people. We heard staff address people respectfully and explain to people the support they were providing. Staff were friendly and very polite and understood the support and communication needs of people in their care. Staff were seen to knock on people’s doors before entering.

The home was calm and relaxed and we saw staff interacting with people in a very caring and professional way. During the day we saw that staff treated people with respect and it was clear that they had good relationships with the people they were supporting. Staff were very knowledgeable about the people in their care and were able to tell us about people’s life histories, their interests and their preferences and we saw that these details were recorded in people’s support plans.

We looked at three people’s support plans. The support plans were centred on the person as an individual. Each person had a detailed person centred plan, an essential life plan and a health action plan. This information covered all aspects of people’s needs and provided clear guidance for staff on how to provide care and support. There was a detailed profile of the person, which included information about their personal histories and lifestyle choices. The profile described what was important to them and how they could best be supported. The registered manager told us that some of the people were being assessed to use the five point star framework which supports staff to think how the person being supported might be thinking. The staff we spoke with clearly understood the concept of person centred care and it was evident they saw and treated each person as an individual, respecting their views and wishes.

Is the service responsive?

Our findings

We spoke with people who lived at Heath Lodge and they said “I go out any time I like, I like to do my own thing,” and “I walk all over the place and visit cafes and shops, people know me well round here.”

We looked at support plans for three people who lived at Heath Lodge and saw that they had a pre-admission assessment recorded. This meant that people who came to the home could be sure that their needs could be met by the provider. The registered manager completed the pre-admission assessment which included visiting people wherever they were either at home or in hospital and the involvement of the professionals and family where appropriate.

We looked at the pre-admission details for one person who had been recently admitted to the home. The documents were detailed and showed that a transition plan was in place to enable the move from one service to another was as comfortable as possible for this person. Meetings had been held with the person and social workers, staff from the previous service and registered manager and staff from Heath Lodge. The person had visited Heath Lodge on a number of occasions prior to moving including overnight stays to make sure they were happy with the move.

Support plans were written to reflect the people as individuals and were detailed to enable staff to support the person how they liked. We saw each person had a key worker whose role it was to spend time with people to

review their plans on a monthly basis. Key workers played an important role in people's lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes.

We observed people being supported in various ways as was reflected in their care plans, risk assessments, decisions and choices. Each person had a personalised and varied programme of activities. People were supported to engage in activities within the local community and were encouraged to pursue their hobbies and interests. For example, one person enjoyed walking around the local area and visiting local shops and cafes. Risk assessments were in place to enable them to pursue this activity each day. Activities were personalised for each individual. Activities people were regularly involved with included shopping trips to Warrington town centre, a local shopping mall and the local ASDA store as well as the local shops near to the home. This further demonstrated how the service provided personalised care.

We looked at how complaints were managed. We found that there was a complaints procedure in the service user guide which was present in people's bedrooms. There had not been any complaints at the service within the last 12 months. However, we found processes were in place to record, investigate and respond to complaints. People spoken with said they knew how to complain and could discuss any issues with the registered manager or any of the staff team and it would be dealt with.

Is the service well-led?

Our findings

There were management systems in place to ensure the home was well-led. The home had a manager who was registered with the Care Quality Commission and they were supported by a regional manager.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw they interacted and supported people who lived at Heath Lodge and spoke with staff. From our conversations with the registered manager it was clear they knew the needs of the people who lived at the home and the atmosphere was relaxed and positive.

The staff we spoke with were complimentary of the registered manager. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt well supported and they had regular supervisions and team meetings where they had the opportunity to discuss the needs of the people they supported. We saw minutes of team meetings which were in the main office. A communication book had recently been introduced and staff felt that the communication had improved.

People spoken with said they thought the registered manager was “just great, you can talk to him whenever you want to,” and “He will sort things out with no bother.”

Regular meetings were held with the people who lived at the service and the registered manager was in discussion with people to introduce empowerment meetings to enable them to be more proactive in the running of the service.

The registered manager had a number of quality assurance systems in place such as monthly monitoring of medications, health and safety, support plans and environment. We saw audits that had been completed by the regional manager for the service. If issues were identified an action plan was produced and actions were monitored monthly. This meant that learning from incidents and investigations took place and appropriate changes were implemented.

There were systems and processes in place to consult with people who used the service, other stakeholders and staff. Arrangements were in place to promote on going communication, discussion and openness between people using the service, staff relatives and others.

People and staff had completed satisfaction surveys; we looked at completed surveys and found they included positive responses.

Records we looked at showed that the CQC had not received any required notifications. On looking at records within the home there had not been any incidents that required the home to notify us. A notification is information about important events which the service is required to send us by law in a timely way. This is to ensure that CQC are aware of any incidents that have taken place and what action the home has taken to address them.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Warrington Borough council's contract monitoring team. This was an external monitoring process to ensure the service meets its contractual obligations to the council. The report for the last visit showed that they were satisfied with the home's performance in this area and that the provider was receptive to their recommendations.

The regional manager visited the home on a monthly basis and completed an audit. Action plans and timescales were given to the manager if errors were found so that these could be rectified quickly.

During our inspection we saw there was a positive culture within Heath Lodge that was person-centred. Staff were led by a registered manager who understood the importance of treating people as individual's where people's independence was supported and promoted. For example, our observations showed the registered manager put these principles of care into practice when supporting people whom used the service providing a strong role model for staff to follow.