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Shenley Lodge

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was carried out on 1 December 2015 and was unannounced.

During our inspection on 22 April 2014 we found that there were inadequate staffing arrangements and there was no evidence that staffing rotas were completed. A follow up inspection on 4 September 2014 found this area to be compliant.

Shenley Lodge provides accommodation and support with personal care for up to seven people with a learning disability.

The service did not have a registered manager. However, the manager told us that they were in the process of applying for registration. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Due to risks to their safety people living at the home were not allowed to go outside without staff or relatives accompanying them. Deprivation of Liberty safeguards (DoLs) applications were not made for these people. The manager told us after the inspection that applications had been submitted and provided evidence to support

Summary of findings

this. The Mental Capacity Act and DoLS is a law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests.

We found that Shenley Lodge provided personalised person centred care, which people contributed in decision-making on the support they received. People were encouraged to be independent and there was a homely type culture that promoted independence.

Medicines were stored and administered correctly. Staff administering medicines was trained to ensure they were competent and safe.

Staff were trained in safeguarding adults and had a good understanding in keeping people safe. They knew how to recognise abuse and who to report to and understood how to whistle blow. Whistleblowing is when someone who works for an employer raises a concern about harm, or a risk of harm, to people who use the service.

Care plans were personalised to the people. Both the people and their relatives were involved in planning of care and the care plan was then signed by people to ensure they were happy with the care and support listed on the care plan.

Risk assessments were recorded and plans were in place to minimise risks.

People enjoyed the food and were given choices on what they would like to eat during mealtimes.

People had access to healthcare services such as the GP and dentists. People were supported to make healthcare appointments and visits were made with the assistance of staff. A GP also visited the home to undertake health checks. We saw individual hospital passports were not updated. The manager told us after the inspection, the hospital passports had been updated.

Systems were in place to ensure staff received regular supervision and appraisal. Staff received induction training and also received regular training to ensure that people were safe and the care provided was effective.

Complaints had not been made by people or relatives about the service. People were aware on how to make complaints and staff knew what to do in the event a complaint was made.

People had a weekly activities timetable and enjoyed a number of activities such as going to the daycentre, holidays, parks and shopping.

People's privacy and dignity was maintained. People were encouraged to be independent and we saw people moving freely around the house and were able to go to their rooms without interruption.

Systems were in place for quality assurance and continuous improvements. The manager conducted regular audits, which included spot checks to ensure quality and used the findings for continuous improvement.

We identified breach of regulation relating to Deprivation of Liberty safeguarding. You can see what action we have asked the provider to take at the back of the full version of this report.

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 felt safe at the home. Staff were trained and knew how to identify abuse and the correct procedure to follow to report abuse.

Risks to people's safety and welfare were assessed and action taken to reduce identified risks.

Safe recruitment procedures were in place to recruit staff and there was enough staff to meet people's needs.

Appropriate systems were in place for the management and administration of medicines.

Good

Is the service effective?
Some aspects of the service were not effective.

Deprivation of Liberty safeguards (DoLs) applications had not been made for people who, due to risks to the person's safety, required supervision when going outside.

Individual hospital passports were not updated regularly.

Staff had the knowledge and skills required to meet people's needs.

Supervision was carried out in line with the homes supervision policy.

People were supported to have enough to eat and drink and were given choices during mealtimes.

People were supported to maintain good health and had access to healthcare professionals and services.

Requires improvement

Is the service caring?
The service was caring.

People were supported by staff that respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were treated with respect and helped to maintain their independence.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and care plans were produced with the individual. These plans were tailored to meet each individual requirement and reviewed on a regular basis.

Good

Summary of findings

People were involved in a wide range of everyday activities.

The provider had a complaints procedure and staff members were aware how to manage complaints. People and relatives had no concerns about the service.

Is the service well-led?

Good 

The service was well-led.

Staff told us that the manager was supportive and approachable.

There were appropriate systems in place to monitor the service and make any required changes. Regular audits were undertaken by the manager.

The service sought feedback from people and relatives through meetings and surveys.

Shenley 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.

The inspection was carried out on 1 December 2015 and was unannounced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also made contact with the local authority for any information they had that was relevant to the inspection.

During the inspection we spoke with two people, two relatives, two staff members and the manager. We observed interactions between people and staff to ensure that relationships between staff and the people was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at four people's care plans, which included risk assessments.

We reviewed six staff files which included training and supervision records. We looked at other documents held at the home such as medicine records, quality assurance audits and residents and staff meeting minutes.

Good

Is the service safe?

Our findings

People told us that they felt safe. When we asked two people if they felt safe at the house, they told us “Yes.” A relative told us, "[my relative] is safe.”

Staff were aware of their responsibilities in relation to safeguarding people who used the service. They told us that they had training on safeguarding and that they could talk to the manager about any concerns. Staff files contained up to date safeguarding training certificates on safeguarding were evidenced in staff files. There were policies and procedures to guide staff on the appropriate approach to protecting people and for raising concerns. The manager told us that safeguarding scenarios were carried out between staff members to demonstrate to people how to identify abuse and how this should be reported.

Abuse was also discussed at both staff and residents meetings. There was a safeguarding assessment in people’s care plans, which showed types of abuse people were vulnerable to, based on their background and health condition and how people could identify and report abuse.

Care records included risk assessments about keeping people safe and these covered all aspects of daily living such as personal well-being, eating, health and threatening behaviour that may impact on staff and people’s well-being. Where a risk had been identified the manager and staff looked at ways to mitigate the risk by listing actions to prevent the risk from occurring. For example, where people had been diagnosed with epilepsy, the risk assessment included measures to reduce the risk of harm during seizures. Risk assessments were reviewed regularly with the involvement of the person. Staff had knowledge of the risk assessments and what steps they should take to help keep people safe from harm.

Risk assessments and checks regarding the safety and security of the premises were up to date and had been reviewed. This included a fire safety policy, fire risk assessments, monthly evacuation drills and weekly fire tests for the home. The provider had also made plans for foreseeable emergencies including a personal emergency evacuation plan for each person at the home, which included details on people’s mobility, visual and hearing abilities. Staff were able to tell us what to do in an emergency, which corresponded with the fire safety policy. There was a fire ‘grab’ file, which included an overview of each person living at the home and contained essential information for use in an emergency.

We saw evidence that demonstrated appropriate gas and electrical installation safety checks were undertaken by qualified professionals. Checks were made in portable appliance testing and hot water temperature to ensure people living at the home was safe.

We reviewed the incident and accident report for the last twelve months. Appropriate action had been taken by staff working at the time of the accident. There were no themes to these incidents. Clear records were kept of the action and the investigations in reducing any further risks to people.

Staff received training in handling challenging behaviour safely. Staff and the manager told us they had not used physical intervention to manage behaviour which challenged the service. They described how they used de-escalation techniques to support people such as listening and talking calmly. One staff told us “We divert their attention, talk to them nicely and quietly and offer drinks.” There were risk assessments in place for people that may demonstrate behaviour that challenged the service, the assessment included de-escalation techniques specific to people such as providing a cup of tea or offering to take people to the shops.

Staff files demonstrated the provider followed safe recruitment practice. Records showed the provider collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. The provider and the manager made sure that no staff members were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. This corresponded with the start date recorded on the staff files.

The people, relatives and staff had no concerns about staffing levels. We saw the staff rota and this corresponded with the staff on duty. The service employed two care workers during the day, a deputy manager, the manager and one care worker at night. We observed staff taking people out, playing games with people and providing support when required. One staff member told us “We have enough staff.” A relative commented “There is enough staff.”

Good

Is the service safe?

Medicines were administered and stored correctly. Medicines were stored in a locked cabinet. Medicines and recording sheets showed people were given the required medication and on time. People told us that they received their medication on time and staff explained what the medicines were for.

Staff received appropriate training in medicine management to ensure they were competent and safe. Staff confirmed that they were confident with managing medicines and we saw that the manager regularly audited the management of medicines.

Requires improvement

Is the service effective?

Our findings

People and relatives told us staff members were skilled and knowledgeable. When we asked two people if staff looked after them, they told us “Yes.” A relative told us "They understand very well the support my son needs.”

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

DoLS is put in place to protect people's liberty where the service may need to restrict people's movement both in and outside the home. We saw that the front door was kept locked and people did not go out by themselves. The manager told us people were not allowed to go out without a staff member or relative accompanying them due to risks to their safety. The care plans we reviewed showed people had limited awareness of safety or danger and required the support of staff members when going outside. The manager and staff had an understanding of DoLS, one staff member commented “If you restrict people’s liberty, then professionals have to assess.”

However, the home had not completed or applied for DoLS assessments to identify if people were safe to go out alone or not. This meant that people were being deprived of their liberty. Following the inspection, the manager told us that applications had been made for the seven people living at the home and showed us evidence to support this.

The above issues related to a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

The manager and staff members had a good understanding of the Mental Capacity Act (MCA) and understood the principles of the act. One staff member commented "We get consent for everything" and "If someone lacks capacity, ask professionals and relatives of best interests.” We saw evidence that capacity assessments were completed to ascertain if people had capacity to make a specific decision such as if people were able to make certain decisions on the care and support they received. People confirmed that staff asked for consent before proceeding with care or treatment. For example, a staff member asked whether people were happy to talk to the CQC inspector and gained their consent before letting the inspector speak to them and if people did not want to speak to the CQC inspector this was respected by the staff member.

We saw each person had a hospital passport focussing on aspects of people’s health, which included diets, medication, hearing, vision, mobility and communication. We noted the plans were not updated regularly as people's health and medication may have changed over time and fed this back to the manager. The manager told us after the inspection the hospital passports were updated.

We saw records that people were referred to healthcare professionals such as the GP and dentists. Visits were recorded on people's individual’s records along with any letters from specialists. We saw a letter from a GP that commended the home and its staff for improving a person’s health.

People and relatives confirmed that there was easy access to healthcare professionals when needed. One relative told us, "They are very good with that.” Staff told us that they know when someone is unwell and gave us examples that people may become withdrawn, will stay in their bed or be less mobile. We saw staff booked an appointment with the GP for one person who required medical attention. One staff member told us “We report to GP and book appointments if people are unwell.”

Staff confirmed they completed an induction when they first started working in the service. This included working alongside more experienced staff members for a period of time to get to know people and their needs, and opportunity was provided to read peoples care plans. Staff had induction training before they started working at the service. Staff had undertaken training in epilepsy, fire safety, medicines management, Mental Capacity Act (MCA)

Requires improvement

Is the service effective?

and Deprivation of Liberty Safeguards (DoLS), first aid, person centred care and infection control. The service had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they had easy access to training and had received regular training. Training needs were discussed during appraisals and formal one-to-one supervision. One staff member told us "Training helps you when it comes to your work."

Staff were positive about the support they received in relation to supervision and training. One staff member commented about the manager "She is very supportive." Staff confirmed they received regular supervision and appraisals. They told us they could talk about any areas where improvements could be made. Records showed that the home maintained a system of appraisals and supervision. Formal individual one-to-one supervisions were provided regularly, which addressed safeguarding, health and safety, staffing, training needs and follow up actions. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2015.

People told us that they liked the food at the home. Records showed people were given choices during meal times and food was discussed during resident meetings. Care plans showed people's preferences and cultural needs were taken into account. For example, one person who does not eat pork due to religious beliefs would not be given pork. Records showed that people were given different meals during meal times based on their preferences and it was varied, nourishing and fresh. During meal times we observed staff interacted with people supporting them to eat when required and monitored people eating from a distance. One person did not finish their meal and this was respected and the person went and relaxed in their lounge.

People's weight was monitored on a regular basis and staff told us peoples weight were stable and if there were any concerns, they will be referred to a GP and will be encouraged to eat frequent healthy meals.

Good

Is the service caring?

Our findings

People were relaxed and at ease with staff. People told us they liked the staff and staff spoke of people with affection and respect. A staff member told us “I enjoy taking care of them.” A relative told us; “They are caring [staff].”

Staff told us they build positive relationship with people by spending time and talking to them regularly. We observed interactions throughout the day and saw people were relaxed and chatted with staff. We observed people hugged staff and staff members hugged back with a smile. One staff member told us, "We are a little family” and “We have plenty of time for them.” Relatives told us that they had no concerns about the staff. One relative commented, "They are good [staff].”

Staff had a good understanding about the people they cared for in line with their care and support arrangements. Staff members were able to tell us about the background of the people and the care and support they required. They described people’s behaviours, likes and dislikes and health condition. Relatives confirmed staff had a good understanding to provide care.

Staff supported people to be independent in their day-to-day lives. Care plans described daily routines in detail including information on what people could do for themselves and what they would need support with. Staff members told us people were encouraged to be independent, one staff member told us “We offer lots of choices to be independent” and another staff member commented, “We get them to choose clothes”. One person told us “Yes” when asked if they choose their own clothes and a relative commented “They try their best to give him [relative] choices.” We observed people were able to move around independently and go to the lounge, dining area, toilets and hallways if they wanted to. Pictures showed people did gardening at the home and went to the gardening centre to buy plants. Minutes from one of the residents meeting showed one person commenting “Staff encourage me to live an active and independent life.”

Staff told us that they respected people’s privacy and dignity. People could freely go into their rooms when they wanted and close the door without interruptions from staff and people. A relative told us “He [relative] does get privacy.” We observed staff knocked on people’s door before entering. Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would had negatively impacted on a person’s dignity. One staff member told us “We close the door when people have shower and use the toilet.” The manager showed us pictures that the home displayed on doors when people were having showers, getting dressed or were sleeping to ensure people were not disturbed and privacy and dignity was respected. One staff member commented “We place pictures on front of the door so people are not disturbed, when they have a shower or when having nap.”

People were supported to use their preferred style of communication and these were recorded with guidance for staff and others to understand how people communicated. One person used some signs and pointing to communicate and this was recorded and described in their care plan. Pictures were used to help people make choices about meals and a pictorial menu was displayed in the kitchen. Complaints books were available in pictorial format to let people know how to make complaints.

The service had an equality and diversity policy and staff members were trained on equality and diversity. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. One staff member commented “We don’t judge anyone.” The manager and staff told us people attended religious institutes and the service accommodated this. An activities timetable for two people included people attending church on a Sunday. During the inspection the home was preparing for Christmas and we saw decorations in the lounge with a Christmas tree. Photos confirmed Christmas was celebrated with all the people, family and staff members last year.

People had contact with family members and details of family members were recorded on their care plans. One relative told us, "I can see [my relative] whenever I want, the door is always open.” We went into people’s rooms with their consent and observed pictures of people with their family members that were displayed on wall. We saw pictures in the lounge of people with their family members at the home that showed family members visited their relatives.

Good

Is the service responsive?

Our findings

People and relatives told us that the home is responsive to their needs and preferences. People told us staff listened to them and a relative commented, "They do listen to me."

People were assessed before being admitted to the home in order to ensure that their needs could be catered for. Admission sheets confirmed that detailed assessments of people's needs were undertaken, including important aspects such as details of the GP, client needs, interests, likes and dislikes.

People's care plans were detailed and informative, outlining their background, preferences, communication and support needs. Care plans were recent, person centred, and included important details such as people's current circumstance and if there were any issues that needed addressing, which included action plans to manage someone's health condition, monitor a person's weight or take a person out for an activity. One staff member commented "We have plenty of time for them."

Care plans were reviewed regularly and this was with the involvement of people and where possible family members. Care plans were signed by people to ensure they agreed with the information on their care plan and were written in first person to make them personal. Each person had a key worker and care needs were discussed regularly with people. One staff member told us "They make the decisions".

Evidence showed that the home was responsive to people's needs. One person expressed interest in changing the colour of their room to blue and the home accommodated this and the person with their family members painted their room blue.

The staff team worked well together and information was shared amongst them effectively. When a new shift started there was a handover and daily logs were completed. These recorded any changes in people's needs as well as information regarding activities, medicines and people's well-being. The manager told us that the information was used to communicate between shifts on the overall care people received during each shift.

People had access to activities which were meaningful to them and reflected their individual interests. During the inspection five people were out using local day services. There were weekly activities timetable for people, which was tailored to their preferences. One person enjoyed playing games on the table and observations confirmed the person played games with a staff member. People recently came back from holiday in Butlin's and it was evident from the pictures that people enjoyed the holiday. People told us they enjoyed the activities and evidence showed people went to the park, shopping and restaurants. A relative told us "The activities are really good." There was also an activities newsletter which provided regular updates on the activities people enjoyed and was supported with pictures showing people having a good time.

Records showed no complaints were made about the service since the last inspection. People told us that they had no concerns about the service. A relative said "I don't have any concerns." Staff members were able to tell us how to manage complaints in line with the service's complaint policy.

There were complimentary letters from family members thanking staff for looking after their relative living at the home.

Good

Is the service well-led?

Our findings

The home's vision and values were to create a safe and secure living environment to maintain independent life skills. The manager and staff told us this was communicated through staff supervision and meetings.

Staff and relatives told us there was a good atmosphere within the service. One staff member described it as a "homely, friendly environment" and a relative told us "Shenley is a good home." There was a stable staff team in place and most had worked at the service for over 12 months. The manager told us they believed the small size of the service and staff team was an advantage as it meant everyone knew each other well and understood the needs of the people they supported. People told us they enjoyed living at the home and the manager told us "Most residents have been here 20 to 25 years, it's their home" and "People go to visit their family but they want to come back to their home."

Staff told us they enjoyed working at the home, one staff member said "I enjoy working here." The manager told us that they tried to create a homely environment for people. Staff confirmed that this was the home's approach and that there was a family culture. We observed the environment to be relaxed where people were free to chat and interact with each other and staff members. For example, people were able to freely move around the house and go into different parts of the house and sit down if they wanted privacy.

The two people we spoke with told us they liked the manager. One staff member commented, "She is friendly, so approachable" and another commented "She is brilliant, very caring." Relatives were happy with the management at the home. One relative told us that the "new management is good." Observation confirmed the manager had a positive relationship with people and people were comfortable when interacting with the manager.

Staff told us they were able to raise any issues they had with the manager and they were supported. They felt any concerns were listened to and acted on appropriately. One staff member told us "She is very supportive" and another commented, "She is helpful and supportive." The interaction between staff and the manager was professional and respectful.

Monthly staff and residents meetings, enabled people who used the service and staff members to provide a voice and express their views. Resident meeting minutes showed people discussed safeguarding, infection control and health and safety. People also talked about food and their preference and activities. Staff meeting minutes showed staff discussed training needs, staffing levels, safeguarding and about the people living at the home.

The service had a system in place for quality assurance and continuous improvements. We saw that health and safety checks were undertaken around the house. Spot checks were carried out during the day and night and covered key areas such as medicines, fire safety, infection control, home temperature and if people were safe. The manager told us any issues were discussed with staff members straight away and also in supervisions and staff meetings.

The service had a quality monitoring system which included surveys for relatives and people. We saw the overall results of the last survey, which was positive. A relative told us "They do one a year [surveys]."

There were policies and procedures to ensure staff had the appropriate guidance, staff confirmed they could access the information. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and processes to protect people's liberty were not established and operated effectively to ensure the registered provider works within the requirements of the Mental Capacity Act 2005. (Regulation 13(2))