

Hope Lodge Limited

# Hope Lodge Limited

## 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

This inspection took place on the 4 and 5 February 2016 and was unannounced.

The service provides accommodation and personal care to three people with a learning disability and autistic spectrum.

There was a registered manager in post at the time of our inspection. 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 kept safe from the possible risk of harm. Risk assessments were completed to ensure that the environment was safe and that people were protected from any avoidable risk of harm. People's behavioural needs had been identified and appropriate measures were in place to help staff to manage behaviour which might have a negative impact upon others.

All pre-employment checks were carried out by the provider who ensured that staff were recruited safely before commencing their role. The provider had a safe system for the management and administration of medicines.

Staff received training which was appropriate to their role and had a comprehensive induction when they commenced employment. Staff understood the mental capacity act and associated deprivation of liberty safeguards (DoLs) and sought consent from people before providing care. Staff received regular supervisions and performance reviews so that they were competent in their roles. People were involved in choosing their menus and were supported to eat a balanced and healthy diet. People's healthcare needs were met. The service worked closely with other professionals to ensure that people had the correct support to maintain their health and welfare.

People were treated with dignity and respect and cared for by staff who knew and understood their needs. People and their relatives were involved in the decision about their care and support.

People had their care needs assessed, reviewed and delivered in a way that mattered to them. They were supported to pursue their social interests and hobbies and to participate in activities provided at the home. There was an effective complaints procedure in place.

People and their relatives had their views sought by the service and were involved in the planning of their care and subsequent reviews. The service held residents meetings, sent satisfaction surveys and worked closely with other agencies involved in people's care to ensure that they were satisfied with the service received.

## 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.

Staff were trained in safeguarding and understood how to keep people safe from risk of harm.

The service had individualised risk assessments in place which assessed the ways in which staff could minimise any risks to people.

The service had sufficient numbers of trained staff deployed to ensure people's needs were met.

There were robust recruitment procedures in place to ensure that staff were employed safely to work in the service.

Medicines were managed and stored appropriately.

### Is the service effective?

Good ●

The service was effective.

Staff received a wide range of specialised training to meet the needs of the people and received regular formal supervision and appraisals.

Staff understood the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to access other health and social care services when required.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were involved in the decisions about their care and were positive about the quality of the care and support provided..

People's privacy and dignity were observed and people were treated respectfully.

People's information was kept securely and confidentially maintained.

### Is the service responsive?

Good ●

The service was responsive.

People had person-centred care plans in place which were regularly reviewed with the involvement of people and their relatives.

People pursued a range of interests and activities and were supported to meet objectives and goals.

There was a robust system in place for handling and acting upon complaints.

### Is the service well-led?

Good ●

The service was well-led.

People and staff were positive about the skills and experience of the manager and felt they were supported to develop.

The service sought feedback and acted upon all concerns raised. There was a robust system in place for auditing the service to identify areas for development.

# Hope Lodge Limited

## 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 4 and 5 February 2016 and was unannounced.

The inspection was carried out by one inspector and an 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. The expert had experience of services for young people with autism and learning disabilities.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed local authority inspection records.

During the inspection we spoke with two people using the service, three relatives and two members of staff. We looked at care plans for three people, training, recruitment and induction records for five members of staff and reviewed the local authority's most recent inspection report. We looked at records for medicine administration, team meetings, surveys, internal audits and minutes of team meetings.

# Is the service safe?

## Our findings

People told us the service was safe. One person said, "I am safe here, yes. I'm happy." A relative we spoke with told us "My son appears to be safe and seems happy to go back there."

Staff received training in safeguarding and understood how to protect people from any potential risk of harm. One member of staff told us, "If I was worried about anyone or the way they were being treated, I'd speak to the manager immediately. If I couldn't do that then I'd call the council or you (the Care Quality Commission)." Contact details for agencies that could be contacted in case of any safeguarding concerns were clearly visible around the service and issued to people as part of their care plan. The service had a policy in place for recording and reporting accidents and incidents and we saw that appropriate referrals had been made where necessary following any incident of significance.

Risk assessments were completed to manage any risks associated with all aspects of people's care planning. These risk assessments were relevant to each person and were created based on their individual activities and behaviours. Where people displayed behaviours that might have impacted negatively on others, the service was proactive in identifying ways in which they could keep people safe. These included identifying triggers, using de-escalation techniques and ways in which other people living at the service could be kept safe. The risk assessments were reviewed and updated regularly or when required. For example we noted that following a recent incident, the risk assessment had been reviewed and updated which provided clear guidance for staff to mitigate and manage the risk appropriately.

There were enough staff on duty to keep people safe. One member of staff said, "There are enough staff on shift. We've had problems with people leaving but the manager is recruiting." We reviewed staffing rotas and found that there was always at least one member of staff on duty for an early and a late shift, in addition to the manager. The service employed waking night staff to ensure that people's needs were met during and throughout the night. The manager told us they did not use agency staff and that either he or the deputy manager were always available to cover for sickness or absence. Staff we spoke with confirmed that there were always sufficient numbers of staff on duty to provide care and support to people.

The service had robust recruitment policies in place to ensure that staff were safely employed to work at the service. All staff had completed a DBS (Disclosure and Barring Service) check and had two references on file from previous employers. Staff were interviewed to ensure they had the correct knowledge, skills and experience to undertake the role.

The service had emergency protocols in place to ensure that people would be kept safe if required. In addition to a standard plan in case of fire, adverse weather or any other unforeseen circumstances, each person had an individual personalised evacuation plan (PEEP) which detailed how they could be supported individually in case they were required to be evacuated or supported in an emergency.

Medicines were stored and administered safely. Each person's care plan included a list of their current medicines and details of any as and when (PRN) medicines that people were prescribed. During the

inspection we saw that these medicines were stored in a lockable cabinet in the staff office and that temperature checks were carried out daily to ensure that they were being kept safely. We looked at medicines administration records (MAR) for each person and found that they were being filled out correctly with no unexplained gaps. People's pictures were included in their medicines files and guidelines were issued to staff to help them to understand how each person preferred to have their medicines given. Staff received training and competency observations during their induction to ensure they understood how to follow these procedures safely.

# Is the service effective?

## Our findings

People we spoke with felt that staff received training that enabled them to perform their role effectively. One person said, "I get everything I need." We spoke with one relative who said, "My son seems happy and he is always clean and shaven, I have seen changes over the years, but some staff are very clued up to my son so yes I think it is effective."

When staff commenced employment with the service they received a full induction. One member of staff told us, "My induction was fine, I learned a lot." These inductions included chances to read through care plans, familiarise themselves with the facilities in the service and read the visions and values of the provider. A new format for inductions had been introduced. All staff had completed this programme to ensure that they were receiving the same information and maintain best practice.

Staff received training which was relevant to their role. One member of staff said, "The training is good." Another told us, "We have a mix of classroom-based learning and work books, it's all helpful, it tells us what we need to know." We looked at training records which confirmed that staff received mandatory training in medicines administration, safeguarding and the Mental Capacity Act 2005 (MCA). In addition, staff were provided specialised training in autism awareness and person-centred approaches. Newer staff employed by the service were given the opportunity to complete the care certificate.

Staff received regular supervision from management. One member of staff told us, "Yes, I'm supervised every month- we talk about the service users, training, any issues." We saw in staff files that the manager identified when staff were due for supervision and that these were completed on average every two months.

Staff we spoke with had a good understanding of the Mental Capacity Act. The Mental Capacity Act 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). The service had provided information to staff to support them to understand these legislations, and all staff received training in the MCA as part of their induction process.

DoLS authorisations were in place for two of the people and these were appropriate to ensure they were not being unlawfully deprived of their liberty. The manager told us that another person was under constant supervision and that they had applied for relevant authorisations and had them rejected. The manager was able to describe ways in which they had addressed this by ensuring that they had obtained consent from the person when offering support. Reviews had been carried out every few months to check that there had been no changes which might have affected the person's liberty.

People provided consent to their care and support. One member of staff told us, "We always make sure



they're comfortable with what we're doing, we ask them to sign everything." Care plans were signed by people and each document was signed individually to ensure that, where possible, people were able to provide consent for different aspects of their care.

People had enough to eat and drink. Menus were filled out daily and people's dietary needs, likes, dislikes and preferences for food and drinks were contained within their care plans. People were provided with a choice of food, snacks and drinks and we reviewed menu forms for two months and found that people had a healthy and balanced diet that incorporated their individual wishes.

People's healthcare needs were routinely assessed by the service and their relevant conditions were listed in their care plans. People were supported to attend appointments with other healthcare professionals and these had been recorded with outcomes. Where people's healthcare needs changed, the service had been proactive in identifying this and making the appropriate referrals; for example when one person was presenting with increased anxiety they had been referred for appropriate medical assessment. People's weight was recorded regularly to ensure that their health and wellbeing was maintained.

During our inspection we had a look around the service and found that it did not always appear to be completely personalised to people's needs. The environment was quite sparse and communication tools used with people were basic in nature. The manager told us that they had adapted some of the design of the service to keep people safe as one person sometimes attempted to remove things from walls. Their care plan confirmed that this was the case and that the service were therefore taking appropriate measures to manage this behaviour. However we noted that the house was in need of further decoration and would benefit from some more personalised items around the house.

## Is the service caring?

### Our findings

People we spoke with told us they felt they were well cared for. One person said, "Staff are nice to me yes, they are kind to me." We spoke with one relative who told us, "I go by my son and he seems happy all the time. As long as he is happy, that's all that matters really, staff are caring."

We found that staff were knowledgeable about people's needs and how they were supported. They were able to tell us about the ways in which they ensured they were well cared for. One member of staff said, "Getting to know the people is wonderful, taking them out, helping them, enjoying different activities, it's a great place to work."

People's privacy and dignity were respected by staff. One member of staff told us, "We always knock on their door, inform them we're coming and use their individual language to enable them to understand what we're trying to communicate." During our inspection we observed that people were given opportunities to spend time in their room when desired, and information relating to the importance of dignity was contained within people's care plans. Where another person had been occasionally entering their rooms, we saw that proactive measures were taken to monitor this and take appropriate steps to keep the other people safe by ensuring that staff employed during the night shift remain in close proximity to each room.

Staff held key worker sessions with people every few months which provided them with an opportunity to talk about their care and ask for feedback on how they felt supported. One member of staff told us, "I meet with [person] so they know what's going into their care plan; it helps us to understand how to make sure they are happy." These sessions included opportunities to review the person's activities, healthcare, any changes to their support needs and gain feedback from people if they had any concerns. Any issues identified from these sessions had been followed up and reflected on people's care plans so that staff had up to date information when supporting them in meeting their needs.

People were provided with a service user guide which was created in a format which was easy to understand and set out the details of their placement, provided information on who they could contact in case of any concerns, what services were available to them and how staff would support them in all areas of their life.

Staff told us they understood the requirement to keep people's information private. One member of staff said, "We wouldn't ever talk about somebody's personal business in front of anyone else. We keep all their information in the office." Records were kept securely and safely in order to ensure that sensitive information was confidential.

## Is the service responsive?

### Our findings

Each person had an assessment of their needs carried out before they came to stay at the service. Care plans contained a good level of detail and included information about people's likes, dislikes, preferences and ways in which they could be supported by staff. At the front of each person's care plan was a list of 'things never to forget' which detailed all the essential information staff needed to know about each person prior to supporting them. People's relatives, important dates and events and cultural needs were included to give the reader an insight into each person's unique personality and background. People's daily routines were listed and provided staff with a sequence of tasks that the person undertook on different days.

People were supported to enjoy a range of hobbies and activities both in the house and outside. One person told us, "I like my curtains and chose my duvet, I go for a drive and shopping, I get pizza and chips on Saturdays." Two of the people supported attended regular day centre services, one attended college and all enjoyed other interests like bowling, yoga and going out for lunch. Weekly schedules were identified within people's care plans, and two people had TEACCH schedules in place. TEACCH is a form of communication used with people with an autistic spectrum and provide a framework to support achievement of educational and therapeutic goals. We saw that activity planners were placed into two people's rooms to provide them with a visual schedule of their weeks. Staff we spoke told us, "They get a good quality of support. we put their best interests at heart and ask them what they want, what they like."

Outcomes and objectives were identified for people in a section entitled 'things I would like to change'. This included details of how staff could develop more effective support for each person. For example we saw that where somebody was identified as being able to eat more independently, staff were provided with ways in which they could withdraw support gradually to help the person work towards this objective. We saw that staff were attempting to help one person to maintain and develop their literary skills and had recorded their progress. Care plans had been regularly reviewed or when required to ensure that only the latest information was available to staff.

The service had a system in place for receiving and handling complaints. A relative told us that they would feel comfortable talking to the manager if they had any concerns. They said, "I have no cause to complain really, they could do with more staff driving cars as I think there is only two staff that can drive." We raised this with the manager during our inspection who told us they were aware of this issue and had tried to put in extra measures to ensure people had car drivers available, including the manager working at weekends. The service had received one formal complaint from a member of the public following an incident. We saw that the manager had responded to this complaint promptly and offered an apology and action plan which indicated how they intended to address the concern raised. Once the complaint had been resolved, the manager then sent out a questionnaire to the complainant to ask whether they were happy with how the complaint had been handled and resolved.

## Is the service well-led?

### Our findings

The service had a registered manager in post. People's relatives told us that they felt the manager was helpful and understood the needs of their relative well. They said, "The manager is very helpful if I want to know anything, my [relative] can be difficult and staff manage [them] well, the manager knows what he is doing." Another relative said, "I think it's well managed. I go by my [relative] really, I would know if something is wrong but generally I am happy with things."

Staff felt that the manager was supportive and approachable. One member of staff said, "The manager is supportive, if I've got any problems he'll give us information." Another told us, "I get very well with the manager, he always puts the people first and acts in their best interests. He helps us to develop." The manager was knowledgeable about people supported by the service and was able to tell us about the ways in which he kept up to date with best practice. We saw that he was in regular attendance at local provider forums, was well-trained and experienced in the care sector and kept up to date with the latest compliance requirements and legislation.

The service had a quality assurance system in place and carried out audits weekly and monthly to identify improvements that needed to be made. Weekly audits were completed to ensure that people's finances, medicines and activities were being checked and that needs were being met in each area. This helped to identify and address any gaps in recording. The manager then completed an audit each month to provide a broader overview of each area of the service and set objectives for improvement. For example we saw that where a few gaps in training had been identified, an action plan had been put into place and the courses had been subsequently booked. The home also invited an external person to come and complete audits every few months to ensure that nothing had been missed by the management team. This helped to ensure that the service had a robust system for ensuring that regulations were being met.

Resident satisfaction surveys were sent out annually and provided people and their relatives with an opportunity to give feedback on their experience of the service. While the feedback was largely positive, the manager identified all of the issues raised and had sent a very detailed response with an action plan on how they would improve on the points raised. Comments from relatives praised the service, including "[Relative] has been so happy at Hope Lodge lately, thank you for everything." We saw that the manager had also sent out surveys to the two day centres that people attended and had requested their feedback. Again, comments were positive and praised the effective communication between them and the provider.

Team meetings were held monthly and provided staff with a chance to discuss issues relating to the service, the people supported and any updates from management. Staff told us they felt these meetings were useful. One member of staff said, "We meet regularly- it's a good chance to catch up on things." Each meeting was followed by a set of objectives and an action plan. For example during the most recent meeting, the manager had reminded the staff of the importance of developing people's independence in key areas of their lives and had provided clear guidance regarding the ways in which staff could support people to work towards this.

Service user meetings were also held which gave people opportunities to discuss issues affecting the home and ensure they were happy with the service being provided. This included standing agenda items which encouraged people to share any activities or daily living skills that they felt they could use additional support with.