Care Management Group Limited

Helene Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 13 March 2018. It was our first inspection of the service under its current ownership. We had attempted to inspect a week beforehand; however, the registered manager was unwell and no-one was at home. We advised the registered manager that day of our rearranged inspection date.

Helene 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. Helene Lodge accommodates up to six adults with a learning disability in one house. There were four people living there when we inspected.

The care service has been developed and designed in line with the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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.

The service had a positive culture that was person-centred, open, inclusive and empowering. The people living at the service were happy, looked well cared for and were very comfortable around the staff looking after them. Caring staff knew people well and had good relationships with them. The staff treated people as individuals, with kindness and compassion. People's privacy was respected and their dignity upheld.

People, and where appropriate their relatives, were involved in the planning and delivery of their care and support. Care and support plans were comprehensive and kept up to date. People were encouraged to do what they could for themselves.

The service met the Accessible Information Standard. Communication needs were flagged up in support plans. The Accessible Information Standard sets out requirements for care providers to identify, record, flag, share and meet the information and communication needs of people with a disability, impairment or sensory loss. Staff had a good understanding of how people communicated. Communications were clear and understood by both parties.

People were supported to follow their interests and take part in social activities, education and work opportunities as they chose. They were encouraged to use community facilities such as shops and hairdressers.

Staff helped people keep in touch with relatives through visits, telephone calls, video calls and instant messaging.

Medicines were managed and administered safely, including epilepsy rescue medicines.

People were supported, but not compelled, to live healthily. They each had an up-to-date health action plan, which described the support they needed to manage their health, and were supported accordingly. People's care records included a summary of their care and support needs to pass on to hospital staff in the event people were admitted. The registered manager and staff also worked closely with day centres to ensure people who attended them received consistent, person-centred care.

People were supported to maintain a balanced diet, whilst maintaining their preferences. They chose what they had to eat and were encouraged and supported to get involved in preparing meals, snacks and drinks.

People's rights were protected because the registered manager and staff worked in line with the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards. However, consent, mental capacity assessments and best interests decisions were not always clearly documented. We have made a recommendation about the recording of consent and best interests decisions.

People were protected against the risk of neglect and abuse. The registered manager and staff had a good understanding of their responsibility for reporting possible abuse or neglect, including raising whistleblowing concerns. Robust procedures were in place to ensure the registered manager and staff could account for monies held on people's behalf.

Risks were assessed and managed, protecting people in the least restrictive way possible. People involved in accidents or incidents were supported to stay safe and action was taken to prevent further injury or harm. The provider monitored accidents and incidents for trends that might indicate changes were required.

The premises had a homely feel and were maintained in a safe and clean condition. Procedures were in place to protect people from infection.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs, including community activities. The service had not had to use agency staff, as any gaps in the rota, for example due to sickness, were covered by the registered manager and other staff. This provided continuity for people.

The registered manager and staff were clear about their roles and responsibilities. Staff were enthusiastic and positive about their work. They had the necessary skills, knowledge and understanding to work effectively. They were supported through training, regular supervision and informal discussions with the registered manager. The registered manager frequently worked alongside staff to ensure people had the care and support they needed and staff felt supported.

Safe recruitment practices were followed before new staff were employed, to help ensure they were of good character and suitable for their role.

Easy-to-read information about how to make a complaint was displayed on a noticeboard in the hall. Relatives confirmed they had been made aware of how to complain, should they feel this were necessary.

Quality assurance systems were in place to monitor how the service was run. There were regular audits by

the registered manager and staff. The provider's regional director visited the service each month to support the registered manager and monitor how they were performing.

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.

People were protected from avoidable harm, neglect, abuse and discrimination.

There were enough staff on duty and able to support people in the way they needed.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were involved in decisions about their care, and about the premises and environment.

People had ready access to food and drink. They were encouraged to make healthy food choices, although their preferences were respected.

People got the support they needed to manage their health.

Is the service caring?

Good

The service was caring.

People had positive relationships with staff, who treated them with dignity and respect.

People were supported to have as much choice and control as possible in their lives. They were encouraged to express their views and to be involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were encouraged to take part in activities meaningful to them, including maintaining hobbies and interests.

People were supported to maintain relationships with people who mattered to them.

People had clear information about how they could raise concerns or make complaints.

Is the service well-led?

Good

The service was well led.

The service had an open, inclusive, person-centred culture.

People and staff had confidence in the registered manager, who led by example.

The provider maintained oversight of the service to ensure it maintained good practice.

Helene Lodge

Detailed findings

Background to this inspection

We carried out this routine comprehensive 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 comprehensive inspection took place on 13 March 2018. It was our first inspection of the service under its current ownership. We had attempted to inspect a week beforehand; however, the registered manager was unwell and no-one was at home. We advised the registered manager that day of our rearranged inspection date. Advance notice was necessary as this is a small service and often there is no-one at home.

The inspection was taken by an inspector and an assistant inspector.

Prior to the inspection we reviewed the information we held about the service. This included notifications of significant events such as safeguarding referrals, and the statement of purpose. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also received feedback from two organisations that commissioned people's care.

During the inspection we talked with three people who used the service, two support workers and the registered manager. We viewed two people's support plans and records, four people's medicines administration records, three staff files and other records relating to the management of the service, including audits, maintenance records, incident records and complaints and compliments.

Following the inspection, the registered manager sent us information we requested in relation to quality assurance. We also spoke with two relatives.

Good

Is the service safe?

Our findings

People were protected against the risk of neglect and abuse. There was clear information for people and staff about how to report concerns to statutory agencies concerned with safeguarding adults. The service had compiled a "Safeguarding Grab Folder" for staff to refer to, should they ever need information about the safeguarding policy or whom they should contact. The registered manager and staff had a good understanding of their responsibility for reporting possible abuse or neglect. The provider monitored safeguarding concerns and that these were being addressed appropriately. Robust procedures were in place to ensure the registered manager and staff could account for monies held on people's behalf.

Staff had good working relationships with the people at Helene Lodge and so had become aware of people's characteristics that were protected under the Equality Act. There was no discrimination within the service and everybody living there was encouraged to be themselves.

Risks were assessed and managed, protecting people with the least possible restriction on their freedom. Risk assessments and management plans reflected people's individual circumstances and were reviewed monthly to ensure they remained up to date. They covered areas such as activities, road safety, using the kitchen and health conditions. One person experienced seizures. The service had liaised with health professionals to ensure the person could be supported safely, and measures put in place including alarms and emergency 'rescue' medicine, to reduce the risk as far as possible. A relative commented that staff had been very well trained about the person's condition, recognised warning signs and took appropriate action to keep them safe.

The premises were maintained in a safe condition. For example, radiators had an adequate covering to prevent injury and there were window restrictors in place. Risks were clearly signed, such as a low doorway to the toilet off the downstairs hallway. The Registered Manager completed monthly health and safety audits. They had identified a trip hazard in a person's room during one of these audits and had reported this to the maintenance department, who were arranging a new carpet. Regular maintenance checks included checks to ensure upstairs windows could not open too widely, fridges operated at the right temperature and water temperatures were safe. Any necessary repairs were made promptly. Fire equipment and evacuation procedures were also checked and practiced regularly. There were periodic contractors' checks on gas and fire safety.

Procedures were in place to protect people from infection. The service had recently received the highest food standards rating from the local authority. The premises were clean and fresh throughout. Staff were trained in hand hygiene. They carried alcohol gel, which was also available at the entrance to the building. Sinks for handwashing were stocked with soap and paper towels. Disposable gloves and aprons were available for staff to use. Different coloured mops and buckets were used in bathroom and kitchen areas; staff could explain where they would be used. The registered manager's monthly health and safety audits checked that the prevention and control of infection processes remained effective.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs,

including community activities. There were four support workers and one registered manager in post. A new support worker had just been recruited. Due to a long-term health condition, one person required one-to-one staffing during the day and a member of staff awake at night to ensure their safety. This staffing was provided, over and above the staff who supported other people. The service had not had to use agency staff, as any gaps in the rota, for example due to sickness, were covered by the registered manager and other staff. This provided continuity for people.

Safe recruitment practices were followed before new staff were employed. Staff were confirmed in employment only following relevant employment checks, including references and checks with the Disclosure and Barring service. This helped ensure they were of good character and suitable for their role.

Medicines were managed and administered safely. The service worked with a local pharmacy to ensure medicines were ordered, delivered, stored and disposed of in accordance with legal requirements. Medicines administration records were completed, and there were weekly checks to ensure that the amount of medicines in stock tallied with the records. The registered manager audited medicines each month. There was clear guidance for staff to follow when people were prescribed medicines to be taken as needed, including emergency medicines for seizures. The registered manager sought medication reviews with prescribers, where people were prescribed medicines long term. Staff all had up-to-date training in administering medicines, including epilepsy rescue medicines. They were supervised by the registered manager when administering medicines, until they were signed off as competent. This was reviewed at least annually.

Lessons were learned and improvements made following accidents or incidents. People involved were supported to stay safe and action was taken to prevent further injury or harm. Accidents and incidents were recorded and reviewed by the registered manager to ensure that any immediate action necessary was taken. The provider monitored accidents and incidents for trends that might indicate changes were required. For example, a portable ramp had been acquired to allow easier access for paramedics. A staff member recounted how they had discussed a trip hazard in a staff meeting so they could reduce the risk. The member of staff said this was the way they would discuss any lessons learnt, working together as a team and including people in conversations to reduce risk.

Good

Is the service effective?

Our findings

People and relatives were positive about the care and support people received. A relative had complimented the service: "It is clear he is in great hands. I've not known him that happy in ages." The people living at the service were very happy, looked well cared for and were very comfortable around the staff looking after them.

People, and where appropriate their relatives, were involved in the planning and delivery of their care and support. Physical, emotional and social needs were viewed holistically and formed the basis of support plans. These were reviewed at least monthly, or when required due to changes. Support plans included areas such as preferred morning and evening routines including any prompting or support with personal hygiene, communication, physical and mental health, nutrition and activities. Where people needed it, technology such as monitors and seizure alarms were used so staff could provide care and support promptly. Staff understood the care people required, including the use of this technology.

People's rights were protected because the registered manager and staff worked in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive possible. The registered manager and staff had a good understanding of their responsibilities under the MCA. They obtained consent from people in relation to their care, where people were able to give this. Where there were concerns about people's ability to consent, care and support were only provided in line with the MCA. However, consent, mental capacity assessments and best interests decisions were not always clearly documented. We fed this back to the registered manager on the day of the inspection.

We recommend the service reviews how it documents consent, mental capacity assessments and best interests decisions, to ensure these are always recorded where necessary.

People can only be deprived of their liberty so that they can 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 operated a locked door policy to reduce the risk of people coming to harm through leaving the premises without supervision. Consequently, the registered manager had identified people who they believed were being deprived of their liberty. Previous DoLS applications for these people had been authorised by the relevant supervisory body. The registered manager had made fresh DoLS applications before the existing ones expired and had chased these, although they were awaiting assessment.

People received individualised care and support from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff confirmed they received the training they needed and that the provider was happy to provide refresher training to ensure they all felt confident to carry out their roles and responsibilities. Training for staff covered essential topics including safeguarding, food safety,

infection prevention and control, fire safety, first aid and the Mental Capacity Act. Extra training was provided to staff to meet people's specific needs, including training about epilepsy and rescue medicine during a seizure.

A support worker who was new to care was due to start their induction, which would include the Care Certificate. The other support workers all had previous experience. The registered manager confirmed that induction training for inexperienced staff was in accordance with the Skills for Care Care Certificate. Skills for Care set the standards people working in adult social care need to meet before they can safely work unsupervised.

Staff were also supported through supervision meetings every six to eight weeks with the registered manager. At these meetings they discussed how they felt about their work and received supportive feedback. Staff told us the registered manager was happy to have additional supervisions if they felt the needed them, so they could have discussions about any concerns they may have.

People were supported to maintain a balanced diet, whilst maintaining their preferences. People told us they liked the food and chose what they had to eat. They discussed with staff what they were going to have for lunch and dinner. A menu was displayed in the kitchen with pictures to enable people to remember what was being offered that day. People were encouraged to make their own food and drinks wherever possible, with support from staff. There was a fruit bowl in the kitchen for people to help themselves to. People's food allergies and dietary needs were clearly documented and people were referred to the correct healthcare professionals when staff had concern regarding their eating and drinking. The registered manager told us some of the people living at the service had been overweight and some underweight. Working with healthcare professionals, everyone living at the service had reached the healthy weight they wanted, and this was monitored monthly.

People were supported, but not compelled, to live healthily. They each had an up-to-date health action plan, which described the support they needed to stay healthy, and were supported accordingly. Relevant health and social care professionals were involved with people's care, such as GPs, dentists, opticians and community learning disability staff. Any concerns about health or well-being were referred promptly to a person's GP or other health professionals. A relative commented, "Staff picked up on it [health issues] quickly... Absolutely fantastic the way they do this". One person's long-term health condition sometimes required emergency care and had been flagged up with the ambulance service.

The service worked closely with community nurses and other healthcare professionals to ensure the people receive consistent and timely person-centred care when at and away from the service. People's care records included a summary of their care and support needs to pass on to hospital staff in the event people were admitted. When required, the registered manager had organised additional training before accepting back a person into the service from hospital to ensure all staff were able and confident to support them with their healthcare needs. The registered manager and staff also worked closely with day centres to ensure people who attended them received consistent, person-centred care.

The premises had a homely feel. People liked their bedrooms, which were decorated to their specific likes. Communal areas had been reconfigured since the service transferred to its current ownership, to make them more inviting for people to use. There was a lounge with a television, DVD player and karaoke machine; a large conservatory with garden access; a kitchen and a dining room. The décor had been refreshed and people had made choices about colours and decorations. Around the building, there were photographs of the people who lived there and decorations that people had made. People had chosen gnomes for the garden.

Good

Is the service caring?

Our findings

The staff were very caring towards the people living at the service. They treated people as individuals, with kindness and compassion. People were relaxed with staff. There was lots of noise and laughter throughout the day, positive interactions displaying compassion, caring and kindness between the staff and the people living there. People did not talk at length about the staff but showed through their interactions that they felt happy and at home. Staff responded promptly when people appeared upset or worried, providing reassurance in the way they needed.

Staff had a good understanding of how people who used the service communicated. Communications were clear and understood by both parties.

The registered manager and staff knew people well. They could tell us about individual people living at the service in detail, including their personal histories and preferences. They knew about things people found difficult and how changes in daily routines affected them. A relative commented, "[Person] seems to have a very good relationship with them [staff]… You can see they genuinely enjoy spending time with [person]."

People were supported to express their views and be involved in decisions about their care and support. This happened from day to day, throughout the day. For example, people talked with the registered manager and staff about their plans for the day, what they wanted to do and where they wished to go. People were as involved as they could be while staff administered their medicines; staff talked with them about what their medicines were for. Staff told us how they adapted the care they provided according to what the person wanted and needed. People had monthly reviews with the member of staff who was their key worker, which provided an opportunity to discuss any issues they may not previously have raised. The registered manager recognised when people might need advocacy support and knew how to go about obtaining this, if necessary.

Relatives confirmed they were able to visit the service whenever suited them and the person.

People were supported to do what they could for themselves and were encouraged to make their own decisions. For example, staff encouraged people to prepare snacks and drinks themselves and to tell the time. One person's long-term health condition had changed, such that they needed a particular medicine on hand at all times. They reminded staff to bring this with them when they went out. They often told staff when they thought they were going become unwell.

People's privacy was respected. Staff honoured people's privacy in their bedrooms; they only showed us people's rooms with their agreement. Care records were kept in the office, which was locked when there was no-one there.

Dignity was promoted. There was a notice in the hallway about "Dignity and Helene Lodge" and posters in the office displayed clear expectations of how people should be treated. House meetings had discussed dignity and not being rude to others. The registered manager and staff worked with each other closely and

placed a high regard on compassionate and respectful behaviour, saying that they would report any concerns about this.

Good

Is the service responsive?

Our findings

People and, where appropriate, their relatives were involved in decisions and kept informed about their care and support. A relative commented, "I can't fault the way I'm kept informed". Support plans were detailed and person-centred, reflecting how well the registered manager and staff knew people and understood the support they needed. People's care and support also reflected their protected characteristics under the Equality Act, such as their sexuality and gender.

The service met the Accessible Information Standard. Care plans and summaries flagged up people's communication needs. Staff understood these and acted accordingly.

People were supported to follow their interests and take part in social activities, education and work opportunities as they chose. A relative told us, "Whatever [person] wants to do they do, if it's feasible." One person told us how they loved the horse they went and fed carrots to during the summer. This arrangement had been set up by the service as this person enjoys spending time with horses. Some people opted to attend day centres and sheltered work programmes. People were also supported to follow their interests at home. For example, one person enjoyed using their tablet computer, and another had a pen pal they often wrote to. Some people enjoyed crafts. The registered manager was keen to introduce people to new activities they enjoyed, provided they were willing to do so.

People were encouraged to use community facilities such as shops and hairdressers. Where appropriate, staff helped them to use public transport. However, some people chose to save money and have the registered manager cut their hair, as she has a hairdressing qualification.

People were supported to maintain relationships with people who were important to them. Their care records contained details of key people and important dates, such as birthdays. Staff supported them to make or purchase cards and presents for birthdays and Christmas. They also helped people keep in touch with relatives through visits, telephone calls, video calls and instant messaging.

People, relatives and staff had been supported sensitively and with compassion, following someone's unexpected death from natural causes. This had been upsetting for people, who had lived with the person for eighteen years and some of whom had formed a close friendships with them. It was also difficult for the staff, who had worked closely with the person. The whole staff team worked with the person's relative to arrange a memorial celebration following the funeral. They also supported people individually to understand the person was gone and to grieve. There were easy-read books on loss to help people with this. The registered manager and staff had supported people to choose a photo and photo frame to put up in the main lounge. With permission from the family, the registered manager was making the person's jumpers into cushions, as the person who passed away liked to hug people and this way people could hug the pillow to remember them. The provider had arranged grief counselling for the staff, for their personal welfare and to enable them to continue supporting people effectively.

There had been no complaints since the current provider had taken over the service. Easy-to-read

information about how to make a complaint was displayed on a noticeboard in the hall. Relatives confirmed they had been made aware of how to complain, should they feel this were necessary.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. The atmosphere was welcoming, relaxed and friendly. People enjoyed spending time in the company of the registered manager and staff and sought them out when they wanted to talk with them. Staff were enthusiastic and positive about their roles. A relative commented that the registered manager was "so passionate" about her work. A member of staff told us, "Love working here, love the guys, knowing I'm making a difference helping them". On the wall of the office was a motto, "Our residents do not live in our workplace we work in their home". The registered manager commented: "[People living at the service] see us as family not support workers… [We are] all close, to see that they [people] feel comfortable and at home is lovely."

The registered manager frequently worked alongside staff to ensure people had the care and support they needed and staff felt supported. She operated an open door policy so staff, relatives and the people living at the service could speak with her whenever they needed. Relatives told us how they valued regular communication with her, although there was also a comment that on occasion staff had not been prompt to return telephone calls. Staff confirmed they felt supported by the registered manager and felt able to speak with her whenever they needed. A member of staff described her as "very approachable… really good at resolving the situation".

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. They found the registered manager approachable. A relative said, "I have no qualms about contacting [registered manager] to discuss anything I may be concerned about or just need advice. I am aware how to make a complaint and would have no hesitation should the occasion arise." The registered manager and staff were aware of the provider's whistleblowing procedure. The provider's contact details for reporting whistleblowing concerns were displayed in the office. Staff were able to state clearly how they would raise whistleblowing concerns.

The registered manager and staff were clear about their roles and responsibilities. These were reinforced during staff supervision with the registered manager. The provider's regional director visited the service each month to support the registered manager and monitor how they were performing. A member of staff told us the regional director always took time to speak with people and staff. The owner of the provider organisation also visited from time to time.

The registered manager had a passion for challenging discrimination and ensuring people's views were listened to by health and social care services. The registered manager explained that during appointments, some health workers had addressed questions to her rather than the person themselves. She had reminded them to address the person.

The registered manager had notified CQC about significant events. CQC uses such information to monitor services and ensure they respond appropriately to keep people safe.

People and staff were encouraged to be involved in changes and developments at the service. Staff and house meetings were held to discuss developments in the service and proposed new ways of working. For example, outdoor building work was under way during the inspection. This had been discussed at meetings for people who used the service and for staff. The provider had agreed the builders' hours to minimise disruption to people living at the service. One person spent more time out and about with staff, as they did not like the disturbance.

Quality assurance systems were in place to monitor how Helene Lodge was run. Regular audits were carried out at least monthly by the registered manager and staff, including health and safety checks, checks that fire precautions were operating properly and medicines audits. The provider's quality team also made checks from time to time. In addition, the provider monitored complaints, accidents and incidents, and safeguarding to ensure all necessary action had been taken and for any indication of developing trends. Where any areas for improvement were identified, the registered manager took prompt action to address these.

The service worked in partnership with other agencies to support care provision. For example, the provider and registered manager had been liaising with commissioners to consider how the service might be developed. There was regular contact with health and social care professionals, including the community learning disability team. The registered manager had attended a care conference for providers in Dorset. We discussed other organisations that would help her keep her knowledge up to date.