Care Quality Commission

Linkage Community Trust

Beech Lodge - Mablethorpe

Inspection report

Stanley Avenue
Mablethorpe
Lincolnshire
LN12 1DP

Tel: 01507479781
Website: www.linkage.org.uk

Date of inspection visit:
03 May 2018

Date of publication:
10 September 2018

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

Beech 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. Beech Lodge provides personal care for up to nine younger adults living with a learning disability or autistic spectrum disorder. There were nine people living in the home when we visited.

The care service has been developed and designed in line with the values that underpin the 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

There were systems in place to keep people safe. Staff were aware of safeguarding issues and people had their risk of harm assessed. There were sufficient numbers of suitable staff to care for people. medicines were managed safely and there were good infection control practices in place.

People are cared for by staff who have the knowledge and skills to look after them. People are involved in planning their weekly menu and enjoy a healthy and balanced diet and an active lifestyle.

People were treated as unique individuals by kind and caring staff. People were supported to be involved in the service and integrated well with the local community. The provider monitored the quality of the care people received.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Care Quality Commission

Beech Lodge - Mablethorpe

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 comprehensive inspection took place on 3 May 2018 and was announced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using one or caring for someone who uses this type of care service.

We gave 48 hours' notice of the inspection visit because the service was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

We used information the provider sent us in the 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 judgements in this report.

Before the inspection we reviewed any information we held about the service. We reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with the registered manager and two member of support staff. We also observed staff interacting with people in communal areas, providing care and support. During our inspection the expert by experience spoke with two relatives by telephone. We also spoke with four people who lived at the service.

We looked at a range of records related to the running and the quality of the service. These included three staff recruitment and induction files, staff training information, meeting minutes and arrangements for managing complaints. We looked at the quality assurance audits that the registered manager and the provider completed. We also looked at care plans for four people and medicine administration records for

six people.

Good

Is the service safe?

Our findings

Staff had access to safeguarding and whistleblowing policies and were aware of how to identify if a person was at risk of abuse and understood their responsibility to escalate their concerns through the internal safeguarding route or by whistleblowing. In addition, staff told us that they would not hesitate to share their concerns with the local safeguarding authority or the Care Quality Commission (CQC).

People and their relatives told us that the service was a safe place to live. One relative said, "[Name of person] is safe living here. I have no concerns at all." People had their risk of harm assessed for the internal environment, personal care and accessing the community. For example, we saw one person had risk assessments for answering the front door to strangers, for using their razor to shave and for the risk of trips and falls from uneven pavements.

An easy read fire evacuation plan was on display in the kitchen and in the main hallway. People who lived in the service were involved in regular fire evacuation drills and understood the importance of this. The business continuity plan identified the action staff must take in an emergency to keep people safe. The neighbouring bowling green café had been identified as a place of safety for people to be taken to if the service needed to be evacuated.

Regular health and safety compliance checks were carried out to ensure that the environment and equipment checks were up to date. For example, contractors undertook a full electrical appliance safety test during our inspection. This meant that electrical equipment was safe to use.

A robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. The number and skill mix of staff on duty varied from day to day depending on what activities and pastimes people were taking part in and how much support they needed.

Robust systems were in place for the safe ordering, storage, administration and disposal of medicines. We found that peoples' medicines were managed consistently and safely by staff who were assessed as competent to do so. We looked at medicine administration records (MAR) for six people and found that medicines had been given consistently and there were no gaps in the MAR charts. Each MAR chart had a photograph of the person for identification purposes and any allergies and special instructions were recorded. Staff had access to current national guidance, internal policies and individual protocols for 'as required' medicines.

People knew what medicines they took and who looked after them. One person said, "[Name of staff member] is good at looking after them."
Where able, people were supported to take responsibility for some or all of their medicines. A person who was dependent on an inhaler was assessed as able to self-administer it without any risk of harm. Another person who was at risk of epileptic seizures, was assessed as able to carry their rescue medicine on their

person when out in the community. We noted that they carried an alert card that told strangers how to administer their rescue medicine if they were unable to do so themselves.

All areas of the service were clean and tidy. Pictorial guidance on good hand washing technique was on display in key areas such as the kitchen and laundry room. Information on the safe use of detergents was available in the laundry room and all chemicals were stored safely under Control of Substances Hazardous to Health (COSHH) guidelines.

There were systems in place to report concerns and these concerns were fully investigated and the outcomes were shared with staff.

Good

Is the service effective?

Our findings

People had their needs and preferences assessed and we found that care and support were given in line with national guidance and evidence based practice.

Staff had the skills and knowledge to effectively care for people. We spoke with a member of regular bank staff and found that they had received the same level of mandatory training and annual updates as permanent staff. For example, they had received training in the safe management of medicines from the dispensing pharmacy, received twice a year updates and had their competencies to administer medicines safely assessed by the registered manage or their deputy.

Newly appointed staff undertook the Care Certificate, a 12 week national programme that covered all aspects of health and social care. Two staff had recently completed the programme. When a person had special care needs, staff received training to support them. For example, when a person was dependent on a wheelchair for their mobility needs.

We saw that staff received regular supervision sessions bi-monthly and had an annual appraisal. A member of staff told us, "At supervision I'm asked if I have any concerns and if things could be done differently." This meant that staff had the opportunity to discuss and plan their professional development.

People were supported to be involved in all aspects of the dining experience; from the weekly menu planning meeting, supermarket shopping, preparing meals with fresh ingredients to dining together. People and staff had access to a range of healthy eating recipes with pictures. Minutes were kept from the weekly menu planning meeting. Staff maintained a record of what people ate at each meal as people also ate at college, on work experience or went out for lunch and could monitor that they were eating a healthy, nutritious and balanced diet.

We observed that people were encouraged to access hot and cold drinks and fresh fruit when they wanted to. Information on warm weather guidance and drinking plenty of fluids was on display.

The staff had a good relationship with health and social care professionals who were involved with people who lived in the service. We saw evidence of multi-professional meetings to discuss individual health and social care needs.

People were supported to maintain good health and had access to healthcare services such as their GP, dentist, speech and language therapist and physiotherapist. People received regular health checks relevant to their age and gender. One person was accompanied by a member of staff to attended regular clinic appointments for treatment to strengthen their leg muscles, we saw that staff oversaw the person carry out their regular exercises. Some people had membership with the local gym, had a personalised exercise plan and visited the gym several times a week.

A person with a physical disability was unable to walk a long distance. We noted that a member of staff

accompanied them to hospital to have their wheelchair checked. On their return we saw that the person was able to mobilise independently around the ground floor of the service and access public rooms and their ground floor bedroom.

The provider supported people to live healthier lives and had introduced a health and well-being forum within their organisation. People elected a person to act as their health and well-being champion and a member of staff was nominated as their health and well-being ambassador. The forum met regularly to share their ideas to improve their health and well-being. The service and a neighbouring location were exploring tastes from around the world to promote healthy eating. On the day of our inspection they were preparing a shared themed Greek evening. Champions and ambassadors worked in partnership to choose the menu and shop for ingredients and prepare the food.

The provider ensured that people were cared for in a safe environment that met their individual needs. For example, one person who had a wheelchair had a new door fitted in response to feedback from a recent fire safety inspection. In addition, this person had a ground floor bedroom and could access the bathroom and all public and shared rooms.

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. Staff understood the principles of MCA and acted in accordance with the law. Staff understood the principles of MCA and sought consent from people for aspects of their care.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No one living in the service at the time of our inspection was subject to a DoLS authorisation.

Good

Is the service caring?

Our findings

People told us that they were well looked after and staff were caring. One person spoke about the staff and said, "I am happy here. They [members of staff] are kind and caring."

People were enabled to express their views and be actively involved in decisions about their care. We saw that they attended regular reviews and their family and social worker were invited. One person said, "I have a social worker and my mum and dad and [Name of member of staff] help me at my review. I can say what I want at the meetings all by myself." This person's relative told us, "Their independence has improved massively. I seldom have to sign anything on their behalf."

The service did not employ ancillary staff, such as housekeepers and cooks. People were responsible for keeping their own bedroom clean and tidy. In addition, people were allocated two house days a week. On these days staff supported them to undertake a range of housekeeping activities, such as their personal laundry, preparing and cooking meals and cleaning duties. We observed that staff took a person's abilities into consideration and gave them the level of support they needed to undertake a task.
People had a key worker. However, rather than have their key worker allocated to them, they were enabled to choose their own key worker to support them. This meant people were fully involved with decisions relating to their own care and support needs.

We observed that staff respected people's right to their privacy and personal space at all times and people were given the choice to have a key to lock their bedroom door. People told us that other people and staff never entered their room without first knocking the door and waiting to be invited in. People's relatives were made to feel welcome in the service and could visit or contact their loved one anytime. A relative we spoke with said, "The staff are always very respectful if their needs."

We saw that care records and personal files were stored securely and all computers were password protected. This meant that their confidential information was stored in compliance with the Data Protection Act.

Staff understood the individual emotional needs of people and treated any personal loss and grief with the utmost compassion. One person had recently lost a close relative and we observed staff and other people who lived in the service respond to this person appropriately, with dignity and compassion. Another person who had lost a parent found it difficult to accept. The registered manage took them to where their parent's ashes had been buried and this act of kindness helped the person move on.

When a person was unable to make an important decision for themselves, they were supported by an independent advocate to speak on their behalf. However, no one currently required the support of an advocate.

Good

Is the service responsive?

Our findings

Before a person moved into the service staff worked in partnership with them and their family to ensure a smooth transition into the service from their family home, residential college or another residential care setting. Several "small steps" were taken to enable the person to get to know the people who lived there and the staff who would be supporting them. Most people had a scrap book that told their story and was individual to them. Some people had decorated their books with coloured beads and glitter. We looked at three books and saw photographs of significant events and family and friends.

People were supported to develop and maintain their individual interest in hobbies, paid and voluntary work and access to education programmes. On the day of our inspection four people were attending local colleges to study life skills, arts and crafts and small animal care. The person studying small animal care had achieved a level one award on their subject and was being supported to look for paid or voluntary work with small animals. Another person was at their voluntary job in a local charity shop. The registered manager told us that these achievements helped people to grow in confidence and gave them a sense of belonging.

People were encouraged to maintain relationships that were important to them. We found that two young adults who had spent most of their childhood in care, separated from their siblings had now been reunited with them. Care staff supported them to meet their siblings for lunch on a regular basis. Two people had boyfriends who lived in the neighbouring service. They told us they enjoyed spending time with them. Staff also ensured that people could maintain contact with family and friends through social media and telephone calls.

People and their relatives had access to the complaints policy and procedures and knew how to raise concerns with their key worker or the registered manager. One relative said that their relative was happy and they never needed to make a complaint. Another relative told us, "I did make a complaint some time ago. It was a difficult resolution, but it was all well resolved."

People were offered choice and control over their lives. For example, some people offered to show us around the service and this included their own bedroom. The individual bedrooms reflected the person's personality, their activity preferences and personal achievements. In addition, the overall environment was homely, reflected a family atmosphere and there were signs that people had been involved in the decoration of the service. The shared areas, including both lounges and the dining room, were furnished with group and individual photographs, souvenirs from holidays, trophies won for personal achievements and other mementos significant to the people who lived in Beech Lodge. The relatives we spoke with supported our observations. One person's relative said, "The décor in my relative's room is all of their own choosing."

People were enabled to maintain a busy and varied social life and met up with young people from other care settings at social events. Two people told us that there was plenty for them to do in the service also. They showed us a range of indoor activities, including board games, craft materials, DVDs and song books and a karaoke machine. Their relatives told that there was always plenty for their loved ones to do.

An information board kept people up to date with social events and personal development courses provided by the parent organisation and by the local community. For example, there was information on an eleven week football skills course, a photography competition for 2019 and the Greek food and culture evening. Wherever possible, information was provided in an easy read format. This included national guidance on being active, having a health check and mental capacity. The provider complied with the accessible information standard.

Staff exchanged information about a person's care needs and wellbeing at shift handover to maintain continuity of person- centred care. A member of bank staff who regularly worked with the same person told us that they received a full handover at the start of each shift about all aspects of the person's care in the previous 24 hours.

We saw that staff and people who lived in the service respected peoples' religious and spiritual beliefs and supported them to follow the faith of their choice. A copy of the church newsletter was on display as was information on the times of the services. Two people who lived at the service regularly attended church

Good

Is the service well-led?

Our findings

The provider had a vison, mission and values statement that was accessible and visible to people who lived in the service. A member of staff told us, "We're like one big happy family. It's always like it. Staff get on well and clients [people who lived at the service] have everything they need and want." People told us that they liked living at Beech Lodge and it was their home. One person said, "It's a nice home. It's a good place to live."

Relatives were positive about the open and supportive culture within the service and one commented, "[Name of registered manager is very approachable. Communication is very good." They went on to say that they would rate Beech Lodge ten out of ten as their relative was, "so, so happy."

There was a registered manager in place at the service. 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 who lived in the service played an important part in the local community. The provider owned a public bowling green and café opposite the location. People from Beech Lodge and other locations within the provider organisation were supported by specialist instructors to work in the café. One person maintained the café grounds and their innovative floral displays had been recognised nationally. Last year they jointly won a silver award with two other community projects for Mablethorpe from The Royal Horticultural Society and were featured on prime-time national television.

A programme of regular audit was in place that covered key areas such as health and safety, medicines and infection control. In addition, the provider undertook a quality assurance visit every four months. Action plans with realistic time scales were produced to address any areas in need of improvement. The audit outcomes and required actions were shared with staff at team meetings and daily handovers. We noted that the previous inspection rating was on display.

The registered manager was also the registered manager for the neighbouring service. They told us that staff from both services attended the same team meetings. The reason for this was that people who lived in the services would visit each other, shared meals together and joined in each other's social events. Staff were familiar with both services and any changes to policies and procedures applied to both services. A member of bank staff who worked in both services told us, "I have a voice at the team meetings, and we all get on well without a doubt. [Name of registered manager] told me I am as much a part of the team as anyone else."

The provider had a system for recording, reporting, reviewing and learning from accidents and incidents. All incidents were forwarded to the provider's health and safety department and once reviewed, staff would discuss the lessons learned from the incident.