Iceni Care Limited

Caister 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

The inspection took place on 23 August 2017. It was an announced visit, as we gave the provider notice 48 hours before the inspection. The home provided accommodation for up to three persons with learning disabilities who require support with personal care. There were three people living in the home when we inspected.

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. There were two registered managers in post within the organisation who oversaw the services. They were also the owners of the company. During the inspection we met with the residential services manager, who had responsibility for the day to day management of the home, and we liaised with a registered manager the next day.

The home was safe and staff understood their responsibilities to protect people from harm or abuse and had received relevant safeguarding training. Staff were confident in reporting incidents and accidents should they occur. People were safely supported to take their medicines as prescribed.

There were effective processes in place to assess, review and mitigate risks to individuals. Assessments had taken place regarding people's individual risks and clear guidance was in place for staff to follow in order to reduce risk. Recruitment processes were in place to ensure that staff employed in the service were deemed suitable for the role.

Staff had received training in areas specific to the people they were supporting and they gained people's consent before providing care. Staff were able to explain how they promoted choice, and supported people with making some decisions. The home complied with the requirements of the Mental Capacity Act 2005 (MCA).

Staff supported people to access healthcare services. People were encouraged to eat a healthy balanced diet and be involved with making meals and drinks.

People's privacy and dignity were promoted and they had strong relationships with staff who listened to them. People were encouraged to be as independent as possible, work towards goals and make their own choices. People were engaged in a number of varied activities and external groups.

Staff had a thorough knowledge about the people they cared for and understood how to meet their needs. People planned their care with staff, families and healthcare professionals, and their preferences were met.

The management team worked closely with the people living there and had good oversight of the home. People and their families were encouraged to give their views on the service.

There were many systems in place to monitor the quality of the service and these were used to identify any concerns so that action could be taken if needed.

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 knowledgeable about how to keep people safe. There were comprehensive risk assessments for people and their environment in place.

There were enough staff to meet people's needs and they were recruited safely.

People were supported to take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were competent and received training relevant to their roles.

Staff were knowledgeable about people's mental capacity, and asked for consent before providing care.

Staff supported people to eat a balanced diet and to access healthcare.

Is the service caring?

Good

The service was caring.

People were supported by staff who were compassionate, and they built positive relationships with them.

Staff respected people's privacy and dignity, and encouraged people to increase their independence.

Staff adapted their communication to people's needs, and supported them to understand information.

Is the service responsive?

Good

The service was responsive.

People were supported on a one to one basis and to do activities they chose.

People's needs were thoroughly assessed prior to living in the home, and these were reviewed and updated as needed.

People and their families knew how to raise any concerns and who to.

Is the service well-led?

Good

The service was well-led.

There was good leadership in place and a positive staff team.

There were systems in place to monitor and improve the service.

Caister 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 took place on 23 August 2017 and was announced. As it is a small service where people go out during the day, we needed to be sure that someone would be available to speak with us. The inspection was carried out by one inspector.

Before the inspection, 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. Prior to the inspection, the provider also 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. Before the inspection, we also obtained feedback from the local authority.

During the inspection, we spoke with two people living in the home, a relative and a healthcare professional. We spoke with three staff including a registered manager, the residential services manager, a team leader and a support worker.

We reviewed care records and risk assessments for one person who lived at the home and checked all the people's medicine administration records (MARs). We reviewed a sample of other risk assessments, quality assurance records, training records and health and safety records.

Good

Is the service safe?

Our findings

The people we spoke with told us they felt safe, and the relative we spoke with reflected this. Staff knew how to protect people from harm and report concerns, and they were aware of specific risks to individuals. Staff received safeguarding training and knew what potential concerns to look out for, and how to report them.

People's care records contained individual risk assessments which included information about people's behaviour, individual health conditions, going out in the community, personal care, medicines and activities within the home such as cooking. The risk assessments contained information about different levels of risk, for example, how staff should safely support someone to maintain their personal care. The assessments contained sufficient guidance for staff on how to mitigate risks, however people were encouraged to take positive risks. For example, where people were encouraged to go out into the community and increase their independence gradually, and thorough risk assessments were in place to support this. The healthcare professional we spoke with told us they had reviewed a risk assessment for one person concerning accessing the community and found it was thorough and effective in keeping them safe.

There were risk assessments in place for the building and environment. Heating, water and electrical equipment had been tested. We found that equipment for detecting, preventing and extinguishing fires was tested regularly and that staff had training and carried out drills in this area. We saw that personal evacuation plans were available for each individual living in the home. Incidents and accidents were recorded and discussed with senior staff, and action taken where needed.

There were enough staff to meet people's needs. One person living in the home told us, "Yes, we always have one to one." The staff used other members of the wider organisation to cover shifts if they needed to, due to any absence. There was an on-call system, where the two registered managers made themselves available for 24 hours a day on alternate weeks. This was so staff could call if they required any support, or for extra support due to a sudden absence. All of the staff we spoke with told us that this was effective, and the on-call manager always answered the phone and supported appropriately.

The provider's recruitment policies contributed to promoting people's safety. The residential services manager told us about the checks that were made before staff were recruited, such as Disclosure and Barring Services (DBS) checks and references. This showed that an appropriate approach had been taken to maintain a high standard of care and that only people deemed suitable were working at the service.

People were given their medicines in a safe manner using a comprehensive system administered by staff that were trained to do so. Medicines were stored securely and at the correct temperature. We looked at a sample of medicines administration records and found that they were detailed. The front sheet included people's photographs, and any allergies people had, therefore the system in place was well equipped to minimise the risks of giving people the wrong medicine. Where medicines associated with higher risk were administrated, we saw two staff had signed for these, and that the stock was always checked. Where people received 'as required' (PRN) medicines, we saw that there were specific protocols and plans around this which contributed towards ensuring they were managed safely and only administered when needed. We

saw that PRN medicines had been regularly reviewed by a GP.

The relative we spoke with told us they were confident that medicines were administered safely, and confirmed that staff checked them in and out of the home safely. There was a safe system for people taking medicines with them when they went away from the home, and checking them back in. The team leader told us how they audited medicines records regularly to ensure that people had received their medicines as the prescriber intended and that they were stored safely, for example, with opening dates on bottled medicines. We looked at the audits and found that no problems or gaps had been identified.

Good

Is the service effective?

Our findings

People told us they had no concerns about the competence of the staff. Staff received comprehensive training and induction. One staff member told us this had included shadowing more experienced staff, training and supervision. Staff received regular supervisions. These meetings gave staff an opportunity to discuss their role and any concerns or training requirements they may have. Staff told us they felt supported at work.

The training staff received included specialist training such as epilepsy and record keeping. Some staff had received training around autism, and training which included safe ways of supporting people with behaviours which others could find challenging. One staff member told us how this training had helped them understand the world from a person's point of view who was living with autism. They said it also helped them understand further people's risks of social isolation, and how best to support them. Staff had also received mandatory training within the organisation which included manual handling, first aid, food hygiene and equality and diversity. We looked at records that confirmed training had been carried out or was organised to be completed. Staff were supported by the provider to undertake further qualifications such as the care certificate to develop their skills for their roles.

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 interest and as least restrictive as possible.

One member of staff explained how they supported people to make decisions by communicating options and discussing them with people. There were comprehensive plans in place which guided staff on how to support people to make their own decisions when needed. The residential services manager confirmed that if someone's mental capacity was deemed to be more complex, appropriate health professionals such as the person's social worker would be involved in carrying out an assessment. We saw that for one person, a best interests meeting had taken place before their moving into the home to decide on the placement. The appropriate staff members had been involved with this, as well as family and health and social care professionals. The people we spoke with confirmed that staff asked for their consent before delivering support to them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called 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. There were no applications for DoLS at this time, as staff were able to support people in a way that did not deprive them of their liberty.

People were encouraged to learn how to manage their money, and staff and family supported people with

this where needed. Some people had a Power of Attorney where a family member managed this for them. The team leader told us they had organised training to be completed this year in safely and appropriately managing people's money.

People living in the home told us that they were supported to make their own meals, and that they could choose what they ate throughout the week. The people we spoke with told us what their favourite meals were and told us they took turns in cooking for the three people in the house throughout the week, with support from staff. One person said, "We get to choose, and when it's difficult, staff can help us." They said they enjoyed cooking, and we saw pictures of another person preparing some potatoes in the kitchen. The relative we spoke with said, "The meals are lovely." Staff told us this person also enjoyed this activity. Staff supported people to eat the appropriate foods and make informed decisions about their meals. People were able to make their own drinks throughout the day when they wanted, or were supported to have drinks if needed.

People living in the home had good access to additional healthcare services and staff went with them to appointments if needed. Staff explained how they had supported one person to be able to go to the dentists, and have a blood test, where they had previously been extremely anxious about this and unable to go. This was through adapting their communication to reassure the person effectively, and completing step by step goals towards these goals. The staff worked closely with other professionals such as social workers and learning disability teams, to ensure people received the support they required. The healthcare professional we spoke with told us they felt staff followed guidance and recommendations appropriately.

Good

Is the service caring?

Our findings

People told us they got on very well with the staff, and we observed that they had built good relationships. We saw people laughing with staff and that staff consulted people respectfully, and supported their communication effectively. The relative we spoke to said, "[Relative] loves it." Staff offered encouragement and support in a way that suited each individual, and staff we spoke with were able to tell us in detail about people's personalities and preferences. For example, one member of staff explained how they often used humour with one person, as this helped to alleviate any distress.

Staff told us how they adapted their communication to support people in a way they preferred, and to understand information. For example, for one person, staff supported them to make decisions using pictures as they were not able to communicate verbally.

The people we spoke with felt that staff listened to them and were available for them to talk to if they needed. Staff also confirmed this to us. They felt that people felt comfortable to approach them if they had any worries, and talked to them regularly. People living in the home were supported to keep in contact with loved ones and they were supported to phone family when they wanted. This included supporting people to use the phone, and having relatives visit the home when they wished.
Where people had behaviour which staff could find challenging, this was discussed and resolved individually with people, healthcare professionals, family members and staff. This helped to maintain positive relationships between staff and people living in the home. We also saw that there were plans in place to support people to express themselves safely with regards to their emotions, and this included giving people some space and privacy when they needed it.

Staff told us they always carried out personal care behind closed doors and promoted privacy by knocking on people's doors if they were in their room. Staff also promoted people's dignity in a positive way, by prompting them appropriately in areas such as doing their washing, keeping clothes clean, supporting them with ironing and keeping their rooms tidy, as well as personal care.

Staff supported people to build their independence, and for some people this was with a view to eventually living independently. One person living in the home told us how they had achieved being able to go out in the community on their own, for example to the library, and said this made them feel good. Staff explained to us how they had supported this, by gradually increasing the person's independence from going on the bus with staff, to the person managing to go independently through achieving step by step goals. The person was also volunteering in the kitchen at the café within the organisation's day centre. They said they enjoyed this and staff had supported them to become confident to do this.

People learned independent living skills such as shopping, cleaning their room and washing. One person told us they enjoyed doing the food shop with staff. Staff encouraged people to try to do things independently as much as possible, such as clean their rooms and choosing what activities they wanted to do.

People living in the home told us they chose how to spend their time, for example to go to bed, have a bath or go out when they liked. Where appropriate, people and their families were involved and consulted about their care and their care records contained information about who was involved. The staff adapted their communication with people to enable them to understand information and to express their views and be involved in planning their care. They told us they met with people on a monthly basis to go over any changes or alterations to their care plan, and consult them on anything they wanted to do.

There was a comfortable and homely atmosphere in the home. Staff told us they wanted the home to have a family feel and for people to feel cared for. The team leader explained that people always received gifts at Christmas and birthdays, and recognition of any important events in people's lives. Staff supported people in a way that was compassionate and thorough. An example of this was that the team leader explained how they supported one person when they went into hospital, knowing that this experience made them feel anxious, and they stayed with the person until another staff member became available, and this included overnight.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. The relative we spoke with explained the impact of the care their family member had received at Caister Lodge. They said, "[Relative] has really changed. They're a lot more outgoing and more independent." They went on to say that staff had supported their relative to learn more social skills, and the impact this had on their ability to engage in various activities and voluntary work.

There were 'easy-read' care plans in place within the care records, supported by pictures so that people could understand them. The care records contained people's preferences, views, likes, dislikes and hobbies. The care records included referrals and letters from other healthcare professionals involved in people's care. Staff demonstrated to us that they knew people's needs well, and this was also reflected by the healthcare professional we spoke with.

Care records were updated whenever people's needs changed and were reviewed at monthly intervals with staff. This helped staff to provide tailored care to people and update plans in areas where needed. The care records guided staff on how to support people with their individual health conditions, their daily lives and their emotional wellbeing. The team leader explained how they had recently made changes to one person's plan around supporting them to decide what activities to do. We saw that where people had specific health requirements, guidance for staff on how to meet associated needs was in the care plans. Where appropriate, family members were also involved and staff liaised with them to discuss people's care.

When a new person came into the home, they were assessed in terms of what care they needed as an individual. The staff asked advice from family and healthcare professionals when appropriate and people's needs were addressed promptly.

There was a car available for the home which staff used for taking people out. People gave us examples of activities they went out to do, such as bowling, cinema, a disco, playing pool, attending day centres and swimming. The team leader also told us that one person had been supported to go to the horseracing. One person was currently attending college. Another person had participated in the special Olympics in athletics and won a gold and a silver medal. They showed us these, as well as an article they had featured in in the local paper recognising their achievements. Staff told us how they had supported the person to attend the event, as well as how they supported the person to train regularly at a local university. Two people were also supported to go on holiday. The organisation also held events such as a Christmas party and a Halloween Party. They also held events in the home such as a barbeque. Staff explained how they had accommodated a last minute request the evening before our inspection visit so that one person could attend a football match. They told us they had really enjoyed this.

People's hours with staff were organised around the individual. One staff member told us, "People's one to one hours, they can choose what they want to do and we'll support them with that."

The people we spoke with explained that when they were in the house, they participated in activities such as

cooking and playing computer games. People had a daily activities plan in place which included trips out as well as things they liked to do on their own.

The service had not received any recent formal complaints. People and staff felt that if they had any concerns they would go to the manager and that they would be resolved. The relative we spoke with said, "If I've got any concerns at all I speak to [residential services manager]." Staff worked closely with people and encouraged them to give their views on the service and tell them if they needed anything.

Good

Is the service well-led?

Our findings

There was good leadership in place. The current registered managers had developed the service themselves, and had good oversight of how the home was run. They worked closely with the residential services manager and kept in constant contact with the staff team. They also told us they visited each service regularly to check the audits that had taken place and ensure they were confident in these. They said, "We made the service and grew it ourselves, so it's important that we know what goes on, so it's running how we want it to run." They went on to add that they had utmost confidence in their staff team. There was an open culture, and staff were encouraged to discuss any concerns. All of the staff we spoke with said that the staff team was highly supportive and they worked well together. One staff member told us, "We've got to work together here, we're a good team." Staff told us that any concerns were resolved promptly. During our inspection, we found that the information the organisation had given us within their PIR was accurate.

Team meetings were held monthly for all staff where they had the opportunity to discuss learning and any concerns over the past month. Staff told us these were useful and they felt listened to. The registered manager we spoke with explained that they attended these meetings at times when there were any concerns to be discussed and addressed. We saw that the residential services manager was visible within the home and we could see they had built a relationship with people using the service. They told us they felt well-supported by the registered managers.

There were quality assurance systems in place which monitored the service and identified any concerns and led to improvements where needed. We checked some audits relating to the monitoring of the service, such as infection control, health and safety, care plans audits and medicines audits. One registered manager told us they visited the home regularly to check these audits and ensure they were carried out appropriately. There was a quality assurance survey, and we saw that there was positive feedback on these.

The organisation kept links within the local community in order to provide additional support to people, and this included a local youth group, other learning disability services and the organisations' day centre. The residential services manager also attended three monthly meetings with infection control champions, so they could gather any information which may lead to improvements in this area.

We discussed notifiable events with the residential services manager and found they were knowledgeable as to what these were. The registered manager we spoke with also assured us that any areas where staff were unsure, were escalated to them appropriately.