Clandon Care Limited

Hope 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

Overall summary

This unannounced inspection took place on 20 November 2015.

Hope Lodge is a three bed service providing support and accommodation to people with mental health difficulties. It is a large house in a residential area close to public transport and other services. The house does not have any special adaptations but the ground floor is accessible for people with mobility difficulties. People lived in a clean, safe environment which was suitable for their needs.

The service has 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 and associated Regulations about how the service is run. The registered manager is also the registered provider.

People were safe at the service. They were supported by caring staff who treated them with respect. Systems were in place to minimise risk and to ensure that people were supported as safely as possible. A consultant psychiatrist told us that staff were aware of people's symptoms and what this meant in relation to risk.

Summary of findings

Systems were in place to ensure that people received their prescribed medicines safely and appropriately. Medicines were administered by staff who were trained and assessed as being competent to do this.

Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs, preferences and choices and to provide an effective and responsive service.

The staff team worked closely with other professionals to ensure that people were supported to receive the healthcare that they needed both in terms of their physical and mental health needs.

A social worker told us that this was a caring organisation and that staff ensured people's needs were met.

People were protected by the provider's recruitment process which ensured that staff were suitable to work with people who need support.

People lived in a clean and comfortable environment that was suitable for their needs.

Staff supported people to make choices about their care. Systems were in place to ensure that their human rights were protected and that they were not unlawfully deprived of their liberty.

People were encouraged to develop their skills. A social worker told us that staff worked with people to increase their independence.

People were happy with the food provided and this met their cultural needs.

People were actively involved in developing their care plans and in agreeing how they should be supported.

The registered manager monitored the quality of service provided to ensure that people received a safe and effective service that met their needs. A consultant psychiatrist told us that the registered manager was proactive and managed their staff team well.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service provided was safe. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Risks were clearly identified and strategies to minimise risk enabled staff to support people as safely as possible both in the community and in the service.

Systems were in place to support people to receive their medicines appropriately and safely.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

People were cared for in a safe environment.

Is the service effective?

Good

The service provided was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure that they supported people safely and competently.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

People enjoyed their meals and were supported to have a healthy nutritious diet that met their cultural needs.

Is the service caring?

Good

The service was caring. We saw that staff supported people appropriately and responded to them in a friendly way.

People were supported by a small consistent staff team who knew them well.

People were encouraged to be as independent as possible and to participate in the day to day running of the service.

Is the service responsive?

Good

The service was responsive. People received individualised care and support.

People's healthcare needs were identified and responded to. The signs that a person's mental health might be deteriorating were identified. The action needed in response to this was clear.

People were encouraged to be involved in activities of their choice in the community.

People were supported and encouraged to raise any issues that they were not happy about.

Summary of findings

Is the service well-led?

Good

The service was well-led. The staff team worked in partnership with relevant health and social care practitioners.

The registered manager monitored the quality of the service provided to ensure that people's needs were being met and that they were receiving a safe and effective service.

The registered manager provided clear guidance to staff to ensure that they were aware of what was expected of them.

Hope 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.

This unannounced inspection took place on 20 November 2015 and was carried out by one inspector.

This service was registered in December 2014 and this was their first inspection.

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.

Before our inspection, we reviewed the information we held about the service. This included notifications of incidents that the provider had sent us since the last inspection.

During our inspection we met one person who used the service and observed the care and support provided by the staff. We spoke with one member of staff and the registered manager. We looked at one person's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incident records, complaints, health and safety and maintenance records, quality monitoring records and medicine records.

After the inspection we received feedback from a consultant psychiatrist, a social worker and a relative.

Good

Is the service safe?

Our findings

People who used the service told us that this was a safe place to be. A consultant psychiatrist told us that in their opinion the service was safe both in terms of people's physical health and the risks associated with their mental health. For example staff had arranged for one person to have an occupational therapy assessment to reduce the likelihood of falls.

We found that risks were identified and systems put in place to minimise risk and to ensure that people were supported as safely as possible. Their care plans covered areas where a potential risk might occur and how to manage it. Risk assessments were up to date and were relevant to each person's individual needs. Risk assessments included warning signs that their mental health might be deteriorating. A consultant psychiatrist told us that staff closely monitored peoples' mental health and were proactive in alerting the care team to any changes which might indicate an increased risk. They added that staff were aware of people's symptoms and what this meant in relation to risk.

People were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Staff had received safeguarding training and were clear about their responsibility to ensure that people were safe. A consultant psychologist told us that staff had raised appropriate concerns with their team when necessary. There was a small consistent staff team and any absences were covered by the staff and regular staff from another of the provider's services. This meant that people received consistent support from staff they knew and who were aware of their needs and of the support needed to maintain their safety.

Medicines were ordered, stored and administered by staff who had received medicines training. Their competency was assessed and monitored by the registered manager to ensure that medicines were administered safely and appropriately.

Medicines were securely and safely stored. Most medicines were stored in an appropriate metal cabinet and controlled drugs were also securely stored. We checked the controlled drugs and found that the amount stored tallied with the amount recorded in the controlled drugs register.

Although people were not able to take full responsibility for their medicines, systems were in place to support them to maintain some independence in this area. They were given one weeks supply of medicines at a time which they stored in a safe in their room. Staff supervised people taking their medicines and then completed the necessary records.

Appropriate arrangements were in place in relation to the recording of medicines. We looked at a sample of Medicines Administration Records (MAR) and found that they had been appropriately completed and were up to date. This meant that there was an accurate record of the medicines that people had received. Therefore healthcare practitioners would have the necessary information to effectively review people's medicines. The above systems ensured that people received their prescribed medicines safely and appropriately.

People were supported in a safe, clean environment. None of the people who used the service required any specialist equipment but one person used a wheelchair when outside. Records showed that other equipment such as fire safety equipment was available, was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use.

There was a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files for three members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who need support. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom. People were protected by the recruitment process which ensured that staff were suitable to work with people who need support.

People told us staff were always available when they needed them. Staff felt that the staffing levels were sufficient to assist and support people safely. There were times during the week when only one member of staff was on duty. However this was risk assessed and changed if the need arose. From our observations and discussions we found that staffing levels were sufficient to meet people's needs.

Good

Is the service safe?

The provider had appropriate systems in place in the event of an emergency and was available for additional support or advice if needed. Staff had received fire safety and first aid training and were aware of the procedure to follow in an emergency. This meant that systems were in place to keep people as safe as possible in the event of an emergency arising.

Good

Is the service effective?

Our findings

A person who used the service told us, “They [staff] know what to do and how to do it. I let them get on with it. It’s been good for me here.” A social worker said, “I have no concerning issues about this placement and the service they offer. It is a caring organisation and from my observation staff ensure the needs of the clients are met.”

People were supported by a small consistent staff team who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. Staff told us that training was relevant to the needs of the people who used the service. Training included mental health awareness, health & safety, safeguarding vulnerable adults, medicines and the Mental Capacity Act 2005

Staff told us that they received good support from the manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). Systems were in place to share information with staff including staff meetings and handovers. Therefore people were cared for by staff who received effective support and guidance to enable them to meet their assessed needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received MCA and DoLS training and were aware of people’s rights to make decisions about their lives. People who used the service had the capacity to make decisions about their care and were encouraged and supported to do this. We saw that people had signed their care plans and other documents indicating their knowledge of and agreement with these. The registered manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit this was not needed for any of the people who used the service.

We found that people were supported and encouraged to maintain good health and had access to healthcare services. People saw professionals such as GPs, dentists, community psychiatric nurses (CPN), social workers and psychiatrists as and when needed. They were supported to attend appointments and meetings with healthcare professionals. A social worker confirmed that their ‘client’ was supported to go to a health centre when their community psychiatric nurse was unable to attend the service. They also told us that the person’s keyworker attended all meetings with them.

The care plans we looked at were up to date, detailed and gave a clear picture of what was needed and how this was to be achieved. Therefore staff had the necessary information to enable them to provide effective support to people in line with their needs and wishes.

People were provided with a choice of suitable, nutritious food and drink. They chose what they wanted to eat and the menu included fresh food, fruit and vegetables. They had access to drinks and snacks when they wanted. One person said, “They ask me what I want and if I fancy chicken and rice they do it.”

We saw that Hope Lodge was a terraced house in a residential area. This was close to local services and transport links. There were no environmental adaptations but there was a ground floor bedroom with shower facilities that could be used by a person who was less mobile. The environment met the needs of people who used the service.

Good

Is the service caring?

Our findings

The service was caring. Throughout the inspection we observed staff speaking to people in a polite and professional manner. We saw that people were treated with dignity and respect and their privacy was maintained. A social worker told us that this was a caring organisation and that staff ensured people's needs were met. They added, "Hope Lodge staff appear very caring. They are concerned with all aspects of [my client's] daily life and appear keen to ensure that they maintain their well-being." A person who used the service said, "I get on well with my key worker and other staff." We saw that staff spent a lot of time with people. This was talking to them, watching television and discussing what they had seen and giving any support or reassurance that the person might need. One person told us that they liked their keyworker and that they had a good sense of humour.

People were supported by a small consistent staff team who knew them well. Staff told us about people's needs, likes, dislikes and interests. They knew people's individual routines and any signs that might demonstrate deterioration in their mental health or overall well being. They understood the importance of gaining people's trust and confidence. A consultant psychiatrist confirmed that people's keyworkers knew them well.

People were encouraged to express their views and wishes. They told us that staff encouraged them to maintain relationships with their family.

Staff respected people's confidentiality. They treated personal information in confidence and were aware of the importance of maintaining confidentiality. Confidential information about people was kept securely in the office.

Staff were aware of people's individual cultural needs and supported them to meet these. One person told us that the staff cooked chicken and rice and also that they were looking forward to chicken curry that evening. The same person was also supported to use an Afro-Caribbean barber when they wanted to get their hair cut.

People were encouraged to be as independent as possible and to participate in the day-to-day running of the service. People were encouraged to help with food preparation and to develop their cooking skills as part of increasing their independence. A member of staff told us that one person now "took an interest" in what was being cooked. A social worker told us that Hope Lodge had worked with 'their client' to increase their independence. They added that the person now made warm drinks for themselves and went to the shops on an occasional basis. They added that this was "a remarkable achievement" given the person's needs.

The service had not provided end of life care so far. The manager told us that there was an end of life care policy and if the need arose they would support people.

Good

Is the service responsive?

Our findings

People received individualised care and support. One relative said that they had regular contact with [their relative] and that the person told them that they were well looked after.

Prior to people using the service detailed information was obtained from relevant health and social care professionals. The registered manager also carried out an assessment of their needs and identified risks. From this information, personalised and comprehensive care plans and risk assessments were developed. People who used the service were involved in developing and reviewing their care plans and they had signed these in acknowledgment and agreement with the contents. We saw that they also contained signed agreements that had been made with them. For one person there were agreements about medicines, personal care and hygiene and the use of mobility aids. One person said, "They make agreements with me and staff keep a diary of what happens."

Care plans were 'working' documents that were reviewed and updated when needed. They contained information on signs that people's mental health could be deteriorating. People had individual discussions with their key worker and information from these discussions was used to update care plan and risk assessments. Notes from these meetings and daily notes detailed what people had done, how they were feeling and how staff addressed any issues that arose. A member of staff told us that it was important for all information to be recorded in daily notes and also passed to other staff at shift handovers. They said that this enabled staff to be responsive to any changes. A consultant psychiatrist told us that reports from the service were accurate and up to date.

People chose what they wanted to do each day and were encouraged to go out and to be active within the service. One person said, "They give me choice." We saw that one person liked gardening and had taken responsibility for tending the garden and some indoor plants. The same person told us that although they went out sometimes they were happier to be at home. They said that they enjoyed watching television with staff. People from this service and another of the provider's services had gone on holiday together. People told us that the holiday was "fantastic". A social worker told us that structured activities were offered to their 'client' but that the person was not yet motivated enough to take up these offers.

We saw that the service's complaints procedure was displayed on a notice board in a communal area. People said they knew how to complain and who to complain to. One person told us, "I could talk to the staff if I needed to." People were supported and encouraged to raise any issues that they were not happy about.

Good

Is the service well-led?

Our findings

One of the providers was also the registered manager of the service. A consultant psychiatrist told us that the registered manager was highly visible and easily contactable. They added that he was proactive and managed his staff well. A social worker said that their 'client' needed a high level of support and that they were pleased the management had long experience of working with 'clients' with the same type of mental health need.

The staff team worked in partnership with relevant health and social care practitioners. A consultant psychologist told us that staff communicated well with their team and fully participated in care planning meetings and other appointments. A social worker said, "Their communication with our team and out of hours service is excellent."

There were clear reporting structures and both providers worked shifts at the service. This ensured that they had a good oversight of what was happening in the service. Staff told us that the registered manager was accessible and approachable and provided clear guidance about how they should carry out their duties. They said that they felt well supported. One member of staff said that staff had the chance to voice their feelings, both positive and negative.

People were involved in the development of the service. They were asked for their opinions and ideas at meetings with their keyworker and at review. People were listened to and their views were taken into account.

We found that the registered manager monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. This was both informally and formally. Informal methods included direct and indirect observation and discussions with people who used the service and staff. Formal systems included audits and checks of medicines, records and finances. The registered manager also monitored staff competency through observation and by discussion with them. We saw evidence of this in staff records. Therefore, people were provided with a service that was robustly monitored by the manager to ensure that it was safe and met their needs.

Systems were in place to get feedback about the service provided. The providers told us that they planned to get feedback from people who used the service and other relevant people by means of an annual quality assurance questionnaire. This was a new service and had been open for less than one year and the registered manager was preparing to send out the first questionnaires.