Community Homes of Intensive Care and Education Limited

Downham Lodge

Inspection report

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Hampshire
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 2 and 3 August 2017 and was unannounced. This was the first inspection since the service was registered in December 2016.

A registered manager was in place. 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.

Downham Lodge has eight ensuite rooms and offers support for people between the ages of 16 and 65 who need support with their mental well-being. There were seven people living at the service.

People told us they were happy with the care and support they received and they could approach all staff about any concerns they may have.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and staff listened to them and knew their needs well. Staff had the training and support they needed.

There were enough staff to support people. Recruitment was safe and relevant checks had been completed before staff worked at the home.

People's medicines were managed appropriately so they received them safely

Staff demonstrated a good knowledge of people's care needs. Staff understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Arrangements were made for people to see their GP and other healthcare professionals when required. People's healthcare needs were met and the registered manager and provider worked with health and social care professionals to access relevant services. The service was compliant with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People participated in a range of different social activities and were supported to access the local community. They also participated in shopping for the home and their own needs. People were encouraged to budget for their meals and were given a weekly allowance.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues and had been supported with promotion training opportunities within the service.

Staff confirmed they were able to raise issues and make suggestions about the way the service was provided. The registered manager and deputy manager provided good leadership and people using the service and staff told us the registered manager promoted high standards of care.

Relatives of people living at the home and other professionals were happy with the service. There was evidence that staff and managers at the home had been involved in reviewing and monitoring the quality of the service to drive improvement.

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.

Risks associated with people's care were assessed and plans were developed to mitigate any identified risks.

Staff had a good understand of safeguarding. They knew what to look for and how to report both internally and externally.

Recruitment processes ensured staff were safe to work with people at risk and the provider ensured appropriate staffing levels to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were supported to understand their roles and responsibilities thorough effective supervision, appraisal and training.

Staff had a good knowledge of the Mental Capacity Act 2005 and the need for best interest's decisions to be made. They demonstrated they involved people in making decision and respected the decisions they made.

People were supported to attend routine health checks, and to eat a healthy diet.

Is the service caring?

Good

The service was caring.

The registered manager and provider provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support.

The registered manager and provider recognised and promoted the role of family and friends in people's lives.

Is the service responsive?

Good

The service was responsive to people's needs.

People received person centred care and support.

People were encouraged to make their views known and the service responded by making changes.

The registered manager and provider had worked to ensure people had access to healthcare services.

Is the service well-led?

Good

The service was well led.

The registered manager and provider demonstrated good management. They had an open, honest and transparent management style with people who used the service.

The provider had systems in place to check on the quality of service people received and any shortfalls identified were acted upon.

Downham 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 2 and 3 August 2017 and was unannounced. The inspection was undertaken by one inspector.

Before our inspection, we reviewed the information we held about the home, which included statutory notifications (a notification is information about important events which the service is required to send us by law) and the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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.

During the inspection we spoke with three people living Downham Lodge and three relatives. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We also spoke with the registered manager and three staff. We looked at the care records for three people and the medicines administration records for seven people. We reviewed seven staff files in relation to their recruitment, supervisions and appraisals; the staff training matrix and the staff duty rota. We also looked at a range of records relating to the management of the service, such as accidents, complaints, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

Observations of interactions of staff showed people were comfortable and relaxed with staff. People told us they felt safe living at the home. Comments included, "I feel safe here, much better than where I was before."

Staff had a good understanding of safeguarding adults at risk. They were able to identify the correct safeguarding and whistleblowing procedures to follow should they suspect abuse had taken place. A member of staff said, "I would always tell my manager if I thought someone was at risk or I'd let the local authority know". Staff confirmed to us that the registered manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Staff told us they had attended training on safeguarding adults from abuse. The staff training records we looked at confirmed this.

The registered manager told us about the staffing levels within the home and we saw this had been consistently provided, with three staff plus the manager Monday to Friday, during the day and three staff plus a mid shift at the weekends. There were two awake night staff. Staff appeared to have time to spend with people.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw that people's risks were identified in respect of their mental health. Potential changes in people's mental health were recorded in their care plans and we saw that
staff were monitoring these signs from the daily records we looked at.

Where concerns were identified we saw action was taken swiftly including liaison with health and social care professionals. Risk assessments formed part of the person's agreed care plan and covered risks that staff needed to be aware of to help keep people safe. For example risk to self and risk to others. These were reviewed regularly and as needed.

Staff were aware of the risks the environment could pose to people for example self-harm and the home had been built with this in mind, to safeguard people wherever possible for example the shower rail would come down easily if any weight was put on it.

Accidents and incidents had been appropriately recorded and staff were aware of how to keep people safe. Where accidents had occurred they had been analysed and steps taken to reduce the risk of reoccurrence. For example, looking for triggers that caused people to behave in a way that put themselves or others at risk of harm.

Medicines were stored safely. Medicines were kept in metal cupboards which were locked and held in a locked room. Temperatures of the room storing medicines and the medicines fridge were checked daily. Tablets and capsules were mainly administered from blister packs and medicines dispensed from bottles or those prescribed to be given as needed, were labelled with directions for use and contained both the expiry date and the date of opening.

Only staff who had received the appropriate training and a competency assessment were able to administer medicines. Records showed medicines were administered as required and there were no gaps in the recording of medicines.

Staff explained how people would go to the room with the medicines to request and receive their prescribed medicines. Staff would only support one person at a time for privacy and safety. One member of staff would remove the medicines from their container be that a blister pack or packet and another member of staff would check these were correct. Both staff signed the records. Staff explained they were aware of the risks associated with the administration of medicines for example where people were at risk of self-harm, staff ensured the cupboards containing the sharps boxes were locked when they administered medicines.

The provider had a recruitment procedure in place. Pre-employment checks had been completed to check new care workers were suitable to work with people using the service. This included requesting and receiving two references and Disclosure and Barring Service (DBS) checks. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with people.

Good

Is the service effective?

Our findings

People were supported by staff with appropriate skills and experience. One person said "They [staff] seem to know what they are doing."

The staff told us they received training and support to help them carry out their work role. Comments from staff included; "Training is brilliant, it opens your eyes to the world, "Training is great" and "If I take anything away it will be changes and awareness I learnt on training."

New staff completed an induction; staff we spoke with said their induction was "good." Two staff told us they were actively encouraged to pursue additional qualifications and were supported to do this by "being given time to attend training to be a shift leader."

Staff told us that they felt supported by the management team and had regular formal and informal supervision with the registered manager, deputy manager or one of the senior staff. Regular staff meetings were also taking place at the home to facilitate team work within the service. We observed a detailed verbal staff shift handover in which each person living at the service was discussed.

We looked at the training records of four members of staff and saw that each member of staff had completed training the provider considered mandatory. This included safeguarding adults, medication, health and safety, manual handling, fire safety and first aid. We saw that staff had also completed training on the Mental Capacity Act 2005 (MCA).

In addition to this, staff had also completed specialist training which reflected the needs of those whom they supported. For example, they had completed training in mental health and drugs and alcohol.

The registered manager and staff demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. There was no one subject to a DoLS at the time of our inspection. Appropriate mental capacity assessments and best interest's decisions had been undertaken by relevant professionals.

People were encouraged to eat healthily. The registered manager told us how people are provided with £35 [financial assistance] to buy their food each week. They could add to this amount from their benefits. In addition, milk, tea and coffee were bought for everyone's use. Each person had their own cupboard in the kitchen which they were able to keep locked.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. People also had access to a range of other health care professionals, such as a nurse specialist in epilepsy, dentist and optician. The care files included records of people's appointments with health care professionals. The registered manager told us there was good contact with the local Community Mental Health Team, whose advice was frequently sought and followed as required.

The premises were clean and well maintained. We saw that the registered manager had access to a maintenance person to attend to any repairs.

Good

Is the service caring?

Our findings

All the people we spoke with told us they were happy with the approach of staff. There was some very positive feedback such as, "I like [name] they listen and I can go to them if I want to."

People had their own rooms and could decorate them as they wished; they were encouraged to keep them tidy and to clean them each week.

People using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. One person told us, "They listen to us; they ask us what we want to do." We observed staff to be caring in their approach to those who used the service. They demonstrated a depth of understanding of the people they supported.

People's preferences were recorded in their care plans. The staff had discussed with people their likes and dislikes so they could make sure they provided care which met individual needs. People were able to take part in social activities which they liked and chose. For example on the first day of the inspection three people chose to go out for the day to Brighton whilst others chose to stay at home or go out locally. On the day after the inspection people went to an activities centre in the New Forest.

Staff cared for people in a way which respected their privacy and dignity. We observed that staff demonstrated a good understanding of the importance of privacy and dignity. People had keys to their bedrooms and staff did not enter without their permission. One person told us, "They always knock before coming in." Another example we saw on a person's care file indicated that staff respected people's privacy and dignity by leaving the room whilst the person spoke with the health professional about personal issues.

We observed staff interacting with people using the service throughout the day. We saw that staff interacted with people in a friendly, warm, professional manner and at all times staff were polite and caring. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support. For example, one person was asked if they wanted to speak with us, staff reassured them they did not have to they relaxed and showed the inspector some personal items instead.

Good

Is the service responsive?

Our findings

People were happy with the home and the way in which they were being cared for. Care records showed that people had been consulted about the care they received and the social activities they had.

People's needs were assessed before a placement was offered. They were offered to visit the home as many times as they needed to; although if it was an emergency then this was not possible. We saw that other professionals who were supporting people were also involved in the transition move to the home. Following the admission a transition care plan was put in place and this was reviewed with the person as time passed and they settled in the home. We saw that the person who had been admitted on day one of our inspection had spoken with the staff on the evening of their admission to the home about their goals and wishes whilst living at Downham Lodge. We saw on day two of our inspection these were recorded on the person's plan.

Care plans had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes occurred during handover meetings and or in the communication book.

People told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained detailed information about how to provide support.

During our inspection we viewed the rooms of two people with their permission, and saw that the rooms were well maintained, clean and personalised. Each person had an assigned keyworker who was responsible for reviewing their needs and care records.

Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these. Indicators of changes in people's mental health were recorded in people's care plans and we saw that staff were monitoring the people's well-being in the daily records we looked at.

Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals.

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular resident meetings were held. One person told us "We have meetings to talk about things." We saw the minutes of the last meeting; we saw that health and safety, self-catering and activities had been discussed.

Surveys were sent to interested parties in May 2017 and the returned ones are currently being analysed.

There was a clear complaints procedure. People we spoke with told us they knew what to do if they were unhappy about anything. Comments included, "yes I can complain and I can put it into writing." We saw that there had been four formal complaints made in the last 12 months, three from a neighbour and these had

been addressed appropriately in line with the provider's policy.

Good

Is the service well-led?

Our findings

There was a clear management structure including a registered manager who had been in place since the service began operating. People who used the service were aware of the roles and responsibilities of staff.

It was clear from the feedback we received from people who used the service and staff, the service had developed a positive culture. Our discussions with staff found they were highly motivated and proud of the support they gave. One member of staff said, "One of the best managers I have had, [name] asks a lot but is approachable for us to say it's too much. [Name] never stays in the office."

Staff spoke positively about the culture and management of the service. One staff member told us, "We are encouraged to be open and discuss any issues." Staff said that they enjoyed their jobs and described management as supportive. Staff confirmed they were able to raise issues and make suggestions. Staff also told us that they were supported to go for promotion and were given additional training or job shadowing opportunities when required.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. The registered manager told us that they had access to a maintenance man and that the repairs were carried out in timely manner. These took place daily, weekly and monthly, for example hot water temperatures were daily checks, first aid boxes weekly and infection control monthly. Quality audits took place that included medicines, health and safety, daily checklists of the building, and people's files were audited.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with the registered manager and through our observations it was clear that they were familiar with all of the people in the home.

Audits were carried out by the provider and the registered manager. The registered manager showed us examples of monthly reports they submitted to their line manager, and those that were sent to them following a provider audit; these included any actions that had been identified. We were able to track through to see where actions had been identified, when they had been actioned and signed off as completed. For example a health and safety audit carried out on the 22 June 2017 found that the service was non-compliant with all aspects of fire safety as an Emergency Action Plan was required for days and for nights. We saw this had been completed.