Shepherds Lodge Residential Home Limited

Shepherds Lodge Residential Home

Inspection report

4 West Mount, Barrow in Furness
Cumbria, LA14 5LQ
Tel: 01229 431439

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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?	Requires improvement
Is the service well-led?	Good

Overall summary

We carried out this announced inspection on 25 February and 5 March 2015. We last inspected this home in May 2013. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Shepherds Lodge Residential Home provides accommodation and personal care for up to six people who have a learning disability or mental health needs. There are five bedrooms on the first floor of the home and one bedroom on the ground floor of the property. The home has a range of communal facilities which people living there share.

There was a registered manager employed in the home. 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 were safe living in this home. However, we found that the strategies used to support people to manage behaviours that challenged the service were not always effective. Care staff did not have written guidance about

Summary of findings

the action to take if a strategy did not support a person to manage their behaviour. This could lead to staff taking inappropriate action which would not respect a person's rights.

There were enough staff to provide the care that people needed and to ensure their safety. People who lived in the home were comfortable with the staff who worked there. People told us that they liked the staff and said the staff were "kind" and "nice". The staff supported people to stay safe in the home and in the local community. Staff had been trained in how to identify and report abuse.

People enjoyed the meals provided in the home and followed a range of activities of their choosing. People were able to maintain relationships with their families and friends.

All the staff who worked in the home had received training to ensure they had the skills and knowledge to provide the support people needed. The staff treated people kindly and took prompt action to support people if they appeared anxious or unhappy.

The staff knew how people communicated their wishes and gave people choices in a way that they could understand.

The registered manager of the home was knowledgeable about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, (DoLS). People made decisions about their daily lives and about their care and no one was subject to any restrictions on their liberty.

People were supported to see their doctor as they needed. Medicines were handled safely in the home and people received their medication as prescribed by their doctor.

The atmosphere in the home was relaxed, friendly and inclusive. People who lived in the home were asked for their views about the service. The registered manager carried out checks to monitor the quality of the service.

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?
The service was safe.

There were enough staff to provide the support people needed. The staff were knowledgeable about how to protect people from the risk of abuse.

People were protected because risks to their safety had been identified and managed.

Medicines were handled safely and people received their medicines as their doctor had prescribed.

Good

Is the service effective?
The service was effective.

The staff had completed training to ensure they had the skills and knowledge to provide the support people needed.

People were included in planning their own meals and enjoyed the meals provided in the home.

People's agreement was sought before they were provided with care. The Metal Capacity Act 2005 Code of Practice was followed when people were not able to make important decisions themselves. The registered manager was knowledgeable about the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

The staff treated people kindly. The staff knew people in the home well and took prompt action to support people if they appeared anxious or unhappy.

People made choices about their care and their independence, privacy and dignity were promoted.

Good

Is the service responsive?
Some aspects of the service were not responsive.

The strategies care staff used to assist people who required support to manage their behaviour were not always effective. The information for care staff on how to support people with their behaviour did not include guidance on the action to take if a strategy was not effective. This could lead to staff taking inappropriate action which would not respect a person's rights.

People followed activities that they enjoyed and were able to maintain relationships that were important to them.

Requires improvement

Summary of findings

The registered provider had a clear complaints procedure. People knew how they could raise a complaint and were confident action would be taken in response to concerns they raised.

Is the service well-led?

Good

The service was well-led.

People who lived in the home were asked for their views about the service.

The atmosphere in the home was relaxed, friendly and inclusive. The service was focussed on promoting people's choices and independence.

There was a registered manager employed. The registered manager carried out checks to monitor the quality of the service.

Shepherds Lodge Residential Home

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 inspection took place on 25 February and 5 March 2015. We gave the provider 48 hours' notice of our first visit to the service because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.'

The inspection on 25 February 2015 was carried out by one Adult Social Care inspector and a Specialist Advisor who had experience of supporting people who have a learning disability and complex mental health needs. At this visit we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The Specialist Advisor also looked in detail at the care records for two people who lived in the home.

The inspector returned to the home on 5 March 2015 to gather further evidence around some areas and to look at staff records and records related to the running of the service.

During our inspection we spoke with five people who lived in the home, two relatives of people who lived there, three support staff and the registered manager of the home. We observed care and support in communal areas, spoke with people in private and looked at the care records for three people. We also looked at records that related to how the home was managed.

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. We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted the local authority social work teams to obtain their views of the home.

Good

Is the service safe?

Our findings

People who could speak with us told us that they felt safe living in this home. They told us that they trusted the staff who worked there and said they would speak to the registered manager or a member of staff if they felt unsafe or anxious. One person said, "I feel safe, [the registered manager and care staff], keep me safe". Another person said, "We're safe here".

Some people were not easily able to tell us their views. We saw that they were comfortable and relaxed in the home and with the staff who were working there.

We saw that the registered provider had a procedure for identifying and reporting abuse. Information on how to report concerns was displayed in pictorial format in the home. This meant people who lived in the home had information about who they could speak to if they felt unsafe or had been harmed.

All the staff we spoke with told us that they had completed training in how to recognise and report abuse. One staff member told us, "We've, [care staff], all been trained. We know how to identify abuse or concerns. We know people well, we'd be able to pick up if something was wrong". All the staff told us that they would not tolerate any form of abuse. They said that, if they had any concerns, they would report these immediately to the registered manager or to the local authority safeguarding team. People who lived in the home were safe because the staff employed had a good understanding of how to protect them from abuse.

We saw that risks to people's safety had been assessed and measures had been put in place to reduce the identified risk while supporting individuals to maintain their independence. Some people enjoyed following activities on their own in the local community. Two people told us that the staff had given them advice about how to remain safe while they were following activities of their choice away from the home.

The registered provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place including the action to be taken in the event of a fire. We saw that people who lived in the home had been given guidance on what they needed to do if there was a fire in the home.

People told us that there were enough staff to provide the support they required when they needed it. During our inspection there were three staff working in the home. We saw that there were enough staff to provide people with the support they needed and to ensure their safety.

The registered provider used safe recruitment systems when new staff were employed. All new staff had to provide proof of their identity and have a Disclosure and Barring Service check. This checked that they were not barred from working in a care service and that they had no criminal convictions which made them unsuitable to work in the home. New staff had to provide evidence of their previous employment and good character before they were offered employment. This meant people could be confident that the staff who worked in the home had been checked to make sure they were suitable to work there.

People told us that they received their medicines when they needed them. We looked at how medicines were stored and handled in the home. We saw that medication was stored securely to prevent it being misused and good procedures were used to ensure people had the medicines they needed at the time that they needed them. All the staff who handled medication had received training to ensure they could do this safely.

One person was able to manage their own medication. We saw, and they told us, that the care staff carried out checks on their medication to make sure they were using them as their doctor had prescribed. This helped to ensure they used their medicines safely.

We observed that another person approached the staff and said that they wanted to take their medication. We saw that this medicine had been prescribed to be given to the person as they required in order to help reduce their feelings of anxiety. The individual knew what the medicine was for and was able to request it when they felt they needed it. We saw that the staff used good procedures to record when the medication was requested and to ensure the person did not exceed the maximum safe dose. People were included in managing their own medicines, with systems in place to ensure their safety. People received their medicines in a safe way and as they had been prescribed by their doctor, this helped them to maintain their health.

Good

Is the service effective?

Our findings

People who could speak with us told us that the staff in the home knew the support they needed and provided this at the time they needed it. They told us that they thought the staff had the skills and knowledge they needed to work in the home. One person told us, "They, [staff] are good at their job". Another person said, "[The registered manager], knows me, she knows what help I need".

All the staff we spoke with told us that they had completed training to ensure that they had the skills and knowledge to provide the support people required. They told us that all new staff had to complete thorough induction training when they started working in the home. This was confirmed in the staff training records we looked at.

The staff told us that they had completed further training while working in the home. They said that they were not able to carry out specialist tasks, such as handling medication, until they had completed appropriate training. One staff member told us, "We [care staff] are all trained and we've done specialist training as well".

The records we looked at showed that staff had received training to keep people safe, such as safeguarding vulnerable people, emergency first aid and food hygiene. They had also completed training relevant to the needs of people who lived in the home including, supporting people who have autism and supporting people who have mental health needs and a learning disability.

All the staff told us that the registered manager worked alongside them in the home. They said they felt well supported by the registered manager. One person said, "If [the registered manager] isn't here we know she is just a phone call away, we can always call her if we need to". The staff told us that they had regular staff meetings where they could discuss any concerns and share good practice. They said they also had formal supervision meetings with the registered manager where their own practice was discussed and where they could raise any concerns.

People who lived in the home told us that they helped to plan a menu each week. They said that they enjoyed the meals provided in the home. One person who lived in the home had been assessed as having special dietary requirements. We saw that these requirements were taken into account when the evening meal was prepared during our inspection. Everyone who lived in the home was provided with the same meal. The registered manager told us that the recipe for the meal did not contain any of the ingredients that the individual needed to avoid and was therefore suitable for everyone who lived in the home. They told us, and the care staff confirmed, that where necessary a separate meal was prepared for the individual who required a restricted diet. This ensured other people's choices were not limited. All the people we spoke with told us that they had enjoyed the meal provided. One person told us, "That was very good" and another person said the meal was "nice".

We saw that people were asked for their agreement before any care was provided. During our inspection we saw that one person required support with their personal care. A member of the care staff spoke with the person in a discreet way to ask if they wanted the personal care to be provided. We saw that the person gave their agreement and only then did the member of staff accompany them to their room.

The manager of the home was knowledgeable about the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards, (DoLS). They ensured that the Code of practice was followed if people were not able to make important decisions about their lives. No one in the home was subject to a DoLS. This was because there was no one who was subject to continuous supervision or control.

People told us that the staff in the home supported them to attend health care appointments as they needed. We saw that the staff were proactive in identifying if a person needed to see their doctor. The staff had noticed that one person required an appointment with their doctor. This had been arranged and the person was supported to see their GP. People maintained good health because they were supported to access health care services as they needed.

Good

Is the service caring?

Our findings

People who could speak with us told us that they liked living at Shepherds Lodge Residential Care Home, (Shepherds Lodge). They told us that they liked all the staff who worked in the home and said the staff were "kind" and "nice".

We saw that the staff knew the people who lived in the home very well. They promptly identified if people were anxious or needed time to talk about things that had upset them. One person was unhappy about an incident that had taken place at an activity they had attended. We saw that the registered manager noticed the person was unhappy and discussed the incident with them. The registered manager gave the person advice about how the incident could be resolved and offered to help them to do so. We saw that this relieved the person's anxiety.

The staff knew how each person communicated their needs and how they expressed their choices. We saw that the staff were friendly but respectful with people in the home. Throughout our inspection we saw that people were given choices about their lives in a way that they could understand.

We saw that people were supported to maintain their independence. Two people told us that they regularly enjoyed taking part in activities on their own in the community. We also saw that people were supported to make their own drinks and to carry out household tasks for themselves.

People were treated with respect and their privacy was maintained. We saw that staff asked people in a discreet way if they wanted support with their personal care. People were able to hold keys to their own bedrooms. We saw that the staff knocked on the bedroom doors and only entered with the person's agreement. One person told us it was very important to them that they held their own key and that the staff didn't enter they're room when they were out of the home. They said, "This is my room and the staff know that. They ask me if they can come in and they don't come in here if I'm not here".

The registered provider had good links with local and specialist advocacy services. An advocate is a person who is independent of the home and who supports a person to share their views and wishes. One person was supported by an Independent Mental Health Act Advocate and an Independent Mental Capacity Act advocate. This meant they were supported to express their wishes by people who understood their needs and could help them to protect their rights.

We spoke with two relatives who were visiting the home. They told us they were "very happy" with the care provided in the home. They said their relative had lived in other residential care services before they came to Shepherds Lodge. The relatives told us, "This home, [Shepherds Lodge], is by far the best service she [their relative] has been in. This is just like a family, it's a proper family home. I can relax now and never worry about [their relative], I can even go on holiday now and know she's happy and well looked after.

Requires improvement

Is the service responsive?

Our findings

Everyone we spoke with told us that they were happy living in this home and with the support they received from the staff. One person told us, "It's good living here".

Each person who lived in the home had a support plan that gave staff information about the care they required and how this was to be provided. Most of the support plans had detailed information to guide the staff on how to care for people. We looked at the support plan for one person who experienced behaviour that could challenge the service. We saw that the support plan had strategies for staff to follow to support the person to manage their behaviour. However we saw that the strategies were not always effective. The care records showed that on one occasion the person had experienced behaviour that could disturb other people in the home. The staff on duty had followed one strategy that was detailed in the person's support plan. The records showed that the care staff had needed to follow the strategy four times before the person was supported to manage their behaviour. This showed the strategy had not been effective. The person's support plan did not include guidance for the staff about the action to take if a specified strategy was not effective. The lack of clear guidance for staff could lead to them taking inappropriate action which would not respect the individual's rights.

The registered manager was working with specialist support agencies to plan and manage the person's care. They told us told us that advice from the support services would be incorporated into the behaviour support strategies in their support plan. They said the support plan would also be reviewed to ensure there was clear guidance for staff around how to support the person to manage their behaviour while ensuring their rights were respected.

The staff we spoke with showed that they knew the people who lived in the home well. They were knowledgeable about the support people required and the choices they had made about their lives.

Everyone we spoke with told us that the staff in the home listened to them and supported them to make choices about their care and their lives.

We saw that people who could not easily express their views were given choices in a way that they could understand. All the staff showed that they knew how to give individuals choices and how people expressed their wishes.

People told us that they were able to maintain relationships that were important to them. One person told us that they had friends in the community who they visited and who could visit them at the home if they wished. Other people told us that they had friends at the activities they followed. Two relatives who were visiting the home told us that they were made welcome by the staff whenever they visited and said they could come to the home at any time they chose.

We asked people if they knew who they could speak to if they were not happy about the support they received or about how they were treated in the home. Everyone we asked told us that they would speak to the registered manager if they wanted to make a complaint. One person told us, "I'd tell [the registered manager], she's the boss, she'd tell the staff off if I wasn't happy".

The registered provider had a procedure for receiving and handling complaints about the service. We saw that this was available in pictorial format, to make it accessible to people who lived in the home. A copy of the complaints procedure was displayed in a communal area of the service, this meant it was readily accessible to people who lived in the home and their visitors if they needed to raise a formal complaint.

The staff on duty showed they knew the procedure people could use to make a formal complaint. They said they would be confident supporting people to make a formal complaint if they needed to do so.

Good

Is the service well-led?

Our findings

People who could speak with us said they were asked for their views about the home. They said that the registered manager and care staff asked them if they were happy living in the home and with the support they received. One person told us that they had asked for changes to how they were supported. They said that the registered manager had listened to their requests and made the changes that they had requested.

Relatives we spoke with told us that the registered manager and care staff asked for their views of the service. They said they would be confident speaking to the registered manager if they wanted any changes to be made to the service or to the support provided to their relation.

The atmosphere in the home was relaxed, friendly and inclusive. The staff told us that the service was focussed on promoting people's choices and independence. This was confirmed by the interactions we observed between the staff and people who lived in the home.

All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and said that they enjoyed working in the home. One member of staff told us, "We're just a team, we all work together including [the registered manager]".

All of the staff we spoke with told us that they were confident that people were well cared for in this home. They said that they had never had any concerns about any other member of staff. The staff told us that they were encouraged to report any concerns to the registered manager and were confident that action would be taken if they did so. One staff member told us, "We [care staff] know if we had even the tiniest concern we have to speak to [the registered manager]. We all want what's right for people".

We saw that the registered manager carried out checks on the service to ensure people received safe care that met their needs. Checks were carried out on medication records, the safety of the environment and care records. This helped the registered manager to monitor the quality of the service.

Providers of health and social care are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.