

Doncaster Metropolitan Borough Council

Eden Lodge

Inspection report

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Stainforth
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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 February 2017 and was announced. The provider was given 48 hours' notice because the service is small and we needed to be sure that someone would be in. The care home was last inspected in August 2015 and was rated overall good with requires improvement in the responsive domain.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Eden Lodge' on our website at www.cqc.org.uk

Eden Lodge is a care home situated in Stainforth, Doncaster and is registered to provide residential care for up to ten people with learning disabilities. This is provided on a respite basis. Some rooms have en-suite facilities. There are large gardens to the rear of the property and a small car park at the front of the building. The service is close to local shops and there are good train and bus links into Doncaster town centre. The service is provided by Doncaster Metropolitan Borough Council. The registered manager we spoke with told us that approximately 83 people were currently accessing the respite service. Some people use the service for overnight stays and some people stay at Eden Lodge for two weeks while family members have a holiday. Other emergency situations can also be catered for. At the time of the inspection six people were using the service for respite stays.

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.

At our last inspection we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that we found that some checks had not been undertaken in order to ensure there were effective quality monitoring of infection control, care plans and health and safety. We also found that some staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. However, the care records we looked at did not reflect how some decisions and consent were made.

At this inspection we found improvements had been made in the two requires improvement areas and they were fully complaint.

Some people we spoke with had limited verbal communication. However, they very clearly indicated they felt safe and were happy living in the home, liked the staff and did the activities they liked to do.

The support plans were centred on people's individual needs and contained information about their preferences, backgrounds and interests. People were positive about the different social groups they could attend as well as following their own routines like attending adult social centres which they would normally attend if they were at home. One person told us they used to go to the adult social centres but had lost

interest, so they did not attend anymore.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

People were encouraged to make decisions about meals, and were supported to go shopping and be involved in menu planning. People's dietary needs were catered for and we saw clear instructions were followed when a person had involvement from the speech and language therapist (SALT).

Our observations, together with our conversations with people, provided evidence that the service was caring. The staff had a clear understanding of the differing needs of people staying at the home and we saw they responded to people in a caring, sensitive, patient and understanding professional manner.

People had access to a wide range of activities during their stay at Eden Lodge that were provided both in-house and in the community. One person showed us some art work that they had done since staying at the service. Another person liked to go out regularly to the local supermarket.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We saw that the complaints procedure was written in plain English using pictures and words which described how people should raise any concerns they may have. It also explained to people how they could obtain an independent person to assist them 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 knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

We saw when people needed support or assistance from staff there was always a member of staff available to give this support. There were robust recruitment systems in place to ensure the right staff were employed

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

Individual risks had been assessed and identified as part of the support and care planning process. People were involved where ever possible in the assessment process which enabled them to describe the support they needed to help them retain their independence when they visited Eden Lodge for their respite stay.

Is the service effective?

Good ●

The service was effective.

People were supported to have their assessed needs, preferences and choices met by staff that had the necessary skills and knowledge. Staff received regular supervision to ensure they were given the opportunity to discuss their development and training needs.

We found the service to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and the staff we spoke with had good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet. People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

Is the service caring?

Good ●

The service was caring.

Most people had been involved in deciding how they wanted their care to be given and they told us they discussed this before they stayed at the home.

People told us they were happy with the support they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke positively about the staff at all levels and were happy with the care.

People were treated well by caring staff who respected their privacy, dignity and encouraged their independence.

Staff interacted well with people and provided them with the support they needed.

Is the service responsive?

Good ●

The service was responsive.

We found that people's needs were thoroughly assessed prior to them staying at the service. Communication with relatives was very good. Family members we spoke with told us that staff always contacted them if there was a problem with their relative during their respite stay at the home.

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Good ●

The service was well led.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People were regularly asked for their views. Regular meetings were used to ensure continued involvement by people living at the home.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Eden 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 inspection took place on 23 February 2017 and was announced. The provider was given 48 hours' notice because the service is small and we needed to be sure that someone would be in. The inspection was undertaken by an adult social care inspector. At the time of the visit there were six people using the service. We communicated with three of them and we also contacted by telephone three relatives of people using the respite service. We spoke with the registered manager, two respite care coordinators and three support workers. We also observed how staff interacted and gave support to people throughout this visit.

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. Our review of this information enabled us to ensure that we were aware of, and could address any potential areas of concern.

We also reviewed all the information we held about the home including notifications that had been sent to us from the home. We spoke with the local council contract monitoring officer who also undertakes periodic visits to the home.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at two people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We asked if people felt safe in the home and they said that they did. For instance, one person said, "I feel very safe, the staff take care of us and they are all very nice." Some people had limited verbal communication. However, they very clearly indicated they felt safe and happy living and staying at the service. We saw staff supporting people and they interacted well with them, people were relaxed, happy and well cared for. Relatives we spoke with told us that their family member was kept safe and supported by well trained staff. One relative said, "I know my [family member] is safe and well cared for when they are at Eden Lodge. They tell me what they have been doing and are always ready to return for further stays." Another relative said, "They [staff] are very good. They always contact me if there is a problem during their stay. We could not manage without this service."

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the registered manager. We saw staff had received training in this subject.

Staff we spoke with told us that there were sufficient staff on duty to make sure people were safe and that their needs were met and the service operated in a flexible way. We were told by staff that if they needed additional help then this was available. The registered manager told us that on some occasions some people needed two to one ratios so that people were safe in the community when accessing activities. This was always provided. The registered manager also worked some shifts so that they could have hands on experience working and supporting people

Support staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety. People's plans included risk assessments. These told the staff about the risks for each person and how to manage and minimise these risks. People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them. The service had an effective system to manage accidents, and incidents and to learn from them, so they were less likely to happen again. This helped the service to continually improve and develop, and reduced the risks to people.

Where the risk had been identified that people might display behaviour that was challenging to the service, there was clear guidance to help staff to deal with any incidents effectively.

There were emergency plans in place to ensure people's safety in the event of a fire. We saw there was an up to date fire risk assessment and people had an emergency evacuation plan in place which was stored with fire records.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. The registered manager showed us files for three staff employed which also included their induction records.

The registered manager told us the processes that were followed when recruiting new staff. Application forms were completed, references obtained and formal interviews arranged. They told us that all new staff completed a full induction programme that, when completed, was signed off by their line manager. Staff recruitment files were held centrally by Doncaster Council and the registered manager was informed when all the required checks had been received. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines were to be taken and when they were required. Medicines were securely stored with additional storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security.

Some people were prescribed medicines to be taken only 'when required', for example painkillers. The senior support worker we spoke with knew how to tell when people needed these medicines and gave them correctly. In care plans we looked at we saw protocols to assist staff when administering this type of medicine.

Training and competency checks were seen in staff files. This ensured staff understood the importance of supporting people to take their medication as prescribed.

The senior support worker told us that prior to admission into respite services staff contacted relatives and carers to check if any changes were made to the prescribed medication. Relatives and carers were asked to bring in sufficient medication for their relatives stay and insisted the medication was in the original packaging with clear dispensing labels. This ensured staff continued to administer medication at the times when the person received them at home. Relatives we spoke with confirmed these arrangements.

The senior support worker showed us how they monitored medications arriving and being discharged from the home. We checked the records and they were accurate to the medicines held at the home.

Is the service effective?

Our findings

The staff we spoke with told us that people using the respite service at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. People told us that staff helped them to maintain their independence and supported them to continue with their daily activities which they would be involved in when they were back at home. For example, people continued to attend social centres during the day and attended youth groups and disco's in the evenings. People we spoke with told us that staff asked them if it was okay to assist them with personal care. We observed throughout the inspection support workers offering choice and respecting people's wishes. For example, we heard a support worker encouraging the person to look in the kitchen cupboard to choose a light snack. Rice pudding was chosen which they thoroughly enjoyed.

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 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. The care plans we saw demonstrated that people's mental capacity had been considered. Throughout the care plan we saw it detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their health care needs or financial expenditure.

The staff we spoke with during our inspection understood the importance of the MCA in protecting people and the importance of involving people in making decisions. We were told that all staff had received training in the principles associated with the MCA and DoLS.

Most people who were using the service at the time of our visit could communicate their wishes. Some people who were non-verbal used simple signs to communicate their wishes. Staff was knowledgeable about people's needs and knew how to support them. For example, support staff told us how one person liked to potter in their bedroom and called for staff when they needed support. Another person was very independent and was able to attend to all of their own personal care needs.

People's nutritional needs were assessed during the care and support planning process and again before each visit. People's needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. We saw people's likes, dislikes and any allergies had also been recorded. Menus were displayed in the kitchen and these were in written and picture format. Support staff told us that they used local supermarkets to purchase food and people who used the service were encouraged to go shopping to

purchase the days food.

Records we looked at confirmed staff were trained to a good standard. Managers and support staff had obtained nationally recognised care certificates. We looked at the training plan for 2016/17 and found most staff had completed training in care principles, including mandatory subjects such as health and safety, fire food safety and moving and handling people. Staff also completed service specific training such as, epilepsy and managing people who may have difficulty with swallowing.

New staff attended both on site and an external induction programme. They were also expected to work alongside more experienced staff until they were deemed to be competent. We spoke with one staff member who had transferred from another similar service and they told us they had been given a tour of the building which included fire instruction.

The registered manager was aware that all new staff employed needed to be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us that they felt supported by their peers and also the registered manager.

Is the service caring?

Our findings

People who used the service told us they were involved in developing their person centred plans which were written in a way they could understand. The support plans described how people wanted to receive their support and told us who were important to them and things they liked to do. For example, we saw a traffic light record which was in place in case the person needed to be admitted to hospital. The red pages identified things that 'You must know' about the person. The amber pages identified 'The really important things' that hospital staff should know about the person. The green pages identified the person's 'Likes and dislikes' which may include food and leisure.

People told us that staff were respectful and spoke to them in a way that made them feel at home. One person we spoke with said, "Staff understand me. They know how much I can do for myself and they treat me with respect." Another person said, "Staff are very nice they treat me right."

We spoke with three relatives about what they thought about the service their family member received from Eden Lodge. All were very complementary about the care provided at the home. One Relative said, "The staff are kind, courteous and very friendly. We are lucky to have this service." Another said, "My [family member] really looks forward to their stays at Eden Lodge. They went to another respite service but now only want to go to this one because they like it so much better."

We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during their time at the service and there was lots of encouragement given to people to undertake household tasks like cooking their own meals and tidying their accommodation.

We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

Staff retention was good, and staff knew people well and had built good relationships. They came across as very committed and there was a nice, relaxed atmosphere. One staff member we spoke with said, "We all work to the same set of values, we all make sure the care is centred on the individual."

Staff received training about privacy and dignity and there was a strong emphasis on protecting people's confidentiality. The requirements for staff to follow about confidentiality were in the provider's policy. A staff member confirmed, "In training, they go over the Data Protection Act in detail and our obligation to keep people's information confidential."

Is the service responsive?

Our findings

We looked at two people's care plans which confirmed that a detailed assessment of their needs had been undertaken by the registered manager or a senior member of staff before their admission to the respite service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

After the person returned home the senior support workers make contact with the carer/relative to ask how the stay had gone and if they could change anything. When a person returned to the respite service they would ensure contact was again made with family members to ask if any changes to the care or medication was needed. All staff had a shared responsibility for making any changes to the care plans which covered every aspect of people's life and provided a consistent approach to their support. These care plans ensured staff knew how to manage specific health conditions. For example, one person's care plan had detailed advice about managing their diabetes.

Staff we spoke with told us that they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. One person we spoke with told us they liked to look at pictures of cats which they were very fond of. Another person showed us pictures they had drawn of the building [Eden Lodge]. Staff told us they were looking to get it framed and displayed at the home. Another person's favourite pastime was to go shopping.

People were provided with information about the service. This is called a 'Service User Guide.' The information was set out in an easy read format using pictures and words to illustrate the main points.

The registered manager told us there was a comprehensive complaints policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. They told us they had received no formal complaints in the last 12 months.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

Is the service well-led?

Our findings

The service had a registered manager that was supported by a team of senior support workers and support workers. In the absence of the registered manager one of the senior support workers was designated to act-up into their role.

The registered manager told us that the provider had a clear vision and set of values that the service works towards. This involved treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained.

People who used the service were actively encouraged to give feedback about the quality of the service. Relatives we spoke with told us they had regular conversations with the staff, where they were encouraged to raise concerns and to talk about things like outings, holidays, activities and food.

The registered manager told us how they worked with local community groups to integrate the service into the community. They told us how a letter had been circulated in the community to raise money to develop an allotment so people who used the service could grow their own fruit and vegetables.

We spoke with the quality monitoring officer from the local council. They also have responsibility to monitor care standards within the service. They told us that the feedback received from people who used the service and their relatives had been very positive. They also told us that they continued to work with the registered manager on areas that required further development.

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of a strong commitment to providing a good quality service for people staying in the home. They told us the registered manager was approachable, supportive and they felt listened to. One member of staff said, "We all work as a team. Most of the staff have worked in respite services for a number of years so that says we all love working with the people we support." Another member of staff told us how they felt supported by the senior support workers and the registered manager who was always available if needed for advice.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who used the service. Staff told us that it was important to communicate information to each other, especially if they had been away from work for a few days. We saw evidence of information being passed from one shift to another.

The provider had effective and robust systems in place to monitor and improve the quality of the service provided. Monitoring of the service included looking at how the registered manager audited things like health and safety, infection control and medication. We saw there were clear fire risk assessments in place and regular maintenance of the fire alarm system took place to ensure equipment was well maintained.