

Autism.West Midlands

# Upper Ford Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Upper Ford Lodge provides accommodation and personal care for up to 10 people living with learning disability or autistic spectrum disorder. At the time of our inspection there were eight people living in the home.

At the last inspection, in May 2014, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive care in ways which helped them to remain as safe as possible. There was enough staff to provide support to people to meet their needs. Staff understood risks to people's safety and supported people receive their medicines safely.

Staff received training which matched the needs of people who lived at the home, and had developed the skills to care for people. Staff used their knowledge of people's preferences and how they liked to communicate to check people were agreeing to the care offered to them. People were supported by staff if they needed help making key decisions about their life, and people's relatives were consulted. People were cared for so they had enough to eat and drink and their food preferences were met. Staff understood the links between people's nutrition and health. Staff supported people to see health professionals so they would remain as well as possible

People had built strong relationships with the staff who cared for them and enjoyed spending time with staff. People were encouraged to maintain their independence and to make their own day to day decisions about their care. People were treated with dignity and respect, and their right to privacy was understood by staff. Staff spoke affectionately about the people they cared for and encouraged them to make their own day to day decisions. People were treated with respect and dignity.

Staff took into account what was important to people and their individual wishes and preferences when planning their care. Relatives' and health and social care professionals' views and suggestions were taken into account when people's care was planned. People's relatives and staff were confident if any complaints were made these would be addressed. Systems were in place to manage complaints.

Staff were encouraged to reflect on the care provided and to make suggestions to develop people's care further. Relatives and staff told us communication with senior staff was good, and relatives and staff said the culture in the home was positive and focused on the care needs of the people living at the home. The registered manager, manager and provider regularly checked the quality of the care people received. Where actions were identified these were undertaken to improve people's care further.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Upper Ford 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 checked 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. At the last inspection on 6 May 2015 the service was rated as good.

This was a comprehensive inspection which took place on 15 June 2017 and was completed by one inspector.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We reviewed the provider information return (PIR) the provider submitted to us. This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We requested information about the home from the Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who used the service and monitoring its quality.

During our inspection we spent time with people in the communal areas of the home and saw how staff supported the people they cared for. We spoke with two people who lived at the home. Not all of the people were able to communicate with us directly, so we spoke with four relatives as part of the inspection.

The existing registered manager was not available on the day of the inspection so we talked with the manager of the home. The manager was in the process of applying to the Care Quality Commission to become the registered manager for the home. We spoke with, two senior staff members, two permanent care staff, two agency care staff and one provider representative.

We looked at two people's care records, records about the administration of medicines and records of

untoward incidents. In addition, we looked at systems for managing complaints, minutes of staff meetings, staff rotas, and two staff recruitment files. We also looked at information about how the provider, registered manager and manager monitored the quality of the care provided. These included quality assessments, provider audits and action plans.

## Is the service safe?

### Our findings

People showed us they felt safe and got on well with the staff who cared for them. People's relatives were positive about the actions staff took to help to keep their family members safe. Relatives told us this included when their family members were being supported by staff both in the home and when they were out doing things they enjoyed. One relative said, "They [staff] had safety nailed. They always knew what help was needed and were always available for support."

Staff were confident the registered manager and manager would help people to stay as safe as possible, if there were any concerns for their safety. Staff knew how to recognise if people may be subject to abuse or harm, and knew what action to take to help to protect people. We saw people had been given guidance on what to do if they had any concerns for their safety.

People's relatives told us staff understood risks to their family member's safety. One relative told us staff had supported their family member to rediscover skills to help them live more independently in ways which promoted their safety.

Staff supported people in ways which took their individual safety and care needs into account. One staff member gave an example of the way they cared for one person so they were encouraged and supported to do the things they liked to do in a safe way. This included making sure there were no trip hazards or obstructions in people's way, when people chose to move round the home. We saw staff checked this carefully and took action to support people so they would remain physically safe when doing this. This also reduced the risk of people becoming anxious.

We saw staff had been given information on the best way to care for people so their individual safety and well-being needs would be met. We also saw the registered manager and manager had undertaken checks to satisfy themselves new staff were suitable to work with people. By doing this, the registered manager and manager helped to ensure people would stay as safe as possible.

People told us they did not have to wait long if they wanted help from staff. Two relatives told us there had been some staff changes. One relative highlighted some of the same staff had supported their family member for over 13 years. Staff said there was enough staff to meet people's safety and care needs. Staff knew the manager was currently recruiting additional staff, with a view to reducing the number of agency staff used. The manager told us and we saw staffing was organised so agency staff were always supported by members of permanent staff, who knew people well.

We saw staff had enough time to help people when they needed, in the ways they preferred. Agency staff told us they had been supported to find out about the needs of people they were caring for.

People received their medicines when they needed them. All of the relatives we spoke with said their family members were supported to have the medicines they needed. Two relatives told staff were very careful to check the right amount of medicines had been sent back to the provider after family visits. Staff were not

allowed to administer people's medicines until they had received training and their competency was checked. Staff kept clear records of the medicines administered to people and medicines were securely stored in people's individual rooms. We saw people's medicines were regularly checked by manager, so they could be assured people were receiving the medicines safely.

## Is the service effective?

### Our findings

People told us staff knew how to look after them. Relatives were positive about the knowledge of the staff who supported their family members. One relative said how well the provider supported staff to develop the skills they needed to care for their family member. The relative said, "Staff use [provider representative's name] knowledge for devising strategies to care for [person's name]. Staff are long serving and know what they are doing."

Staff had received training which matched the needs of the people they cared for. One staff member said, "Training here is very good. From an autism point of view, it means [people's] quality of live improves because we understand the world they live in. It means people are happier."

People were encouraged to make their own decisions, such as what they wanted to do and where they wanted to be. Relatives said they were consulted appropriately when decisions needed to be made in their family member's best interests. Staff understood how The Mental Capacity Act 2005 required them to promote people's rights. Staff knew what to do if people needed assistance to make some decisions. We saw staff checked people's body language, so they could be sure people were making their own choices.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found where staff needed to deprive anyone of their liberty the necessary action had been taken so the people's rights had been protected.

Relatives gave us examples of significant improvements in their family members' independence in eating and drinking independently. One relative told us their family member had successfully lost weight with support from staff. The relative said, "[Staff] are watching what [person's name] eats, but they still make sure they get occasional treats." Staff knew people's food preferences, and where they liked to eat their meals and snacks. We saw staff supported people to make their own food and drink choices from a range of healthy options. Some people enjoyed helping to prepare drinks and meals with assistance from staff.

Staff supported people to see health professionals to help them to stay well. Relatives were confident staff would seek and follow advice given by health professionals, so their family members would enjoy the best health possible. One relative said, "They [Staff] suss out what's wrong with [person's name] and are good at taking them to the GP."

One staff member explained how some people's health needs meant they sometimes needed support very quickly if they became ill. This included making sure guidance agreed with people's GPs was followed, and staff had the training and medicines they needed, so people would regain their health promptly.

## Is the service caring?

### Our findings

People told us staff were kind and considerate. Relatives said their family members got on well with staff. Three relatives highlighted their family members were never reluctant to return to the care of staff after family visits. One relative said, "Staff care so much about [person's name]. It's not just a job for them, staff really feel for [person's name]." Another relative told us, "They [staff] are exceptionally kind, even the secretary spends time with people."

Relatives told us staff knew their family members well. One relative told us their family member had the opportunity to visit the home before they moved in. The relative said, "We happened to visit when they were having a mini disco. [Person's name] just joined in, and it was like they had always been there." Another relative said, "Staff know [person's name] well, and this means they get the best out of living at Upper Ford Lodge."

Staff told us they found out what was important to people by checking their care plans and by talking to staff and relatives who knew people well. One staff member said, "You find out a lot about people by working with them, this is how you build rapport."

One relative gave us examples of how staff had made their family member feel valued. The relative told us staff that were not scheduled to work were keen to come in and join in parties, to mark special occasions for their family member. Another relative said their family member, "Likes to have a hand massage and a hug from staff if they are upset. Staff always do this."

Staff spoke with affection for the people they cared for. We saw people living at the home were relaxed when spending time with staff and wanted to include staff in their daily lives. People smiled when staff cared for them.

People made some of their own day to day decisions such as what fun and interesting things they wanted to do, what care they wanted and which staff they wanted to be supported by. One person proudly showed us their room, and explained how they had been involved in decisions about how it was decorated, so they felt at home.

Staff did not rush people to make decisions and used different ways to communicate with people so they would be included in day to day life at the home. One staff member explained some people liked to communicate their decisions and make choices by using pictures to show staff what they wanted. Another staff member gave us an example of decisions one person made so they were able to express themselves by choosing their preferred hair style and colour. The staff member said, "It's so important to [person's name] to be able to do this." We saw staff used their knowledge of people's individual preferences when encouraging them to make their own choices.

Relatives told us staff recognised people's rights to independence, privacy and dignity. One relative explained how staff supported their family member to have the privacy they needed during personal care.

Another relative explained how staff had supported their family member when they were anxious, so their dignity was maintained. Staff gave us examples of the actions they took so people's privacy and dignity needs would be met. This included ensuring people's permission was gained before staff entered their rooms, and people's personal information was securely stored.

## Is the service responsive?

### Our findings

People's relatives told us care was planned in ways which took their family member's preferences and wishes into account. Relatives said they were involved in planning their family member's care and were consulted about key decisions. One relative told us as a result of this, "Staff deal well with [person's name] complex issues." Another relative said their family member received the care they needed because, "Staff put lots of time into caring for [person's name], and staff's approach is that they are all individuals at Upper Ford Lodge."

People's care was tailored to meet their needs. One relative explained their family member had been involved in deciding the best way for them to become healthy. The relative said, "Staff encouraged them to decide how they wanted to eat more healthily, and encouraged them to exercise. [Person's name] now asks to go swimming as they enjoy it so much." Another relative said because staff had addressed their family member's needs so well, their family member's confidence had grown and they had recently moved out of the home, so they could enjoy living more independently. The relative told us, "[Person's name] turned a corner at Upper Ford Lodge. I never thought [person's name] would be able to do this."

Staff used their knowledge of people needs and preferences when planning their care. This included how people liked to communicate so they had the best opportunity to make as many of their own decisions. One staff member explained as a result of the way one person's care had been planned they were now able to make choices, such as how they wanted their room redecorated. Another staff member said, "All the staff chipped in and made [person's name] comfortable with making their own choices, and they started dancing when they saw their room. They have blossomed." Another staff member told us, "[Person's name] did not previously talk. Now they have periods of time when they do communicate, and they are now eating and drinking well."

A further staff member explained how one person's preference was to have their own key to their rooms, so they enjoyed a sense of security and independence.

One relative told us their family member had recently been anxious. The relative said, "They [staff] reacted properly, and organised a meeting [with health and social care professionals] to find a way forward." Staff gave us examples of how people's planned care was altered, if their needs changed. Staff told us they regularly communicated information with other staff. For example, changes were made if people required more support because of illness or if they were anxious. We saw the way people's care was planned reflected their individual histories and needs and provided staff with the guidance they needed to care for people, so people would enjoy the best well-being possible

People and their relatives told us they had opportunities to do things they enjoyed and were encouraged people to try new things, so they would enjoy life to the full. Relatives told us there were no restrictions on them visiting their family members, and said staff supported their family members so they could visit them regularly.

Staff knew how to support people when making a complaint and system were in place to address any complaints made.

## Is the service well-led?

### Our findings

A registered manager was in post at the time of our inspection. 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. A manager had also recently been appointed and had applied to the Care Quality Commission to become the new registered manager for the service.

People and their relatives were positive about how the service was being managed. One relative said this was because of the way the staff were supported to provide good care, "These staff are heroes for us. Staff should feel proud of what they do. Staff show a marvellous commitment to people living at Upper Ford Lodge." Another relative told us, "It's a very good service. They do not sit on their laurels, they are proactive." A staff member said, "We work as a team so people get the care they need." An agency staff member told us, "It's organised and they [staff] do their level best so people are looked after well, and I choose to do shifts here because of this." We found the manager and senior staff knew people well.

Staff told us the manager and senior staff supported them to provide good care. Staff told us they knew what was expected of them through staff meetings and one to one meetings with their managers. The manager said these were used, so staff could reflect on the care provided to people and see if it could be improved. One staff member said, "Staff are encouraged to give input into meetings with psychologists, and best practice and learning is shared across the staff team." Another staff member gave us an example of a suggestion made by staff so one person would have the opportunity to try horse-riding. The staff member told us, "The person was full of enthusiasm, did it that morning and got to do something new."

Relatives told us communication with the provider, and senior team and staff was good and the culture was open. One relative said, "They interact well as a staff team and I can't rate [manager's name] highly enough." Another relative said, "You feel it's all one big family, [manager's name] has offered to help me, too. Staff make it obvious they are happy for you to be involved." One staff member said, "[Manager's name] is open and approachable." Another staff member told us, "The culture here is about promoting independence of people living here and to be non-judgemental. It's a welcoming culture, about embracing the new." The manager said, "It's like a family, a home from home. Staff are here for the guys, [people], and staff support each other, so [people] are positive and happy."

The provider, registered manager and manager checked the quality of the care offered through meetings with people, relatives and by using pictorial questionnaires. One relative said, "[Manager's name] shows us the evidence of things he is changing for the good." Another relatives said, "The new manager is really on the ball, and approachable, we're listened to."

Regular checks were done so the provider and senior staff could be assured people were receiving the care they wanted. These included checks on incidents, complaints management, checks made to make sure people's medicines were administered safely and the health plans met people's needs. Where actions had

been identified action plans had been put in place to drive through improvements for the benefit of people living at the home.