Lothlorien Community Limited

Eden Cottage

Inspection report

6 The Oval
Dymchurch
Romney Marsh
Kent
TN29 0LR

Tel: 01303872686
Website: www.craegmoor.co.uk

Date of inspection visit:
04 May 2016

Date of publication:
28 June 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 04 May 2016 and was unannounced. Eden Cottage provides accommodation and support for up to three people who may have a learning disability, autistic spectrum disorder or physical disabilities. At the time of the inspection three people were living at the service. All people had access to a communal lounge/dining area, kitchen, a shared bathroom and well maintained garden. Two people had bedrooms on the ground floor; one person had a bedroom on the first floor.

The service did not have a registered manager in post. 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. The registered manager had left the service in January 2016 and was in the process of de-registering with The Commission. The provider had appointed a manager to manage the home. They had submitted an application to register with the Care Quality Commission (CQC) at the time of our inspection. The new manager was present throughout the inspection.

Eden Cottage was last inspected on the 28 October 2014 and had been rated as requires improvement at that inspection. Two breaches of our regulations were found, relating to effective and accurate record keeping and staff numbers. At this inspection we found that improvements had been made in these areas, but further improvements were needed to record keeping.

Some documentation was conflicting and out of date. The acting manager had taken steps to start improving and updating some of the paperwork. The documentation which had been updated was of good quality.

Mental Capacity assessments and best interest decisions had not been completed for less complex decisions to meet the requirements of the Act. Further training was required in this area so staff would understand how to comply with The Act.

When people required their fluid intake to be monitored total amounts of daily fluid to aim for were not agreed. Although peoples safety had not been compromised, better recording of this area would further reduce the risk of harm. People could choose what meals, snacks and drinks they would like. When people could not verbally communicate this there was clear description in their care files outlining what they liked and disliked and how staff could recognise this by their body language.

The provider's internal audits had highlighted that some training needed to be refreshed and action had been taken to obtain updated training for staff.

Staffing levels had improved since the last inspection which meant people were able to pursue more activity and interests to benefit their well-being. During the inspection all people went out to do various activities of

their choice. Staff planned activities with people with consideration for their personal interests.

New staff underwent an induction which prepared them for their role and did not work unsupervised until assessed as competent to do so. Safe and robust recruitment process were in place to ensure people were supported by appropriately checked staff.

People's health needs were responded to promptly and healthcare professionals said they felt well informed about people's needs when they changed.

People were helped to complain and staff would support people who were unable to use the easy read complaints policy by understanding what their body language meant if they were unhappy. Relatives said they felt confident they could complain if they were unhappy and they would be listened to.

Staff demonstrated caring attitudes towards people and showed concern for people's welfare. When people required to be supported with their anxieties staff did this in a patient and compassionate manner.

The acting manager understood the key challenges of the service and had started to make changes to improve the service people received. Staff said they felt well supported by the new manager and able to talk to them at any time for support and guidance.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

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.

There were enough staff to support people and meet their individual needs.

There were detailed risk assessments which were person centred.

Accidents and incidents were recorded and audited to identify patterns.

People received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Some capacity assessments had not been made when people had restrictions placed on them.

When people required their fluids to be monitored staff were not given clear instruction of how to monitor this safely. People could choose what they would like to eat and had access to snacks and drinks when they wished.

Staff had received the training they required to be able to support people with their needs. The provider had taken action to update staff training when it had lapsed.

People's health needs were responded to promptly and people were supported to access professional healthcare when they required this.

Is the service caring?

Good

The service was caring.

Staff spoke to people in a kind, patient and engaging way. Staff took the time to listen to what people were telling them and were interested in what they were told.

People were involved in decorating their rooms how they wished.

People were treated with respect and dignity.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some documentation in care plans had not been updated to reflect people's current needs and was conflicting.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

People were offered varied activities to meet their individual needs and interests.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records did not reflect the current needs of people. Some paperwork was missing, conflicting and out of date.

Staff felt they could go to the acting manager for guidance and support.

Staff demonstrated positive attitudes to their work and it was evident the service was trying to improve the service people received.

Eden Cottage

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 the 04 May 2016 and was unannounced. The inspection was conducted by one inspector. Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. The provider had completed a Provider Information Return (PIR) before the inspection which we used to help us inform our Key Lines of Enquiry (KLOE) for inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with two staff, and the acting manager. We spoke with one staff member by telephone after the inspection. After the inspection we received feedback from one relative and one healthcare professional. Not all people were able to express their views clearly due to their limited communication so we observed interactions between staff and people. We looked at a variety of documents including three people's support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

Good

Is the service safe?

Our findings

A relative said, "I can't fault the care, (relative's name) is happy". People were appropriately supported by staff in a safe way.

Since the last inspection staffing levels had improved and two staff were on duty during the day. Staff remained lone working in the evening and night time but people were able to pursue more social engagement and activity which was of benefit to their wellbeing. Staffing hours were flexible to meet people's needs. For example on a Monday people enjoyed attending a disco at the day centre, staff hours were adjusted so this could be facilitated. If day trips were arranged staff hours were altered so people could be supported. People were responded to quickly when they asked for assistance from staff. Staff had enough time to engage with people in an unhurried and meaningful way.

People were protected by the service using safe and robust recruitment processes: Employment gaps had been explored and Disclosure and Barring Services checks made. These checks identified if prospective staff had a criminal record or were barred from working with adults. Staff were given sufficient training in recognising and reporting abuse and knew how to refer to outside agencies if they had any concerns. Whistleblowing and safeguarding guidance was available for staff to refer to should they need to raise concerns about people's safety. One staff said, "I would tell the manager if I had any concerns, if they didn't do anything I will go above them".

A healthcare professional said, "I am informed of incidents, at times by email so that any necessary action can be taken promptly. These incidents have been reported in a timely manner and have been competently handled". People had their own individual risk assessments according to their needs. When risks were identified people were given information to make their own informed choice. Risk assessments gave a risk description, a risk level, and guidance to minimise the risk. For example one person's risk assessment said they had made a decision to smoke. They were aware of the risks and were supported by the staff team and their GP to understand the consequences this could have on their health. People were free to make their own choices even if this could increase the level of risk to that person. Staff understood that it was the person's right to accept certain levels of risk and would support the person to understand the consequences of their actions. Accidents and incidents were logged on the provider's internal computer system which meant any reoccurring patterns and trends could be monitored and explored further. When incidents occurred the service would document what 'lessons had been learned' to improve outcomes for people.

Appropriate checks were made to keep people safe. Safety checks had been made regularly on equipment and the environment. This included checks of window restrictors which were designed to prevent people falling from windows, infection control audits, vehicle checks, fire alarm system, fire extinguishers, emergency lighting, portable appliances and wheelchair checks. The provider could be assured by making these checks that the premises and equipment were in good working order and safe for purpose. People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire. Fire evacuation drills were conducted to practice how peoples PEEPs would be put into practice.

There were safe processes for storing, administering and returning medicines. People had individual assessments around how they liked their medicines to be administered and staff that administered medicines were trained to do so. Two people required support to take their medicines safely and one person could self-medicate. One person required to take their medicine covertly with food which had been agreed by their doctor and was documented in their risk assessment. A best interest meeting had taken place to agree this. Staff supported the person who could self-medicate by conducting regular audits to ensure their medicines were all accounted for and continued to assess if the person was competent to take their medicine safely. Some people were prescribed medicines which were used when required (PRN), there were clear guidelines in place to tell staff how much the person should receive within a specific time frame and what signs should be an indicator that the person would require their PRN. Some people showed behaviours which staff managed through a range of techniques. On occasions, people needed to take medicines to help with their agitation. A traffic light system was used to assess if the person behaviour would warrant the use of their PRN which would help them with their behaviour. The team leader was in charge of ordering medicines and would assign this task to another staff member when they were on leave, this ensured people did not run out of the medicines they needed.

Requires Improvement

Is the service effective?

Our findings

One staff said, "The provider is looking into the training. I think face to face training is good; e-learning is okay if you have completed it before. Me and the manager have been talking about getting more behaviour training. The provider does internal behaviour training; this would be good for staff confidence, just in case".

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 when receiving care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had awareness of the MCA but required further training to fully understand how to comply with The Act. One standard authorisation application had been made prior to the acting manager taking up post which they said they would follow up as they were unsure if the authorisation was appropriate to the person's needs. Nobody was currently subject to a DoLS authorisation. Capacity assessments had been completed for people and best interest decisions made when capacity was lacking to make simple decisions. Two people required continuous supervision and support outside of the service due to their complex needs. Capacity assessments were missing for one person who required to have an audio monitor in their bedroom through the night so staff could be alerted if they had any seizures. This person was also missing a capacity assessment for restrictions whilst using their wheelchair; in the form of a lap belt.

The provider had failed to comply with the requirements of the Mental Capacity Act 2005. This is a breach of Regulation 11 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person's guidance notes said that they should have their fluid intake recorded since they had been admitted into hospital for dehydration in 2014. Staff were recording the person's fluid intake daily to ensure they received enough fluid to keep them healthy. We pointed out to the acting manager that a total amount of fluid to aim for would be useful for staff so they could be certain the person had received the right amount. There was not a direct negative impact on the person's health as they had been receiving sufficient amount of fluid on a daily basis due to the diligence of staff. Better recording of this area would further reduce the risk of potential harm to the person. People were asked daily what they would like for their meals. One person had a care plan which gave good detail about the food they enjoyed. There was information about how the person would respond if they did not like the smell, taste or look of food which they had been offered. People were offered choice around their meals and drinks and could freely access the kitchen when they wished to have snacks.

All staff completed mandatory training in the form of face to face or e-learning. Mandatory training included; fire awareness, medicines, first aid, infection control, health and safety and safeguarding people. Additional training was offered to staff in specialised areas such as epilepsy, managing challenging behaviour,

dementia care, handling complaints, fluids and nutrition and Autism. Staff demonstrated the appropriate skills and knowledge to support people with their needs. They were able to describe how they would respond to different situations which may arise for example; if a person required assistance if having a seizure or how they would support a person who was displaying behaviours which could challenge others. The acting manager had highlighted in their internal audits that some training needed to be updated and had made arrangements for staff to update their training.

New staff spent one week shadowing other staff as part of their induction when beginning employment with the service. They would be given an induction plan which the team leader signed off; they would also complete the training which was essential to their role. New staff would not lone work for at least a month or until their competence was confirmed by the acting manager or team leader. New staff were completing The Care Certificate to supplement the providers own induction. The Care Certificate was introduced in April 2015 and are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Regular supervision was offered to staff every two months and conducted by the acting manager and team leader. One staff said, "I get enough help and support. The team leader is very good and shows me what to do. I see my team leader often, I receive supervision and I can talk to the team leader and manager at any time if I have any problems".

People were supported well to monitor their health care requirements. A healthcare professional said they had found when the service was required to respond there was timely recognition and well planned management of problems that arose. The health care professional also said there was good staff communication, including well-informed reports and follow up on changes that were made. Staff were able to describe the action they would take if a person who had epilepsy had a seizure although this had not happened for a number of years. A clear protocol was in place instructing staff of the action to take which was regularly reviewed by the person's doctor. One person was visited monthly by a psychologist to monitor their behaviour which could sometimes challenge others. People were supported to attend health appointments; during the inspection two people were supported by staff to visit the dentist.

Good

Is the service caring?

Our findings

A person said, "I like to stay here, I like to talk to people". A staff member commented, "I like it here, it's a really small home, it's like family. It's not like a job I like it". Communal areas of the service were decorated in a homely way and staff took pride in maintaining a clean and comfortable environment for people. An adapted telephone system had been installed so people were able to call for help in the event of emergency situations. This demonstrated that people's safety had been considered; particularly when staff were lone working throughout the evening and night.

Staff demonstrated they understood people well and supported them with their interests. A staff member explained how one person liked to visit new show homes, caravans and shops that sold items for homes. Staff would incorporate this interest into the person's activity timetable and regular visits to show homes were made. Staff were reassuring when a person asked when the maintenance personnel would be coming to the service as they liked to stand and watch odd jobs the maintenance personal carried out in the home.

People's bedrooms were decorated in a personal way and they had many objects such as stuffed toys and photographs to make their rooms feel homely and comfortable. One person showed us their bedroom which they said they liked and were happy with. Another person's relatives were involved in deciding how to decorate their room to suit the person's tastes. This person preferred to spend most of their time in their room and had various sensory objects that they could touch and look at. There was a sensory pillow on their bed that had been specially made which had different colours and textures for the person to look at and feel they also had sensory lights attached above their bed. This demonstrated staff had thought about how they could help the person feel more relaxed and happy in their personal space. Staff said they would encourage this person to join them and others in the communal areas of the service which they occasionally did. Staff respected the person's choices and described how the person would communicate if they wished to go back to their own room; this was also reflected in their care plan.

One person enjoyed doing arts and crafts and many of the pictures they had created were framed and hung in the hallway outside of their bedroom. This person did not require support whilst out and staff demonstrated care and concern for the person before they left the service. They checked if the person had remembered everything they needed for their outing and confirmed where they would be and approximately when they would return. When the person returned from their outing staff were interested to hear how their day had gone.

A relative said, "I am more than happy with the staff if (relative) doesn't like something they will let you know. The home is always trying to improve; they are more on the ball". One person could become anxious which staff responded to in a patient and kind manner. When the person required repeated reassurance staff responded to support the person feel secure and listened to.

People appeared relaxed and happy and were able to freely move around all areas of the service. Staff were responsive to people's requests to communicate with them and the person who preferred to spend time in their room was frequently checked on to make sure they were well.

Requires Improvement

Is the service responsive?

Our findings

One person said, "I'm going to the day care centre today, I will get the bus. After I will go to the dentist. I do arts and cooking at the day centre". Another person said, "I went to the shops today and had lunch out, I had a nice time".

The acting manager said they were in the process of updating all of the care plans to continuously improve the quality. Some documents gave conflicting information, for example there were two separate documents in one person's care file regarding them accessing the local community. One stated they required two to one support whilst going to the town the other document stated they only required one to one support. Although this information was contradictory staff were aware of the person's needs. A person's healthcare action plan stated they required a medicine regularly; this was incorrect as they now only received this as a PRN which was recorded on the MAR record. The acting manager was informed and they said, "(Persons) health plan needs updating. The team leader has focused on another person's and will be updating other documents with the key workers". Although some documentation needed updating this had not impacted on people's care as they were supported by staff who demonstrated they understood their needs well.

The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. This is a breach of Regulation 9 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Otherwise, people benefited from care plans which were detailed and informative. Within people's care plans were personal profiles which gave an overview of the person's most important needs. Care plans contained more detail in specific areas including a life story sketch, 'what I like to do' information, personal development and support needs, long term aims, and how to complain. There was also information about, nutrition, information about relationships with family and friends, personal hygiene guidance, behaviour guidance, capacity assessments, and communication dictionaries which were used to help people who could not verbalise communication. This meant staff had clear guidance to follow to support people with their individual needs in a personalised way. People had health action plans with specific information about their health needs. Documents gave a good level of detailed information to inform staff of how to deliver person specific care. People's care plans were person centred and contained lots of photographs to document their life journey.

Staff tried different ways of communicating with people who could not verbally communicate with others easily. One person's care plan said the Picture Exchange Communication System (PECS) had been tried but the person had not been comfortable with this form of communication. PECS is an alternative communication intervention package for individuals with autism spectrum disorder and related developmental disabilities. The person's care plan detailed their preferred way of communicating through various physical actions and verbal sounds they would make.

A relative said, "They get out more to do activities now, we visit our relative every week". People had the opportunity to discuss what they would like to participate in or if they would like to visit particular places.

For example people had recently visited an animal park and another person had attended the Ideal Home Exhibition which was of particular interest to them. A staff member said, "We are much more active now, there's not as much lone working, people can do more activities it's much improved". During the inspection all people left to attend different activities. One person went to the day centre alone and two people were supported by staff to go to the dentist, look at new caravans and have lunch out. One person was supported by staff during the inspection to make cakes and they said they had made a trifle the previous day.

Staff maintained daily reports for each person which gave good detail about the person's day. This allowed staff to reflect on what was working well for people particularly if they were unable to verbally communicate their experiences. Reviews of people's care were made which ensured any changes to the person's needs could be discussed and acted on. Staff had been proactive in arranging meetings for people and relatives and case managers were invited to attend review meetings.

A relative said, "If I'm not happy I will say something, I have no concerns, I'm more than happy". People had access to an easy read complaints policy which included pictures to help them understand the content of the policy. There was simple description which gave information about who people could talk to and how their complaint would be handled. The easy read complaints policy gave people information about who to contact outside of the service if they were unhappy with the response given or action taken by the provider. If people were unable to understand the easy read complaints policy they were helped in other ways to express any displeasure they may have with the service they were provided. For example, one person's care plan recognised that the person would not be able to understand the easy read policy but described how staff would be able to recognise if the person was unhappy. The plan described how the person would be able to vocalise and display body language as a way of showing their concerns. The plan stated staff would need to advocate for this person so their concerns could be dealt with. Complaints were responded and dealt with in a timely manner; records of the outcomes of these complaints were made so the service could continuously improve.

Requires Improvement

Is the service well-led?

Our findings

A relative told us, "I'm happy with the service". A staff member commented, "I can see improvements now the new manager is here, I can go to them and feel well supported".

Some paperwork needed updating to reflect people's current needs. Care files contained documentation which was contradictory which meant staff did not have guidance which was clear to help them support people. An example of this was a person's health action plan which had not been undated accordingly to say that a medicine which was previously regular was now only a PRN. Although some capacity assessments and best interest decisions had been made for less complex decisions two assessments had been missed for one person meaning restrictions had been placed on the person without assessing if this was in the persons beast interest or was the least restrictive option. One person required their fluid to be monitored and recorded, although this was happening a total amount of fluid had not been agreed. Staff had not been instructed well to understand how much the person required daily, this could potentially cause harm to the person. The provider had failed to identify this in their internal audits. The acting manager was making improvements to the paperwork which they said was unnecessary in places and repetitive.

Records were incomplete, conflicting and had not been kept up to date. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager oversaw two other services as well as Eden cottage and worked at least one day a week at each one. All three services were in close proximity of one another meaning the acting manager could be flexible if they were needed to respond quickly to an emergency situation or offer staff extra guidance and support. The acting manager demonstrated they understood the key challenges to the service and explained how they would be taking steps to improve the service people received. They said, "I seemed to have built up a good relationship with staff. Staff seem pleased and like the fact I work on the floor with them. The homes are more stable now; I want to get more confidence in the staff". There was a well-established team leader that supported the acting manager in running the service whilst they were not on site.

The acting manager was monitoring service quality and encouraging continuous improvement. Staff had regular meetings and people had 'Your voice' meetings to have the opportunity to discuss improvements to service delivery. The acting manager conducted spot checks out of hours to monitor the service and check staff practice. Records of these checks were kept as well as action plans of what improvements needed to be made. Internal audits had highlighted some training needed to be updated including further training in The Mental Capacity Act and action had been taken to address this. Action plans in the audits stated that key workers were evaluating the care plans to improve them. A relative said, "We get quality assurance questionnaires quite often the questions are more aimed at (relative) which we try to answer but they are a bit ambiguous. They do try to act on feedback we give and do listen to us".

The bathroom facilities had recently been updated which improved the way people could remain independent. One person was eager to show off the new bathroom which they said they liked. There were

recordings of maintenance requests made to improve the service which had been signed off and dated once completed.

Handover sheets were used by staff to ensure all daily duties had been completed and people's needs had been met. Included was information about who was on call, cleaning duties completed, fire checks, activities for the day, lone working safety checks, petty cash checks, medicines, and reporting of accidents and incidents. This demonstrated the service was well organised, days were structured and peoples safety was thought about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met. Regulation 9(1)(3)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to comply with the requirements of the Mental Capacity Act 2005. Regulation 11(1)(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records were incomplete, conflicting and had not been kept up to date. Regulation 17(1)(2)(a)(b)(c).