Doncaster Metropolitan Borough Council

Eden Lodge

Inspection report

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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?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on 10 and 11 August 2015 and was unannounced. This is the first comprehensive inspection of the service since it was registered with the Care Quality Commission in December 2014.

Eden Lodge is a care home situated in Stainforth, Doncaster which is registered to provide residential care for ten people with learning disabilities. This is provided on a respite basis. Some rooms have ensuite 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 senior support worker we spoke with told us that approximately 95 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.

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

Summary of findings

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. The registered manager had been absent from the service for a period of two months. Since then there has been no incidents or concerns raised that needed investigation.

Our inspection 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. They failed to demonstrate how they were acting in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own.

People we spoke with told us they felt safe while staying at the home. One person said, "I feel very safe here, staff have helped me a lot I am a lot more confident now." Staff had a clear understanding of potential abuse which helped them recognise abuse and how they would deal with situations if they arose.

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, "I like to go to the Karaoke on Thursday and sing to my favourite songs." Another person told us they liked to go to football practice.

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 told us they liked to go and watch the local football team and watching horse racing on the television while another person liked to watch their DVD's that they had brought with them.

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 the may have. It also explained to people how they could obtain an independent person to assist them if needed.

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?

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.

There were enough qualified, skilled and experienced staff to meet people's needs. 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?

Requires improvement

The service required some improvements to make it effective.

Most staff had received training on the Mental Capacity Act which helps to protect people if they are unable to make important decisions for themselves. We found evidence that some decisions for people had been made without a formal best interest meeting taking place.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people staying in the home. We observed people being given choices of what to eat and what time to eat.

Support plans contained detailed information about people's healthcare needs. These were reviewed and updated before each respite stay in order to ensure that they were accurate.

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.

Summary of findings

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 them support they needed.

Is the service responsive?

Good

The service was responsive.

We found that peoples' needs were thoroughly assessed prior to them staying at the service. A relative told us they had been consulted about the care of their relative before their stay and again after they had returned home.

Communication with relatives was very good. One family member 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.

Relatives told us the staff at all levels were approachable and would respond to any questions they had about their relatives care and treatment.

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?

Requires improvement

The service required some improvements to make it well led.

People who used the service had opportunities to give feedback or raise issues through meetings and one to one discussions with staff. The service worked closely with the families of people who used the respite service, to ensure they were informed of any changes to their care needs.

The systems and audits to monitor and improve the quality of the service were weak which made it difficult to determine from records what checks staff were actually undertaken.

Staff told us they felt supported and felt able to have open and transparent discussions with senior support workers and peers through one-to-one meetings and staff meetings.

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 10 and 11 August 2015 and was unannounced. The inspection was undertaken by an adult social care inspector. At the time of the visit there were eight people using the service. We spoke with three of them and we also contacted by telephone five relatives of people using the respite service. We spoke with a senior support worker who was acting up as manager, another senior support worker 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 also 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 three 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.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and supported at the home. One person said, “Staff are helping me to get more confident so that I can be more independent.” Another person said, “I feel safe, we all get on its great, I would tell staff if I was worried about anything.” Relatives told us they had no concerns about the way their family members were treated. They said, “My relative visits regularly and they talk about what they get up to and they never raise any concerns. They tell me it’s fantastic.”

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.

The senior support worker told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, one person told us they travelled independently using public transport, they said, “I go to football training on my own, I like to be part of the team.” We saw person centred plans included risk assessments to manage things like bathing, managing medication and using public transport.

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 this service. The senior support worker told us that they had not recruited any new staff recently. They told us that a new staffing structure was due to be implemented from the 1 September 2015, which meant they needed to recruit more staff. The vacancies had been identified and the recruitment process had commenced.

The senior support worker told us the processes that were followed when recruiting new staff. Application forms were completed, references obtained and formal interviews arranged. The senior support worker told us that all new staff completed a full induction programme that, when completed, was signed off by their line manager. Staff 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.

Through our observations and discussions with people who used the service, relatives and staff members, we found there were enough staff with the right experience to meet the needs of the people currently living in the home. The senior support worker showed us the rotas which were consistent with the staff on duty. She told us the staffing levels where flexible to support people who used the service.

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. We observed medications being administered and this was done discreetly. The senior support worker ensured the person was ready to take their medicines and offered support until the person had taken them.

We saw the senior support worker followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required', for example painkillers. The senior care staff 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

Good

Is the service safe?

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.

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.

Requires improvement

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. The staff we spoke with told us they had received some training in this subject.

We looked at three people's support plans. We found all of the current care plan agreements did not reflect consent or action to take, when an individual does not wish to participate or is unable to give consent to care and treatment while staying at the home. We spoke to the senior support worker about this concern and she confirmed that none of the current care plans included assessments based on their capacity. This meant the provider was not acting in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

We contacted the local council's commissioners. They told us that they had agreed timescales for the service to implement appropriate assessments on people's capacity to consent to care and treatment.

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

Most people who were using the service at the time of our visit could communicate their wishes. Some people who were non-verbal blinked their eyes to enable them to communicate yes and no to questions asked. Staff were knowledgeable about people's needs and knew how to support them. For example, staff we spoke with told us that they could tell when one person wanted to go to their room for bed rest. Staff described in detail how the person communicated this. When the person returned from the social centre they displayed the signs staff had described which meant they wanted to go to their bedroom. Staff attended to their needs quickly.

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. We spoke with people who used the service about how menus were devised. One person showed us the current menus which used pictures to describe the meals provided. Another person we spoke with told us they had been shopping with staff and had made suggestions about the food for the weekend. They told us how they were trying to eat more healthy food as they wanted to "lose a bit of weight."

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 2015 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 senior support worker we spoke with 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.

Requires improvement

Is the service effective?

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 in the absence of the registered manager support was given by the senior support workers and they would ask them if they required some advice or needed to discuss something about their roles and responsibilities.

Good

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 '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.

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 respects my privacy, sometimes I want to be on my own and I know I can go to my room, and watch television or play my music." Another person said, "Staff are very nice they treat me right."

We spoke with five 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 wonderful, I don't know what we would do without the service. My family member really enjoys going into the home, they meet friends and have a good time." Another said, "I think my relative would like to stay there longer or even permanently, that's how good it is." Another said, "The staff are marvellous, kind and compassionate, they know my family member very well."

When we visited on the second day we saw people arriving back on the homes mini bus from social centres. There was a lively atmosphere with people helping themselves to a drink and sitting chatting about their day. We observed staff interacting with people in a positive encouraging way. People were asked what they wanted to do during their spare time and there was lots of encouragement given to people to undertake household tasks. For example, one person helped to set the tables for tea and another helped with the washing up of pots.

Good

Is the service responsive?

Our findings

We looked at three 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 to staff to ensure the person was seated correctly before supporting the person with a stage 1 diet and thickened fluids. This meant the risk of the person chocking was considerably lessened.

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 go to DICE for karaoke and bingo. DICE (Direct Inclusive Collaborative Enterprise) is a community interest company providing mentorship, peer support and practical help for people to decide what they want from life and how they can achieve it by directing their own support.

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 senior support worker 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.

Requires improvement

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. However, the identified person remained covering shifts and also had an oversight of the other respite service. They told us that they had not experienced some of the roles and responsibilities of the manager.

We found the quality monitoring systems were weak and required some improvements to make them effective. We looked at the health and safety audit and this was not fit for purpose it did not identify actions that were required or who had completed the audit. The senior support worker told us they had been asked to devise the audit but had not been given any support or guidance as to what was required. The lack of direction means that the audits were not effective and could put people at risk of harm.

We found the service was not acting in accordance with the requirements of the Mental Capacity Act 2005 and the associated code of practice. Staff put people at risk that their consent may not be considered by not recognising that some people had capacity. Decisions were made without the correct documentary evidence which meant the legal processes had not been followed.

We were told that a member of the night staff had been designated as the infection control lead and to devise an infection control audit but we were unable to see any completed records. Cleaning schedules had been agreed and contract cleaners were employed to work three hours a day Monday to Friday to maintain the cleanliness of the home. We found the home was sufficiently clean. However on the day of our inspection the contract cleaner only stayed for one hour instead of three hours. Due to the lack of leadership there was no-one to oversee and check that they had completed all of the required cleaning.

Medication was audited regularly when people using the service were admitted and discharged however; there was no formal way of auditing other aspects of the medication arrangements. For example, the medication fridge, cleanliness of the medication store and trolley, checks on missed medication and errors when booking in medication and staff competency checks and training. This meant the checks that were undertaken were not effective, and put people who used the service at risk of harm.

We did however see that a manager from another home visited monthly to undertake an audit on behalf of the provider. This included a walk around the building, including checks on maintenance. Talking to staff and people who used the service and checking some records. The monitoring visit failed to identify gaps in care plan recordings in relation the requirements of the Mental Capacity Act 2005 and associated code of practice. This meant there monitoring checks were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The senior support worker told us that the staffing structure for the service and a similar service in another location was changing which meant more staff would need to be employed. Vacant posts had been identified and the senior support worker was arranging for them to be advertised. This meant, currently some staff were sometimes called upon to work at the other service.

We found people who used the service and their relatives were actively encouraged to give feedback about the quality of the service. The senior support worker told us they had regular 'service user meetings' where people were encouraged to raise concerns and to talk about things like outings and activities. We looked at the minutes from a meeting held on 5 August 2015 which confirmed this. The comments received from people who used the service and their relatives and carers were very positive about the care and treatment given by the staff at Eden Lodge. Relatives said the service "was absolutely crucial to help them have respite away from their caring responsibilities." People who used the service generally thought the service was, "Brilliant."

Observations of interactions between the senior support worker 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.

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 lived at the home. Staff told us that it was important to

Requires improvement

Is the service well-led?

communicate information to each other, especially if they had been away from work for a few days. We observed the handover which took place on the first day of this inspection. It was conducted professionally and highlighted any changes to the people using the respite service and any notifiable changes to peoples care and treatment.

Accidents and incidents were monitored by the senior support worker to ensure any trends were identified. We were told that no accidents or incidents had occurred since the service was registered in January 2015.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 17 HSCA (RA) Regulations 2014 Good governance The registered person had failed to assess, monitor and improve the quality of services and mitigate risks relating to health and safety. Regulation 17 (1)(2)(a)(c)(f)