DKS Healthcare Limited

Heather 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

We carried out this inspection on the 8 March 2016 and it was unannounced.

Heather Lodge is a service that provides accommodation and personal care for up to three adults with learning disabilities. People had a variety of complex needs including mental and physical health needs. There were two people using the service at the time of our inspection.

People had a limited ability to verbally communicate with us or engage directly in the inspection process. People demonstrated that they were happy in their home by showing warmth to the staff that were supporting them. Staff were attentive and communicated with people in a warm and friendly manner. Staff were available throughout the day, and responded quickly to people's requests for care and support. We observed staff supporting people with their daily activities.

A registered manager was employed at the service. 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 Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The manager assisting the inspection understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

Staff had been trained to recognise and respond to the signs of abuse. Discussions with them confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy and how to use it. They were confident they could raise any concerns with the registered provider or outside agencies if this was needed.

There were enough staff with the skills required to meet people's needs. Staff were recruited using procedures designed to protect people from the employment of unsuitable staff. Staff were trained to meet people's needs and were supported through regular supervision and an annual appraisal so they were supported to carry out their roles.

Staff respected people in the way they addressed them and helped them to move around the service. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served and at other times during the day.

Staff were knowledgeable about the needs and requirements of people using the service. Staff involved people in planning their own care in formats that they were able to understand, for example pictorial

formats. Staff supported them in making arrangements to meet their health needs.

Medicines were managed, stored, disposed of and administered safely. People received their medicines when they needed them and as prescribed.

People were provided with food and fluids that met their needs and preferences. Menus offered variety and choice.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. People were involved in making decisions about their care and treatment.

There were systems in place to review accidents and incidents and make any relevant improvements as a result.

Management investigated and responded to people's complaints and relatives/advocates said they felt able to raise any concerns with staff.

People were given individual support to take part in their preferred hobbies and interests.

There were systems in place to obtain people's views about the quality of the service and the care they received. People were listened to and their views were taken into account in the way the service was run.

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.

People were protected from abuse by staff who understood the daily challenges they faced and how they communicated their needs.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

People received their medicines when they needed them and as prescribed.

Incidents and accidents were investigated thoroughly and responded to appropriately.

Risks to people's safety and welfare were assessed. The premises were maintained and equipment was checked and serviced regularly.

Is the service effective?

Good

The service was effective.

People and their relatives spoke positively about the care they received. The food menus offered variety and choice and provided people with a well-balanced and nutritious diet.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Staff understood people's individual needs. They had received appropriate training and gained further skills and experience through extended training in behaviours that challenged.

Staff were guided by the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards to ensure any decisions were made the person's best interests.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect. Staff were supportive, patient and caring. The atmosphere in the service was welcoming.

Staff treated people with dignity and respect. Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people which ensured their needs were met.

Care plans were comprehensive and records showed staff supported people effectively.

A broad range of activities was provided and staff supported people to maintain their own interests and hobbies.

People were given information on how to make a complaint in a format that met their communication needs. The provider listened and acted on people's comments.

Is the service well-led?

Good

The service was well-led.

There was an open and positive culture which focused on people. The registered manager and managers sought people and staff's feedback.

A system was in place to regularly assess and monitor the quality of the service people received, through a series of audits. The provider sought feedback from people and acted on comments made.

The staff were fully aware and practiced the home's ethos of caring for people as individuals.

Heather 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.

This inspection took place on 8 March 2016, was unannounced and carried out by one inspector.

We gathered and reviewed information about the service before the inspection. We examined previous inspection reports and notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We observed interactions and spoke with one person, about their experience of the service. We spoke with the two staff members on duty. We asked three health and social care professionals for their views of the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, one staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 6 October 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

One person was unable to verbally tell us about their experiences. However, people used facial expressions to indicate they had positive experiences and felt safe living at Heather Lodge. One person was out visiting their relative. We observed one person was relaxed around the two staff members and in their own home. They chose to spend time in the company of staff. One health and social care professional told us that people appeared to have relaxed and happy interactions with the staff. They said, "The service supports the person to stay in touch with family members and ensures the persons safety and wellbeing". Another health and social care professional told us, "I have no reason to believe that the home is not safe, my client seems very happy and comfortable and looks wells when I visit. Their bedroom is decorated the way they want it and they actively encourage them to help out with daily living tasks".

There were enough staff with the right skills and experience to care for people safely and meet their needs. The staff duty rotas demonstrated that there was always two staff on duty during the day, and there was one sleep-in member of staff during the night. The rotas showed there were sufficient staff on shift at all times. Staff told us if a person telephones in sick, the person in charge would ring around the other staff to find cover. We were told that this rarely happens as it is a small service and staff covered for each other when necessary. This showed that arrangements were in place to ensure enough staff were made available at short notice. We saw that there were enough staff to supervise people and keep them safe. For example, there were sufficient staff on duty to enable people to go to planned activities, like going shopping or going to the cinema. Staff told us there were always enough staff to support people. There was a stable staff group, as staff told us that they had worked at the service for some time and they said that they know the people living there very well.

Staff recruitment practices were robust and thorough. People were protected from the risk of receiving care from unsuitable staff. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding. Staff told us the policy was followed when they had been recruited and their records confirmed this. The registered provider had a disciplinary procedure in place to respond to any poor practice.

Staff had been trained to recognise and respond to concerns about abuse. They knew how to spot the signs of abuse and were able to tell us what they would do to ensure this was reported to the correct authorities. The policies were up to date and available to staff in the office. The registered provider had instructed staff to read the policy for safeguarding people from abuse and staff had signed to say they had done this. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.

Care plans included risk assessments which were relevant to the person and specified actions required to

reduce the risk. These included, epileptic seizures occurring during the night, use of a hairdryer and use of equipment in the kitchen. Risks relating to the environment were also managed appropriately and included risks identified with moving around the home and in the garden.

Staff knew how to report accidents and incidents in the service. Staff told us that there had been no accidents and incidents. The registered provider would monitor any accidents and incidents. They would look for patterns if there were any recurring incidents so that they could respond to try and stop them happening. This ensured that risks were minimised and that safe working practices were followed by staff.

People's prescribed medicines were stored securely and they were supported to take the medicines they needed at the correct time. There was a system in place for checking the temperature of the medicine storage area each day to ensure medicines were stored at the temperatures stated on the manufacturers packaging. Staff told us they had been trained to administer medicines and said they followed best practice guidance when administering medicines. Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. Staff were able to tell us what people's prescribed medicines were and knew where to find information about possible side effects. We saw that records of medicines given were complete and accurate. People were asked for their consent before they were given medicines and staff explained what the medicine was for. Medicine audits were carried out in line with the registered provider's policy.

The premises had been maintained and suited people's individual needs. One health and social care professional told us, "I find the home to be as homely as they can possible make it and they often redecorate and freshen up the environment, have pictures of the people and their families and friends hanging on the walls". Equipment checks and servicing were regularly carried out to ensure the equipment was safe and fit for purpose. There was a contract for servicing mobility equipment. Environmental risk assessments were in place to minimise the risk of harm. Other risk assessments included general welfare, slips trip and falls, and infection control. This showed us that the premises, equipment and work was regularly assessed and protective measures were put in place to support staff carrying out their duties safely.

The registered provider had policies about protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. People who faced additional risks if they needed to evacuate had a personal emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records showed fire safety equipment was regularly checked and serviced. Therefore people could be evacuated safely.

Good

Is the service effective?

Our findings

People had been encouraged to make their own decisions about their care and routines. One health and social care professional told us, "When the person requests to be supported to achieve something, or join in with a particular activity they are supported to achieve it as safely as possible and is encouraged to maintain their independence where possible". People were unable to verbally tell us about their experiences, but were relaxed and interacted with staff using facial expressions and hand movements. We saw that staff encouraged people to make their own decisions where they were able to. Staff asked people when they would like their lunch, how they wanted to spend their time and whether they wanted help with personal care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lace 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 un the MCA. The application procedures for this in care services and hospitals 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. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. The records showed that relevant people, such as social and health care professionals and people's relatives had been involved.

The registered manager understood when an application should be made and how to submit them. Staff told us that both people had capacity, and this was recorded in the care plan records. This ensured that people were not unlawfully restricted.

Staff said that they always asked for people's consent before carrying out personal care tasks or offering support. They said that if people declined their support that this was people's right and they respected their decision. Staff acted on people's responses and respected people's wishes if they declined support.

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was assessed as competent to work unsupervised. Staff had completed or were currently undertaking vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as working with people with diabetes and Parkinson's and Huntingdon's diseases. This showed that management set

the standards of work and staff understood what was expected of them to care for people safely and effectively.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. In this small service staff saw and talked to each other every day.

People were supported to have a balanced diet. There were pictorial menus in place, and weekly menus were chosen usually on Sunday of each week. The menu gave people a variety of food they could choose from. The staff knew people well and asked each week if people had any special requests or any requests. Staff supported people to make hot and cold drinks throughout the day. People were offered choices of what they wanted to eat and records showed that there was a variety and choice of food provided. People were weighed regularly to make sure they maintained a healthy weight.

Management had procedures in place to monitor people's health. Referrals were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks.

Good

Is the service caring?

Our findings

Staff had good relationships with people. Due to people's varied and complex needs they had a limited ability to understand and verbally communicate with us. We observed the way that staff interacted with people living at the home and found that they responded sensitively to their needs. One relative told us, "The staff meet my relative's needs, it is the best home they have lived in. The family are happy with the support provided and I would recommend the service to other people".

A health and social care professional told us, "The staff were open and helpful". The person stated that they are very happy living at Heather Lodge and from what I could see is well cared for, is supported to engage in activities of their choice and has their health care needs met".

Staff recognised and understood people's non-verbal gestures and body language. This enabled staff to be able to understand people's wishes and offer choices. We found that people's social and emotional needs were considered and catered for as well as their physical care needs.
Staff chatted and joked with people and ensured that the people felt comfortable.

There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people.

People indicated through facial expressions and gestures that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. We observed that people could ask any staff for help if they needed it. People were given the support they needed, but allowed to be as independent as possible too. We saw that people were supported to go out to their planned activities.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

We saw that people's privacy and dignity was respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people's own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. One

person showed us their bedroom and indicated they had chosen the colour. We saw people had personalised their bedrooms according to their individual choice.

People had one to one time, where any concerns could be raised, and suggestions were welcomed about how to improve the service.

Information about people was kept securely in the office. When staff completed paperwork they kept this confidential.

Good

Is the service responsive?

Our findings

Staff told us that people received care or treatment when they needed it. One health and social care professional told us they were satisfied that the person was well supported. They also said, "Staff communicate well with me and the family of my client when necessary".

People and their relatives or representatives had been involved when assessments were carried out. People's needs were assessed and care and treatment was planned and recorded in people's individual care plan. Care plans were currently being updated and contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, 'I like to have a bath or shower, but I do need help from staff', and 'I have a speech impediment and can find it difficult to make myself understood. I need staff to get to know me and be patient when trying to understand my needs'. The staff knew each person well and was able to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service. The level of support people needed was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care.

People were supported to take part in activities they enjoyed. Activities included, baking, puzzles, going shopping, eating out, swimming bowling and going to the cinema. Activities had been tailored to meet people's individual needs and staff described how they continually reviewed and developed activities by seeking feedback from people. A health and social care professional told us, "Staff knew the person's needs and they supported the person to join in activities that were of interest to them". People's family and friends were able to visit at any time.

The service was adapted to meet people's individual needs. For example, bedrooms were decorated with posters and ornaments of their choice, demonstrating an understanding of person centred care.

There was a complaints procedure for the service that outlined how to make a complaint and the timescales for response. This was available in an easy read format to help people with a learning disability understand. People knew how to make a complaint and staff gave people the support they needed to do so. Complaints received by the service were dealt with in a timely manner and in line with the provider's complaints policy. Any concerns or complaints would be regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Staff told us that people showed their concerns in different ways either verbally, or by facial expressions and different behaviours. Concerns were dealt with at the time they were raised by people.

Good

Is the service well-led?

Our findings

Staff commented, "We are a small team, it is a good place to work" and "We can always speak to the manager if we have any concerns". Staff understood who they were accountable to, and their roles and responsibilities in providing care for people. Staff said that the manager was approachable and supportive, and they felt able to discuss any issues with them.

One health and social care professional told us, "I believe the manager and staff run the home effectively, and maintain a comfortable informal environment, and provide support in partnership with the people and their support networks".

The registered manager had a clear vision and set of values for the service. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. These included, 'Treat all people who live and work at the Home and all people who visit with respect at all times', and 'Support individual choice and personal decision-making as the right of all people who lived at the service'.

The staff member assisting the inspection demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what we observed, it was clear that these values had been successfully cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs. For example, individual and varied activities, individualised records of support and bedrooms that had been decorated to the individuals taste. The registered manager had worked hard during her time as manager at the service to promote an open culture by making themselves accessible to people and visitors and listening to their views. The registered manager and staff had regularly kept in touch with families.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings where people were asked about their views and suggestions; events where family and friends were invited; questionnaires and daily contact with the registered manager.

Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The registered manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor areas such as person centred planning and accident and incidents. Appropriate and timely action had been taken to protect people from harm and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Management was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team when necessary. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

The registered manager was kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest level so that they were dealt with to people's satisfaction.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.