Iceni Care Limited

Iceni Lodge

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Iceni Lodge provides residential accommodation, as a short break service, for people who have a learning disability. A number of people use this service on a regular basis but only two people can stay overnight at any given time. One person was present at the service during this inspection.

The service had 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.

Identified risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively. Risk assessments explained any action that was required to remove or minimise any identified risks. However, not all identified risks were mitigated in a timely way.

Medicines were mostly managed and administered safely and people received their medicines as prescribed. However, some relevant paperwork for one person's 'as required' medicines was missing at the time of this inspection.

We identified a shortfall with regard to formal audits and monitoring the quality of the service provided. However, the registered manager assured us that they would implement these systems as soon as possible. The new team leader was also in the process of improving records and monitoring practice in the home.

The service had processes in place to help ensure people using the service were safe. Staff knew how to recognise signs of possible abuse and knew the correct procedures for reporting concerns. There were enough well trained staff to support people and appropriate recruitment checks were carried out before staff began working in the service.

People were supported effectively by staff who were well trained, skilled and knowledgeable in their work. All new members of staff completed an induction and staff were supported well by the manager.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The manager and staff understood and followed the requirements of the MCA.

People had enough to eat and drink and enjoyed their meals. Staff were caring and attentive. People were treated with respect and staff preserved people's dignity. People were involved in planning their care and received support that was individual to their needs. People were also encouraged and supported to be as independent as possible and enjoyed activities and hobbies of their choice.

People using the service and their families were supported to raise any concerns or make a complaint if needed. Any concerns were listened to with appropriate responses and action taken where possible. Communication between the manager, staff, people using the service and their families was frequent and effective.

The service was mostly well run and people's needs were being met appropriately. Incidents and accidents were recorded and analysed to minimise future recurrences. The registered manager was aware of their responsibilities in terms of informing CQC of any notifiable events. Necessary checks of the environment were regularly carried out and any problems were rectified within a reasonable timescale.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people's safety were recorded on an individual basis. There was guidance for staff to be able to know how to support people safely and effectively. However, not all identified risks were mitigated in a timely way.

Medicines were mostly managed and administered safely and people received their medicines as prescribed. However, some relevant paperwork was missing at the time of this inspection.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

Staffing levels were sufficient to meet people's needs. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the service.

Is the service effective?

Good

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People using the service had sufficient amounts to eat and drink.

Is the service caring?

Good

The service was caring.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity.

People were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received support that was individual to their needs and were involved in planning their own care.

People were able to choose what they wanted to do and decide how and where they wanted to spend their time.

People and their families were supported to raise concerns or make a complaint if needed.

Is the service well-led?

Good

The service was mostly well led.

There was a shortfall in formal audits and monitoring the quality of the service provided but action was being taken to address this.

Incidents and accidents were recorded and analysed to minimise recurrences. Environmental checks were carried out regularly and problems were rectified within a reasonable timescale.

People's needs were met appropriately and the service promoted a positive culture that was person centred, open and inclusive.

There was clear and visible leadership. Communication between the manager, staff, people using the service and their families was frequent and effective.

Iceni 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 20 October 2016 and was announced. The provider was given 24 hours' notice because the location was a small respite service and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider and returned to us in August 2016. 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. We also looked at previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted a care commissioner (who funds the care for people) of the service, the local authority safeguarding team and the local authority quality monitoring team.

We spoke with one person who used the service, two members of staff and the registered manager. We also made general observations of the interactions between staff and people using the service during our visit.

We reviewed two people's care records and their medicines administration record (MAR) charts. We also viewed six staff recruitment files, as well as training and induction records. In addition, we looked at a selection of management records that related to the day to day running and quality monitoring of the service.

Requires Improvement

Is the service safe?

Our findings

People's care plans showed that some risks had been identified and assessed as fully as possible to mitigate the risks but minimise any restriction on people's freedom. Staff told us, "We look at the task and see how we can do it safely; sometimes we need to reassess the task daily as people's needs change." One person's care plans contained detailed risk assessments in areas such as transport, mobility and cooking. The assessments took into account the likelihood of the risk occurring and the likely severity of harm which then identified the least restrictive measures to keep the person and others safe.

However, not all identified risks were mitigated in a timely way. For example, one person had a risk assessment in place that had been carried out in February 2016, regarding them spending time in the kitchen. One of the risks identified was that the radiator had no cover, which could pose a risk of burning, if the person fell against it. At the time of our inspection in October 2016, the radiator had not been covered.

People were supported by staff who had received training in safeguarding. This had helped give staff the knowledge to identify potential abuse and understand how to report any concerns appropriately. Staff we spoke with were able to explain the different forms of abuse that they might encounter and how they would identify them.

We saw there were sufficient numbers of staff to meet people's needs. We looked at the rotas and saw that there were consistently enough staff on duty to support people and meet their needs. Staff had been recruited safely. We saw that references from previous employers had been obtained, together with identification and complete employment histories for all staff before they started working in the home. In addition, Disclosure and Barring Service (DBS) police checks had been carried out. The DBS provides information about an individual's suitability to work with people, which helps employers to make safer recruitment decisions.

People's medicines were not always managed safely. For example, we saw that one person had been prescribed one medicine on an 'as required' basis but we found that the records for this medicine were not complete. This was because there was no medicines administration record (MAR) chart and there was no up to date record to show the quantities of the medicine being held by the service. The purpose of the MAR chart would be to guide staff as to when this medicine may be needed. In addition, it would show when the person had taken this medicine to help ensure the maximum amount the person could have in a 24 hour period was not exceeded. This person did not come to any harm as a result of this. However, there was a risk this could have happened or it could happen to someone else in the future.

The manager had not been auditing the administration of people's medicines. We spoke with the manager about this and they acknowledged that they had not maintained an effective auditing system of people's medicines and carried out an investigation immediately after this inspection. As a result, a medicines review was requested for this person, in order to ensure the necessary paperwork and records were in place as required.

We saw that the MAR charts for all other medicines for people were consistently completed. Medicines were stored in a locked cabinet and appropriate consent sheets and protocols were provided to guide staff. People's care plans also contained guidance for staff to know how people preferred to take their medicines and how to manage situations when people refused to take their medicines. In addition, there were protocols in place for when people might need 'as required' medicines.

Because people came to the service for short breaks, it was important that staff received people's medicines and supporting information appropriately. The manager told us that, for this reason, they insisted that each person's medicines arrived in their original containers with the pharmacist's instructions intact. This was to ensure that staff could be certain what the medicines were and that they had the correct instructions on when and how to give them, as the prescriber intended.

Good

Is the service effective?

Our findings

People were supported by staff who had received a range of training that provided them with the knowledge and skills to meet people's needs. Training included courses in mental capacity, principles of care, infection control, epilepsy, autism awareness, person centred care and first aid.

Staff were required to complete an induction course. This included shadowing more experienced colleagues and familiarising themselves with people's care plans, before they started to provide support to people. The manager told us how new staff were introduced to one person, who was using the service on a longer term basis, at the day service that they attended. This was to help staff to understand how to meet this person's needs. They would do this by spending time with this person and speaking with experienced staff who knew them. This also helped ensure that the person receiving support was happy to work with the new member of staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff told us they had received training on the MCA and demonstrated how they worked within the principles of the Act. This meant that people's safety could be maintained, without unnecessarily restricting their liberty. Staff explained how the MCA affected their role regarding how they supported people. Staff also understood the importance of people being supported to make their own decisions and gave us examples of how they achieved this.

People using the service were supported to choose the meals they wanted and had sufficient amounts to eat and drink. People's individual dietary needs were catered for within the service, although staff told us that they encouraged people to consume a healthy diet. Staff explained how one person had been introduced to salads as an alternative meal choice. This person found that they enjoyed salads and had since asked for salad on a regular basis.

People were supported to access external healthcare when they needed it. Staff explained how some people used sign language, which staff understood, to indicate when they needed healthcare support. Staff also said they knew people well enough to recognise if they were feeling unwell, by way of their demeanour, vocal expressions or body language. We noted that people were supported to access healthcare appointments with professionals such as the GP, optician or psychiatrist as necessary.

Good

Is the service caring?

Our findings

The manager explained that some support staff worked in more than one of the provider's services, including a day service. The manager felt that this provided consistency for people, as there were familiar faces for them at different services.

We observed staff interacting with people who used the service and saw this was kind and respectful. Staff understood each person's unique sign language, which they used in conjunction with verbal communication. There was information in people's care plans to guide staff on how each person communicated and what people's unique signs might indicate. We noted that staff took time to ensure they understood people correctly, by repeating things and getting the person's confirmation.

The care plans for people who used the service contained a wide range of information. This was to guide staff on how to meet each person's needs, in the way that the person wanted. For example, there was guidance on how one person asked for drinks, what daily tasks they were independent with, and what additional help the person might need.

We saw that staff used a combination of methods, such as verbal, sign language and pictures, to communicate with people and support them to make their own choices. This helped ensure that people could express their wishes in their own way. It also enabled staff to respond to people in the way that individuals wanted and understood. There was information in people's care plans that informed staff on what people's individual gestures or signs might indicate. This helped less familiar staff to have a better understanding of what people were communicating.

The service promoted people's independence as much as possible. For example, we saw in one person's care plan that they were able to make their own drinks with little support. Staff told us how one person's independence had increased since they had been using the service and that now they were able to do a lot more for themselves. We saw that people were supported to choose their own meals, go shopping for ingredients and take part in cooking the meals as much as possible. We noted that one person also did their own laundry, with minimal support from staff.

One person, who was using the service on a longer term basis, showed us their bedroom which they had organised to be as they liked it. We saw that staff respected this person's privacy and personal space. We heard staff ask permission before going to the person's bedroom with them, when they needed support to get dressed and ready for their day service.

Staff told us how one person who used the service sometimes displayed behaviour that could challenge others. We saw that input from a healthcare professional had been received and a plan of care had been implemented, which staff followed appropriately. If the person became agitated, staff would encourage the person to spend some time alone in their bedroom, where they felt safe, in order to relax and become calm again. This helped ensure the person's dignity was maintained as far as possible, as well as respecting and promoting the safety of others.

Each time a person arrived at the service for a short break, their belongings were catalogued to ensure that they were kept safely and went home with the person. This demonstrated how staff respected each person and their personal belongings.

Good

Is the service responsive?

Our findings

We saw a list of weekly activities that people who used the service had chosen to take part in. We noted that people were supported to participate in a wide range of activities such as bowling, going to football matches, swimming or using the computer. Staff told us that people would tell them what they wanted to do on any particular day, including whether they wanted to stay in bed later at the weekends. Staff told us, "It's [Name]'s choice, if that's what they want to do." One person was able to tell us that they enjoyed watching a particular programme on television and watched it every time it was on. This person was also a keen follower of a local football team and had been supported to buy replica shirts for that team.

We saw that people's care plans were centred on each person as an individual and were reviewed and updated regularly. The care plans reflected what support people needed to keep safe and how to meet their needs. These plans also detailed how staff should cater for people's personal preferences. For example, there was clear guidance for staff to know how people preferred to spend their weekends and evenings. People who used the service were encouraged to be involved in planning their own care, which helped ensure the support provided could be as responsive as possible to their specific needs.

People were supported to maintain relationships with family and friends. One person, who used the service was supported to visit their family regularly. Staff told us that another person would indicate when they wanted to telephone or visit their family by using sign language. Staff would then support this person to make contact with their family as they wished.

People were able to contribute their views on how the service was run. We saw that staff surveys had been carried out recently and the results had been analysed to establish the areas where the service could be improved. We saw that surveys were also conducted to seek the views of people and their families in order to improve the service.

We saw that the service had a robust complaints procedure in place. Complaints leaflets and forms were available for people to use, in both standard and easier to read formats. Staff told us that they would support people to make complaints and that people were most likely to talk to their keyworker if they had any concerns. Staff also told us that because they knew people well, they could tell by their body language if something was wrong, which they would then explore with the person. Staff confirmed that any complaints were usually responded to within 24 hours and resolved within one month.

Good

Is the service well-led?

Our findings

We found that the service promoted an open, inclusive and empowering culture that was person centred. One member of staff we spoke with told us, "It's all about communicating with each other throughout the organisation." Staff had a clear idea about the ethos of the organisation and told us, "We promote what [people] want, it's very person centred. We promote independence like you would in supported living." We saw that there was an effective communication book in operation, in which staff could exchange messages between themselves. This information included what tasks had been completed or needed to be done and highlighted any changes in the needs of people using the service.

Staff told us that the provider and their management team were, "Really supportive." They told us, "We can suggest improvements, we're listened to and things are tried. They are open to ideas." One member of staff told us, "It's like one big extended family." Staff also told us that resources were available to fund any improvements that were deemed necessary.

The registered manager told us that although they had not previously carried out audits at the service, they planned to start doing this as soon as possible. The need for this was particularly evident in terms of the absence of a MAR chart for one person's 'as required' medicine. In addition, an audit of the service could have identified the unresolved remedial action in respect of fitting a radiator cover in the kitchen. We were told that there had recently been a change of team leader and the new holder of this post confirmed that they were already working on improving records and monitoring practice in the home.

We saw that incidents and accidents had been recorded and analysed to determine whether future recurrences could be avoided. The registered manager was aware of their responsibilities in terms of informing CQC of any notifiable events or incidents.

We noted that all the necessary checks of the environment were consistently and regularly carried out. These included portable appliance testing (PAT), water temperatures, kitchen safety checks and equipment checks. Where any issues had been identified we saw that action plans had been drawn up and any problems had been rectified within a reasonable timescale.

Combined staff meetings were held monthly in each of the services that the provider owned and staff told us that these were open and inclusive. Regular team leader meetings were also held. Staff told us they received supervision every month and that there was an 'open door' policy with the management team. Staff also said that they felt comfortable raising any issues with the management team or provider. As a short break respite service, for a maximum of two people at any given time, formal meetings were not held. Instead, people's opinions were sought during their everyday interactions with staff or their keyworker in particular.

We saw that the service worked well in partnership with outside agencies and we saw records of involvement from a range of health professionals. This helped ensure appropriate support for people using the service could be accessed when needed. Staff also maintained close contact with their colleagues at the provider's day service, which some of the people using this respite service also attended. This enabled staff

to consistently share accurate and up to date information regarding any changes in people's needs.