Valeo Limited

The 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

This unannounced inspection took place on 18 December 2018.

The Lodge is a care home for up to 7 adults with a learning disability and who can, at times, display behaviour that challenge others. At the time of this inspection, there were 7 people living at the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Lodge consists of one building with two floors; one floor for three men and the other for four women. Bathroom and toilet facilities on each floor are shared.

We previously inspected the service on 11 and 18 October 2017 and we found one breach in regulation in relation to staff not receiving regular supervision and appraisals. At this inspection, we found improvements had been made and the provider was no longer in breach of any regulations.

At the time of this inspection the service was being managed by the deputy manager, who was not registered with CQC to manage the service. The previous registered manager had not been managing the service since August 2018, however we saw evidence that appropriate management arrangements had been put in place to manage the service since and satisfactory steps had been taken to select a manager. We spoke with the locality manager about the future management arrangements; they told us a person had been appointed to manage the service and they will be applying to become the registered manager. It is a legal requirement that the service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they were safe living at The Lodge. Where risks to people's health and wellbeing had been identified, the risk assessments and guidance around these were detailed and contained sufficient information for staff to support people to minimise risk. Staff we spoke with told us how they supported people to reduce risks and prevent them from avoidable harm.

People's medicines were managed safely and people were supported to take their medicines as prescribed however some improvements were required to the level of detail of some information recorded. We recommend the service always makes sure that records evidence the care provided.

There were sufficient staffing levels to meet people's needs and provide a flexible service.

The provider had systems in place to manage, record and learn from incidents and accidents. These was regularly analysed, discussed during staff meetings and when required, changes were made to reduce the likelihood of future incidents occurring.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's needs in relation to the protected characteristics under the Equalities Act 2010, were taken into account in the planning of their care. People's communication needs were assessed and staff adapted their communication methods to better meet people's needs, for example using simple questions or pictures.

People were supported to prepare and eat a balanced diet that met their individual dietary needs. They were supported to access healthcare services in order to maintain their health.

Staff were supported through a comprehensive induction, regular supervision and annual appraisals. People were supported by staff who had attended regular and relevant training.

Staff had a good understanding of infection control procedures and used personal protective clothing when required to prevent the spread of infection.

People and their relatives told us staff were kind and caring and their privacy and dignity were respected by staff.

People were provided with personalised care and support. People engaged in a variety of activities of their interest and that promoted their health and independence.

The provider had systems to monitor the quality of care people received at The Lodge. Quality assurance checks and audits were completed regularly and identified actions required to improve the service. People, relatives and staff spoke positively about the leadership offered by management.

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.

Risks to people's health and safety were assessed and mitigated. Medicines were managed safely but some improvements were required to recording.

Staffing levels were sufficient to meet people's needs. Staff recruitment processes were robust.

There were safeguarding systems to protect people from abuse.

Is the service effective?

Good

The service was effective.

People's rights under the Mental Capacity Act 2005 were respected.

Staff had received the training and support they required for their job role and to meet people's needs.

People received support to ensure their healthcare and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind and caring.

People were treated with respect and their privacy and dignity was maintained by staff.

Is the service responsive?

Good

The service was responsive.

People received person centred care and were involved in meaningful activities of their choosing.

A complaints procedure was in place and people and relatives

were confident if they had concerns these would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

There was no registered manager in post but we found there were appropriate management arrangements in place and steps had been taken in a timely manner to appoint another manager.

Systems were in place to assess, monitor and improve the quality of the service.

The service maintained good relationships with organisations in the community.

The 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 18 December 2018 and it was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. The provider was asked to complete 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. We discussed this information during the inspection. We requested and received feedback on the service from the local safeguarding teams and commissioners.

We spoke with three people who used the service and one relative. Some people living at the service were not able to fully communicate their views so we spent time observing interactions between people and staff in communal areas. We received feedback from one healthcare professional who had recently worked with the service.

We spoke with six staff; this included the regional director, deputy manager, senior care workers and care workers. We looked at support records for three people using the service including support plans, risk assessments and medicine records. We reviewed the service's training matrix and looked at training records, recruitment and supervision records for three staff members including assessments of their competencies. We looked at minutes of team meetings, service user meetings, various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at the service and with the staff who supported them. One person told us staff supported them "the way I like" when administering their medication. Relative's comments corroborated this. One healthcare professional said, "I feel that [person] is well supported [at The Lodge]."

Medicines were managed safely however some improvements were required in relation to the level of detail that some information was recorded in people's files. We could not find written guidance for one person's 'as required' medication however staff were able to tell us in detail when they should administer this medication. We spoke with the deputy manager about this and they immediately developed and put in place the appropriate documentation. One person had recently been admitted to the home and their medication care plan was in the process of being completed. This person took time sensitive medication but there was no information in their care plan about this; however staff knew about this and told us what time this had been administered but records did not evidence this had been administered as prescribed. We recommend the service always makes sure that records evidence the care provided.

Medicines were stored in people's bedrooms to promote independence and person-centred care. We saw room temperature checks were being done. Medicine administration records (MARs) provided details about people, the medicines prescribed and specific instructions about administration. There were no gaps in the records we reviewed. We saw people were supported with their medication the way they liked. For example, one person's care plan indicated, "I like to take medication in my bedroom where it's quiet, I will take the pot from your hands and pour the tables into my mouth, I like to take my own drink of water to take my meds". Our observations confirmed this was happening.

Medicine audits were done on a regular basis. These reviewed all aspects of medicine management. Staff knew what to do in case of a medicine error or near miss. Staff confirmed they had received medicines training and had their competency assessed and this was confirmed in the records we reviewed.

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures regarding safeguarding and whistleblowing were available. The deputy manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may be abusive. They told us they would notify the local authority's safeguarding team, CQC and the police when needed.

Risks related to people's health and care were well managed. We saw relevant and person-centred risk assessments were in place to consider the potential risks to people and control measures to manage these. For example, one person's risk when using public transport had been assessed; measures to control the risks included guidance for staff to "Ensure you keep me well informed of the journey so I don't get confused." Some people living at the home could display behaviour which would pose a risk to themselves or others. We saw there was clear guidance available to staff on how to manage these behaviours in the least restrictive possible way. Our conversations with staff and the records of daily care we reviewed confirmed this.

The provider had systems in place to record, manage and audit accidents and incidents and used them to review people's care and learn from them. For example, when people displayed a behaviour that could challenge others, staff recorded what was happening before the incident (antecedent), what happened during the behaviour and what happened after the incident (consequences). This showed staff were trying to understand what had triggered the behaviour and analyse their own intervention. The deputy manager told us how they examined information about people's accidents and incidents and, when required, made changes to people's care or how the home was managed. For example, they told us one person using the service had been regularly getting unsettled during the time that staff used the internal system to clock in. In order to prevent further incidents and reduce distress to the person, changes were made to the way staff recorded their arrival at the service.

The service had personal emergency evacuation plans (PEEPs) that detailed the support each person required from staff in the event of an emergency such as a fire. Staff we spoke with told us the evacuation procedures they would follow if they had to support people in such an event and this was in line with the provider's own policy.

People had their needs met by sufficient numbers of staff. We saw staff had time to meet people's needs and socialise with them in a calm way. The service had robust recruitment processes in place. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. It is important to make sure people are supported by staff who have been appropriately vetted and are of good character.

Staff had a good understanding of infection control procedures and used personal protective clothing and other equipment when relevant to prevent the spread of infection, for example gloves and chopping boards of different colours for different types of food.

Good

Is the service effective?

Our findings

At our last inspection on 11 and 18 October 2017 we found the service required improvement in providing effective care because not all staff supervision and appraisals were up to date. This constituted a breach of regulation. At this inspection we found improvements had been made in these areas and the provider was no longer in breach.

People told us they were supported by staff who knew them well and who they felt comfortable with. Our conversations with staff and observations confirmed this. One relative said, "I have seen them [staff] dealing with some difficult people, they are very competent." One healthcare professional told us, "The staff seemed kind, positive and willing to follow guidance."

Staff had access to regular supervision and appraisals which meant staff were having the appropriate support and guidance to develop in their roles. The records we reviewed showed relevant discussions were taking place. One staff member said, "I find I have a lot of support from them." The deputy manager had developed a supervision matrix to monitor when staff were due their next supervision or appraisal. Staff told us they felt supported by regular supervision sessions.

People were supported by staff with the training to meet their specific needs. The training was a combination of e-learning and classroom attendance. Staff had been trained in areas such as emergency first aid including basic life support, fire safety, infection control and positive behavioural support. We asked staff how they would support people during a behavioural incident and they were able to explain us in detail how they would do this and that they would only use physical interventions as a last resort. Information in people's care files corroborated this.

Staff confirmed they had completed an induction which included training, shadowing shifts also introduced them to the provider's policies and procedures and records evidenced service specific induction had been conducted.

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 is in their best interests and legally authorised under the MCA. The provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

The deputy manager understood the principles of the MCA and were aware of their responsibilities under the Act. We saw staff consulted with people and involved them or their relatives in decisions about their care and support and records we reviewed supported this. Staff we spoke with were knowledgeable about the principles of the MCA. One staff member told us, "You can't just assume that people can't do things, you have to assume capacity and enable decision" and if people are unable to make a decision, this should be

"always in the person's best interest and always the least restrictive."

People were supported eat a balance diet to meet their nutritional needs and some people were also involved in help preparing their meals. We asked people if they enjoyed their meals, one person said, "Meals are really nice." People's care plans included information about their nutritional and hydration needs and preferences. For example, one person's care plan indicated, "I do not like hot drinks and prefer cold drinks, if making hot drinks I need support, when making a cold drink I need full support as I can typically pour too much into my glass." The deputy manager told us people's weight was monitored monthly and healthy eating encouraged and our review of people's records of care and plans confirmed this. For example, one person had a medical condition that required monitoring of their food intake; their nutritional care plan indicated, "I have been advised to eat healthier due to my [medical condition] and lose weight;" when we reviewed this person's daily records we saw a healthy choice of food was being prompted by staff.

People were encouraged to remain fit and healthy. For example, one person's care plan indicated, "Due to having [medical condition] I am at risk of ill health and if I overheat; I can gain weight rapidly which has a significant impact on my health." This person told us about the activities they did with staff which included "[attending] keep fit and, [going to the] gym" and our conversations with staff corroborated this. Staff told us one person had also been recommended by their specialist nurse to do regular long walks to help with their sensory difficulties and we observed this happening during our inspection visit.

Staff supported people to access relevant healthcare professionals. Records of care evidenced staff had helped people access healthcare professionals as and when required. The deputy manager told us that besides the regular visits from healthcare professionals such as chiropodists, The Lodge also had available massage therapy sessions for people, as an additional service.

The home's environment was clean and clutter free however improvements could be made in the home's decoration. We asked staff what improvements could be made at the home and one told us, "Upstairs could do with better decorating." One healthcare professional told us, "I found the building itself to be run down and in need of decorating throughout." We asked the deputy manager if there were any plans for redecorating or refurbishing the home and they told us there were no plans but any maintenance required was promptly acted upon. During our inspection visit we saw a new sofa being delivered and the heating system being fixed.

Some people showed us their bedrooms and we saw these had been individually decorated in accordance with their preferences. For instance, one person liked Marvel films and they had Marvel pictures on the wall. The deputy manager told how they agreed with one person to have their room decorated while they were on holidays. "Prior to going on holiday in September, [person] was given full consultation and choose the colour scheme of [their] bedroom redecoration and renovation which took place while [person] was away. [Person] choose the colours, curtains and new bedding for brochures shown by support staff. [Person] was very pleased with the overall look on [their] return."

Good

Is the service caring?

Our findings

The feedback from people who used the service and staff was positive. People told us staff were kind and helpful. During our inspection we observed positive interactions while people chatted about their day and joked with staff.

People looked to be at ease and comfortable with staff. There was a relaxed, cheerful atmosphere throughout our inspection and we heard and saw plenty of laughter and smiles. Staff appeared to have a good relationship with people and helped them to engage in conversation with us. For example, one person had been out on that day and bought a new Christmas jumper, we observed how they cheerfully told staff about their outing and how pleased they were with their new clothing. One person had recently been admitted to the home and we observed them asking staff about how long they worked at The Lodge and staff engaged with them in a gentle way.

People received their care from a regular staff team who demonstrated genuine care and affection for people. While explaining to us how they supported one person when their behaviour challenged, a staff member said, "[Person] is great." Another staff member commented, "I love the caring role."

Staff demonstrated a respectful approach to upholding people's diverse needs, opinions and choices. Staff received training in equality and diversity to help them recognise the importance of treating people as individuals. People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. For example, one person's care plan indicated, "My family are [religious faith] and though I am not practicing I do respect my family's wishes which are to follow as far as possible a [religious] diet."

People's care records included details about their life history and was written in a positive way. One person's care records indicate, "I am kind, chatty, helpful." Records in people's care documentation showed consideration had been given to people's family and circle of relationships and also involving advocacy services when required. Advocates can represent the views of people who are not able to express their wishes, or have no family involvement. One person's records indicated "My family is very important to me and I like to call them and spend time with them." The provider facilitated the involvement of people, relatives and representatives in decisions about people's care.

People's independence was respected and promoted. For example, staff encouraged people who were able, to participate in everyday household tasks. We observed one person tiding up after their meal. While reviewing people's care records, we saw people's weekly timetable included household activities. People were supported by staff at people's own pace. Staff were seen to be patient and gave people plenty of time while supporting them. One relatives told us, "[Person] has their own key and a mobile phone."

People's privacy and dignity was promoted. Staff knocked on people's doors prior to entering their rooms. Staff described us how they promoted people's dignity when delivering personal care. One staff member

explained how they supported one person who preferred to get dressed in their bedroom instead of in the bathroom after a shower and how they promoted their dignity at all times. We saw sensitive personal information was stored securely.

Good

Is the service responsive?

Our findings

People who used the service confirmed they were satisfied living at The Lodge and they received care which was personalised to meeting their individual needs. People told us they were able to make choices and follow their interests. One relative said their loved one was "extremely content, we are very pleased, [person] came out since [living at The Lodge], much much happier."

People could make choices about their lives including the activities they wanted to do. For instance, one person told us they had a pet in their bedroom and staff helped them care for it. The deputy manager told us about one person who wanted "to attend [their] first fire work display since living at the lodge. [Person] expressed an interest through discussion with staff and a service user house meeting. [Person] researched local venues with staff's support and outlined one which [person] could attend in the local area. [Person] was very happy to attend this event and has outlined [their] like to go every year." During our inspection we saw each person followed activities of their choice. One person enjoyed a meal out and went shopping with staff, one person enjoyed reading magazines and another one attended their day centre.

The deputy manager gave us several examples of how people had been supported to go on holidays in the UK and abroad. For example, they told us one person "enjoyed [their] yearly trip abroard to Menorca in Spain. [Person's] understanding of time and days/dates is reduced due to [their] learning disabilities however staff worked with [person] to create a countdown chart where [person] was able to cross off the day's until [their] holiday." Another person had been supported to go to Blackpool. Another person told us they were planning to go on holiday with one of their relatives over Christmas time.

The service supported people to maintain relationships with relevant people to them. For example, some people were supported to visit their families in their homes on a regular basis. One person told us, "I see my family."

The locality manager and deputy manager explained us how they assessed people's needs prior to commencing the service. Records showed an assessment of people's needs was carried out before commencement of the service and then specific care plans were developed. However, during this inspection we reviewed the medication records for one person who had moved in to the service a few days ago as an emergency admission and we found improvements were required in their medication support plan. The regional manager told us this person's assessment process was ongoing and when speaking with them and staff we were reassured staff had the necessary information to provide appropriate person-centred care.

Each person had detailed care plans that gave important information about them such as their support needs, preferences and health conditions, including emotional distress. For example, one person was known to, at times, display behaviour that challenges. Their care plan detailed what a crisis looked like, likely triggers and how staff could help. Staff we spoke with were knowledgeable about the person and plan of care. People's care plans described not only their needs but also their abilities and skills. For instance, one person's care plan indicated, "I have good orientation skills and with staff's support, I am able to find my way through places that I have visited before." This helped promote independence.

People's needs in relation to the protected characteristics under the Equalities Act 2010, were taken into account in the planning of their care. People's care plans had detailed information about people's communication needs and preferences. For example, one person's care plan indicated "I can verbalise my needs very well and I will pick up a few words of a conversation. I have also basic understanding of Makaton which I use to sign for (e.g biscuit); I can understand most of things provided the conversation is slow and I am given time to process information." Another person's care plan stated, "I do not communicate verbally; I understand simple verbal instructions. My preferred language is English." During this inspection, staff told us and showed us examples of how they supported some people using pictorial resources. This demonstrated that staff adapted their approaches when communicating with people in order to make communication more effective.

The provider had a procedure for receiving and responding to complaints about the service but none had been received since the last inspection. We asked people if they would tell staff if they had any concerns, they said they would. Relatives told us they knew how to raise a complain and were confident the management team would deal with it appropriately.

At the time we carried out our inspection there was no one in the home who required end of life care. People's care plan included information about plans after death. For example, one person's care plan indicated, "Family to arrange everything."

Good

Is the service well-led?

Our findings

We asked people if they enjoyed living at The Lodge and all answered positively. One person said, "I like it so much, I like all staff." One relative told us, "I feel extremely positive about it [my relative living at The Lodge]."

At the time of this inspection the service was being managed by a deputy manager who had not registered to manage the service. During this inspection, we found appropriate management arrangements were in place and the locality manager gave us assurances that steps had been taken in a timely manner to appoint another manager.

People, relatives and staff were positive about the management of the service. Most people were able to tell us who the manager was and one relatives told they felt the service was "well managed." Staff commented that improvements had been made since the deputy manager was managing the service and told us they were approachable and supportive. The regional director was also very positive of the impact and work the deputy manager had developed; they commented, "[Deputy manager] has done particularly well, is highly motivated and very skilled."

The deputy manager was equally positive about their staff team and told us, "Staff have been very welcoming and teaching me about the service users." The deputy manager had received an award as the employee of the month for November 2018. The deputy manager told us, "It's nice to receive the award; it's nice to be recognised for the hard work you put in."

We saw the deputy manager and staff in the home carried out checks on the service to monitor that good standards were being maintained. Medication, care records and the safety of the environment were checked to ensure people received safe care that met their needs. Areas for improvement were identified and actions taken. The service had developed an action plan which highlighted areas that needed improvement, who was responsible and when these had been completed, they were signed off.

The service had effective systems of communications in place which promoted the involvement of people and staff in the management and improvement of the service. Handovers took place at the beginning of each shift; this allowed staff to be informed for instance, of any changes in people's needs, behavioural incidents and any activities or healthcare appointments people had planned for that day. We observed this happening during our inspection visit. Records confirmed monthly team meetings were being organised and minutes we reviewed confirmed relevant discussions were being held and staff were encouraged to make suggestions. Service user meetings were also taking place and staff used creative ways to involve people. For example, we saw evidence of staff using cooking magazines to help people using the service to decide what to have for their Christmas meals.

Registered providers of health and social care services are required by law to notify CQC of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered manager ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to

protect their rights.

The home had developed relationships and worked in partnership with other organisations, for example, with a local gardening centre. The deputy manager confirmed they also worked with a range of different health and social care providers to liaise about people's care plans and prospective residents. The records we saw supported this.