

Outreach 3-Way Queens Lodge

Inspection report

2-4 Goffs Park Road
Southgate
Crawley
West Sussex
RH11 8AY

Tel: 01293510734
Website: www.outreach3way.org

Date of inspection visit:
23 June 2017

Date of publication:
07 August 2017

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

Queens Lodge is a care home that provides respite care for up to 10 younger people with learning disabilities and residential accommodation for up to 10 older people who have learning disabilities in two adjoining houses. At the time of the inspection, there were nine people using the respite service and 10 using the residential care service.

At the last inspection of March 2015, the service was rated Good. We carried out this unannounced inspection of the service on 23 June 2017. At this inspection, we found that the service had maintained its 'Good' rating.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were protected from the risk of harm because staff knew how to recognise and report abuse. Staff understood the safeguarding procedures in place about how to keep people safe. Staff were able to raise concerns about abuse and poor practice internally and to external agencies if necessary to protect people.

Appropriate recruitment procedures were followed to ensure suitable staff were employed at the service. Sufficient numbers of suitably skilled staff were deployed to meet the needs of people safely.

People's care was provided by staff who were supported in their role. Staff received regular supervision and an annual review of their performance to ensure that care provided was effective.

People were supported to take their medicines safely by staff trained and assessed as competent to do so. Staff followed the provider's procedures and good practice to manage medicines safely.

People received enough food and drink to meet their dietary and hydration needs. People had access to healthcare services when needed and were supported to maintain their health.

Staff provided care and support in line with the requirements of the Mental Capacity Act 2005. People who lacked capacity were supported appropriately as decisions about their care were made in their best interests.

People were supported by staff who were kind and compassionate. Staff had developed positive working relationships with people and treated them with respect. Staff respected people's privacy and maintained their dignity in all aspects of their care.

People received personalised care that met their individual needs. Staff assessed people's needs and had guidance on how to deliver effective and safe care. People enjoyed taking part in a wide range of activities for stimulation and social interaction.

People benefitted from a service that had an open and transparent culture. People using the service and staff were happy with how the service was managed.

Regular checks and audits of the service were carried out to ensure the service continued to improve in their standards and practices. The registered manager and provider took action to address any concerns identified.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service was caring. People received care from staff who were kind and caring.

Staff knew people well and enjoyed positive working relationships with them.

People were involved in making decisions about their care.

Staff respected people's privacy and maintained their dignity.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Queens 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 unannounced inspection took place on 23 June 2017. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we spoke with eight people using the service, four members of care staff, the registered manager, deputy manager, administrator and housekeeper. We reviewed six people's care records including their medicines management records. We looked at five staff records including recruitment, supervision, and training and duty rotas. We reviewed records of safeguarding concerns, accident and incident records, complaints, health and safety and maintenance records. We looked at monitoring reports on the quality of the service that included audit reports and other records relating to the management of the service.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from three healthcare professionals who were involved in people's care.

Is the service safe?

Our findings

People were consistently protected from the risk of abuse. Staff received training and a refresher course in safeguarding. They knew how to identify abuse and raise a concern with the appropriate person of any suspicions they might have. The registered manager and staff understood and followed the safeguarding procedures for dealing with allegations of abuse. Records of potential abuse were maintained and reported to the local authority safeguarding team and the Care Quality Commission to ensure investigations to check on the safety of people were carried out.

Staff were aware of the provider's whistle blowing policy and knew when to use it internally and externally to raise concerns about poor practice.

People were kept safe from avoidable harm. People, their relatives and healthcare professionals were continually involved in identifying and putting in place suitable strategies to minimise the risk of harm. Risk assessments were comprehensive and individualised, and records confirmed regular reviews and updates. Positive risk taking was encouraged, for example a person accessed the community on their own. Appropriate plans were in place to deal with an emergency at the service to keep people safe.

People were consistently supported by enough numbers of suitably qualified staff to meet their identified needs in a timely and safe manner. One person said, "There is staff around all the time to help." Staff rotas were prepared in advance and cover was provided for emergency and planned absences.

Appropriate recruitment practices were followed to ensure staff employed at the service were able to provide safe care to people. Records confirmed pre-employment checks including an interview, verifying of identity, qualifications, work history and criminal record checks were done before staff started to provide care.

People continued to receive their prescribed medicines safely. Management procedures were safe and followed for the recording, ordering, obtaining, storage and disposal of medicines correctly and in line with best practice. Staff were trained to manage and administer people's medicines and had their competencies checked regularly. Medicines management systems were used effectively to identify and rectify errors. No concerns were identified in the provider's latest medicines audits we reviewed.

People lived in a clean and odour free home. There were systems in place to ensure that the environment was maintained well to reduce the risk of infection. The premises were cleaned regularly and schedules confirmed daily and deep cleaning when needed. Staff had access to personal protective clothing which they used appropriately to minimise cross contamination.

Is the service effective?

Our findings

People continuously received effective care and support because staff were skilled and experienced for their role. Staff had received training and had good knowledge of moving and handling, health and safety and infection control which they applied when providing care. New staff underwent an induction process to equip them with the skills they required for their role. This included reading policies relating to providing care, meeting people and reading their care plans, shadowing experienced colleagues, completing practical competency exercises and the provider's mandatory training before starting their roles.

People were supported by staff whose practices were constantly reviewed to reflect on their performance. Staff received regular supervisions and an annual appraisal and a performance development plan was put in place to address any knowledge gaps. Staff were supported in their roles and were able to ask and receive guidance from the management team. Staff said they benefitted from the reviews as it made them reflect on their performance and seek additional training in areas they needed to develop in.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes 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.

People consented to care and treatment. Assessments were carried out on people's capacity to make a specific decision about aspects of their care and these were recorded on their care plans. Relatives, healthcare professionals and Independent Mental Capacity Advocates had been involved in meetings when appropriate to make a best interests decision for a person. Staff did not unnecessarily restrict people's freedom, and supported people to exert control and make choices in their day to day lives. People were deprived of their liberty in line with authorisations approved by the local authority.

People's nutritional and dietary needs continued to be met. People received the support they required to eat and drink in line with their assessed needs. People were encouraged to eat a healthy balanced diet. Staff made timely referrals to healthcare professionals when they had concerns about a person's eating. They followed the guidance received and ensured reviews were completed to check if their food and fluid intake was sufficient and safe. People's individual food preferences were reflected because they were involved in menu planning.

People continued to have access to healthcare services and their health needs were met. Staff involved healthcare professionals when appropriate and supported people to attend medical and social care appointments to ensure they received effective care.

People were comfortable at the service because the premises and facilities were adapted to meet their individual needs. Communal areas, bathrooms and bedrooms were accessible and equipped with the right equipment to support people to mobilise and have personal care. There were large spaces where people using wheelchairs could move around with ease, recreational areas for individual and group activities and an accessible garden to relax and do outdoor activities.

Is the service caring?

Our findings

People enjoyed positive relationships with the staff and management. One person told us, "They [staff] are friendly, considerate and caring." One healthcare professional commented, "The staff are caring and they know [people] well." Staff were able to tell us about people's individual needs, preferences, likes and dislikes and how they wanted their support delivered. We observed that staff engaged people in conversation, showed interest in what they were saying and that interactions were positive. Staff understood people's preferred communication methods and used these appropriately to discuss each person's plan for the day and provide the necessary support.

People were continually involved in the planning of their care. Relatives told us and records confirmed, staff contacted them with updates on their relative's welfare. Staff held one to one keyworker meetings with people whereby one member of staff was assigned to a person to coordinate their care. People had the opportunity to talk about their care through residents' meetings and review meetings where their relatives where appropriate were involved. Information gathered about people from meetings and reviews was shared in handovers and staff meetings to ensure staff provided care as people wished. People were supported to access advocacy services to have their voice heard if they were unable to be involved in their care. We observed staff involved people in planning their daily care by asking what they wanted to have for breakfast.

People were consistently treated with respect and staff maintained their dignity and privacy. One person said, "They knock before they come in." People had their confidentiality maintained. Information was shared on a need to know basis and when authorised by the appropriate person. People's information and care records were kept in a locked cabinet and office that was kept locked when not in use, and only accessible to staff who provided care. Computers were password protected and staff updated people's records away from people and visitors. Care was delivered in line with people's wishes which helped to promote their dignity. We observed staff holding conversations discreetly about people's care and that handovers were done behind closed doors to protect people's right to confidentiality and privacy.

Is the service responsive?

Our findings

People received care that was consistently responsive to their needs. One person told us, "I have been well supported. My confidence has grown and so has my self-esteem." One healthcare professional said, "The care is good. Staff are proactive and will involve us about any concerns they might have. They do respond and take on board our advice." Staff assessed the needs of people before they started to use the service. This ensured a decision could be made if the service and staff were able to meet the person's needs safely. Care plans were developed using information gathered at assessments and where appropriate from relatives and healthcare professionals involved in their care. Staff had access to the detailed individualised care and support plans which reflected each person's individual needs, routines, preferences and the support they required.

Regular reviews and updates of care plans ensured staff had information on the current needs of people and how they were to be supported. Staff knew how to respond to people's needs such as behaviours that challenged. Support plans had strategies on how staff were to identify triggers and what they were to do to manage the distress such as removing the person from a noisy area or by reassuring them.

People continued to take part in activities of their choice at the service and in the community. Each person had an individualised activity plan that reflected their abilities according to their needs and goals towards independent living. One person was supported to attain educational qualifications and others attended day services.

People using the service and their relatives knew how to make a complaint and raise concerns if they were unhappy with any aspect of their care. They had access to a complaints and compliments policy and procedures which included an easy read version to support people's understanding. A complaints register was maintained and records showed the registered manager had acknowledged all complaints received in writing and updated people on the investigations until their concerns were resolved. The registered manager was responsive to any concerns raised and followed the provider's complaints procedure to resolve issues to meet people's needs. Complaints and concerns were discussed with staff in supervisions and team meetings to help avoid these being repeated and to maintain good standards of care. Relatives and healthcare professionals had written to the registered manager with positive comments about the quality of care. Compliments received were recorded and cards, emails and letters received were displayed at the service and shared with staff in team meetings to promote good practice.

People were supported to have a coordinated transition between services. The registered manager worked well with other healthcare organisations and professionals to put in place appropriate resources such as equipment to ensure that there were adequate arrangements for safe care before people moved into the service or when they decided to leave. One person's placement was coming to an end as their needs had increased and we saw appropriate arrangements were in place for a planned and safe move.

Is the service well-led?

Our findings

People continued to benefit from care that was centred on their individual needs. One person told us, "It's all about me and how I wish to develop myself. Nothing is done without my involvement." One healthcare professional said, "People are at the forefront of care planning; at the centre of everything done at the service." People, their relatives and healthcare professionals were involved in a person's care to ensure a personalised approach to meet their individual needs.

There was a registered manager in post at the time of our inspection. 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.

People using the service and staff were positive about how the service was managed and described the registered manager as approachable, supportive and passionate about delivering high standards of care. There was an open and positive culture in the service where staff were encouraged to be transparent about the care they provided to people. Information about events and people at the service was shared appropriately which promoted openness. Staff meetings were used as opportunities to put forward ideas to develop the service. Incidents were discussed at staff meetings and in supervisions about how to avoid a repeat and maintain good standards of care. Staff told us their views were acted on and they felt valued at the service.

The registered manager ensured staff understood and applied the provider's ethos and vision to support people to live a life they chose. Staff were clear about their roles and responsibilities and said they were supported by management staff with any areas they needed to work on to improve quality of care. The registered manager was hands on and described as a role model which ensured staff were made aware of good practice.

People received care that was subject to regular checks. Quality assurance systems were in place and used effectively to monitor and identify any areas of improvement. Detailed audits were carried out on medicines management, staff supervision and training, safeguarding, cleanliness, health and safety and infection control. Issues raised were resolved and action plans were put in place to address shortfalls identified in line with the provider's timescales.

People benefitted from a service that promoted close partnership with other healthcare agencies. The registered manager involved healthcare professionals to ensure people's care was in line with current practice and reflected relevant guidance and legislation. Records showed input from healthcare professionals and specialists was applied to improve the quality of care provided to people.