Care Quality Commission

Pharos Care Limited

The Lodge

Inspection report

Beebee Road
Wednesbury WS10 9RX
Tel: 00 000 000
Website: www.example.com

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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

Overall summary

This inspection took place on 2 November 2015 and was unannounced. The Lodge provides accommodation for eight people with learning disabilities and additional complex needs who require personal care. On the day of the inspection, there were seven people living at the home.

The home was last inspected in November 2013 and at that time was found to be meeting all of the regulations that we assessed.

There was 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.

People felt safe in the home and were supported by staff who knew how to recognise abuse and how to report it. Risks to people were identified, managed and reviewed. Where accidents and incidents had taken place, lessons were learnt and acted upon. There were sufficient staff available to meet the needs of the people living in the home.

Summary of findings

People were supported to make decisions about their daily living and were encouraged to maintain their independence.

People received their medicines when they needed them and staff were trained to do this safely.

People had their health care needs reviewed on a regular basis by their GP and other health care professionals. Staff were aware of people's individual healthcare needs and referrals were made to health care professionals where necessary.

Staff felt supported and well trained to do their job and were knowledgeable about the needs of the people they cared for.

People were treated with dignity and respect and had good relationships with staff who treated them with kindness.

People and their families were involved in the planning of their care and reviews took place on a regular basis.

People's views on the care provided to them were actively sought. People were confident that if they had to raise a complaint, then it would be dealt with to their satisfaction.

People spoke highly of the registered manager and staff group and staff were highly motivated.

The registered manager conducted regular audits to check the quality of the care provided in order to improve the service offered to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by staff who had the knowledge and experience to keep people safe and reduce their risk from harm.

Where accidents and incidents took place, lessons were learnt and actions taken.

People received their medicines as prescribed and medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported by staff who were trained to meet their needs.

People were supported to make choices about their day to day lives.

People had access to healthcare services to maintain their healthcare needs.

Good

Is the service caring?
The service was caring.

People had good relationships with staff who cared for them and treated them with kindness.

People were supported and encouraged to maintain their independence.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People and their families were involved in planning their care.

People were encouraged and supported to take part in activities that they enjoyed.

People were confident that if they had a complaint, it would be dealt with to their satisfaction.

Good

Is the service well-led?
The service was well led.

People, families and staff all considered the home to be well led and spoke highly of the registered manager.

People were cared for by staff who felt well supported and trained to do their job.

The quality of the care provided was monitored and people and staff were asked for their feedback on the service.

Good

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.

The inspection took place on 2 November 2015 and was unannounced. The inspection was conducted by one inspector.

We looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any safeguarding matters.

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.

We spoke with one person who lived at the home, two relatives, the registered care manager, the regional manager, and three staff members. We looked at the care records and medicine records for two people, meeting minutes, accident and incident records, complaints and compliments records, two staff files for training and recruitment and records related to the quality monitoring systems. In addition we observed the delivery of care to people throughout the day.

Good

Is the service safe?

Our findings

We saw that people living at the home had good relationships with the staff who supported them and their behaviours towards them demonstrated that they felt comfortable in their company. One person we spoke with told us they felt safe at the home and said, "No one has ever called me names". Relatives told us they considered their loved ones to be safe. A relative told us, "Yes, [relative] is safe here, we are at ease when we drop her off here, we know she will be looked after" and another added, "I don't get upset when I leave [person] here anymore – I know he is absolutely fine".

Staff spoken with told us they had received training in how to keep people safe from harm and abuse. They were able to explain to us the various forms of abuse that people were at risk of and who they would report this to. One member of staff told us, "If I had to raise a safeguarding I would go to the manager. If I wasn't listened to I wouldn't stop until I was". Staff told us they were encouraged to raise any concerns and we saw where previously a concern was raised, lessons were learnt and additional training was provided. We saw that there were processes in place to protect people's money and reduce the risk of financial abuse. Checks were completed of each person's expenditure on a daily basis. The registered manager told us, "We don't have to do all the checks we do, but we are open and transparent".

We observed that people were supported by staff who understood the risks to them on a daily basis and how to manage those risks. We saw that people were involved in making their own decisions about how they spent their day and were supported appropriately. One person was helped to do their own weekly shopping, but they required additional support when they went out into the community. The member of staff told us, "[Person] is not very good with roads and tends to walk very slowly, so we have to choose very carefully where to cross" and another member of staff told us, "If [person] refuses their medication, we will leave them a little while and then try and negotiate with them. We have risk assessments in place on what to do". Staff told us and we saw that risk assessments were updated on a monthly basis or sooner if people's needs changed.

We saw where accidents and incidents had taken place, where appropriate, lessons had been learnt and additional support had been sought. It had been identified that there was a heightened risk to staff and people living at the home, when some people presented behaviours that challenged. In response to this we saw that additional guidance was sought from representatives of the local behaviour team and changes made in the use of restraint.

Staff and relatives spoken with all told us they felt there were enough staff in place to meet the needs of the people living at the home. A relative commented, "When [person] goes out they have one to one support they need". We observed that each person living in the home had a member of staff allocated to support them and staff confirmed this.

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service (DBS) (which provides information about people's criminal records) had been undertaken before they had started work. A member of staff told us "I remember I had to wait six months before starting here, they had to wait for the references and the DBS; they were quite strict on that". We also saw that where one person's referee hadn't responded to a request for a reference, additional references were sought prior to them commencing in post.

We saw that medicines were stored and secured safely. We observed staff administer people's medicines and saw that they checked medicine, administered it and signed records to show it was given. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered. We found that where people required their medicines to be administered in a particular way, or 'as and when required', there were protocols in place for staff to follow and staff were able to describe to us in detail, the circumstances in which these medicines would be administered and the procedures they would follow. Where people required their medicines to be administered covertly [when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or a drink] there were protocols for staff to follow and best interests meetings had taken place prior to these decisions being made. When people went home for weekend leave, arrangements were in place for the

Good

Is the service safe?

handover of their medicines to their relatives and subsequent booking in when they returned to the home. One relative told us, “They make sure [person] has all her medicines; we sign for it and they put it up for us”.

Good

Is the service effective?

Our findings

Relatives spoken with told us they considered their loved ones to be well supported by staff who knew them well and were well trained. They told us, "You get some people who are a natural carers", adding, "[Person's] key worker is great". Another relative told us, "Staff are brilliant, they must have the patience of a saint [person] is on the go all the time and they support him brilliantly".

We saw that staff received regular training, including training in all aspects of care, such as autism awareness, dignity in care and keeping people safe. They told us they felt well trained to do their jobs. In additional to classroom based training, we saw that training via e-learning had been introduced. Another member of staff said, "I feel I have enough training and it does make a difference", adding, "This kind of work, you need to keep learning all the time". We saw that staff received regular supervision and yearly appraisals and they confirmed this. All staff spoken with said they were happy with their induction and also confirmed that they felt ready to go on shift once it had been completed. A member of staff told us, "I had a week's induction and did five days shadowing other staff".

We spent time talking to staff about how they were able to deliver effective care to the people who lived at the home. Staff gave a good account of each person they supported and demonstrated they had the skills and knowledge required to meet people's needs. One member of staff told us that when they arrived on shift they checked handover and communication records to see how people had been during the last few days. They noted some changes in the health and behaviours of one person which led them to conclude they may require additional support in particular areas. They told us how they were supporting this person and monitoring their care needs in order to understand what triggers there were to certain behaviours.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We observed that staff obtained consent from people before offering to support them. We saw that a number of people were being deprived of their liberty and applications had been made to the supervisory body for authority to do so. Staff spoken with were able to tell us about the authorisations in place and what they meant for people on a daily basis. We saw that the applications had been authorised and that the provider was complying with the conditions applied to the authorisation. Relatives spoken to also confirmed that they had been involved in meetings regarding these issues. A relative told us, "Any situation or risks to take, the manager will inform us. [Person] has been assessed on certain things and we are always involved".

People were supported to make their own choices at mealtimes and were encouraged to make healthy choices where appropriate. We saw there were numerous menus available in pictorial formats to assist people when making their choices. The registered manager told us that the pictorial menu was something that was continually being added to and developed. We saw that two people were supported to create and cook their own menus and meals. Each person living in the home had access to the kitchen area and had their own cupboard where they were able to keep their own items and snacks of their choosing. Staff spoken with were aware of people's dietary needs. We saw for one person, a referral had been made to the Speech and Language Team (SALT) as the person was at risk of choking. Their care plan and risk assessments had been updated to reflect this information. Staff spoken with were aware of what this meant in terms of this person's diet and how to prepare their meals. Staff told us "[Person] has a health condition which means they have to avoid dairy; we always advise them and offer them two other options".

We saw that people were supported to maintain good health by having access to their GP and other health care services and attending yearly health checks. A member of staff told us, "We have a good relationship with the GP". A

Good

Is the service effective?

relative told us, “They keep us informed of any changes and they will call the doctor out if [person] is not well”. We saw that for one person, care staff had noted a number of changes in their behaviour which prompted a referral to their GP as there was concern there may be some form of underlying illness that was causing the changes in their behaviour. This was followed up with an appointment to see a specialist at hospital. Staff worked with their local Learning Disability Liaison Nurse to support the person when attending the hospital appointment. A best interests meeting had taken place to support the decisions made around the person’s treatment and they were supported to make a full recovery.

Good

Is the service caring?

Our findings

A person living at the home told us, “Staff really are nice, they are caring”. We observed that people living at the home and staff all had good relationships with each other. We saw one person was very demonstrative with staff and staff responded to them with similar behaviour, which they appreciated. Staff spoke warmly about the people they supported and used language that showed that they cared about people. Relatives spoke highly of the staff group and the registered manager. A relative told us, “The staff are very nice, very welcoming, if you need any support they will give it to you” and another added “Staff try and keep [person] happy and give him a decent life”.

Relatives spoken with told us they could visit at any time, they told us, “We have the most wonderful welcome when we come in and it feels comfortable here, it’s like walking into your own home”. A relative told us that staff took their time to go through any issues with them as a family and added, “Communication is very good between us and the staff”.

A family member told us how staff used signs and Makaton to communicate with their relative and how effective this was. We observed staff taking time to talk to people and listen to them when discussing what they wanted to do. The structure of the day was very much person led, as staff would sit with people, ask what they would like to do and then support them plan their day. One person told us, “I do my schedule [plan for the day], do my jobs and I can do what I want”.

Throughout the home there was information available to people in formats that they could understand, for example, the home’s complaint’s procedure. We saw pictorial signs throughout the home, not just indicating where places were but what they were there for. We saw that people were supported to be as independent as possible and were encouraged to do things for themselves. One person told us, “I choose my breakfast, lunch and main meals and do all my own shopping”. Staff told us they encouraged all people to help with cooking and we observed people being asked what they would like and being supported to prepare their lunch. A relative told us, “They help maintain [person’s] independence, all their basic skills”. We saw that one person was encouraged to do their own ironing and others were supported to write their own menu plans and do their own food shopping. A member of staff told us, “We encourage service users to do as much as possible for themselves”.

We saw that people were treated with dignity and respect and relatives spoken with confirmed this. We saw that before entering people’s rooms, staff knocked doors and asked people first if they were happy for them to enter and people were referred to by their chosen names. Staff were able to tell us how they supported people to maintain their dignity, one member of staff told us, “When supporting someone with their personal care, I always make sure I shut the door and the curtains are closed”.

We saw where appropriate, people were supported to access advocacy services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

We saw that monthly service users meetings took place and people were asked a number of questions including what activities they would like to be involved in and what things they would like purchased for the house. At the end of meetings, we saw a list of outcomes that had been highlighted and actions for the following month. One person had highlighted in a recent meeting that they would like to visit the cinema and have a pub lunch. We saw evidence that this person had done these things and it was reported back the following month.

Good

Is the service responsive?

Our findings

People were asked their views on how they would like to be supported and were involved in the development of their care plan. We saw where necessary, staff had used different methods of communication in order to involve people in their care plan. We saw for one person, a pictorial communication tool was constantly being added to and developed to cover all the various conversations staff had with them. One member of staff told us how they were supporting a particular individual at their own pace in order to get the best possible outcome for them.

Care plans contained personalised information detailing how people's care needs should be met and the best way to support them. . A member of staff commented, "We are working closely with [person's] family to enforce positive behaviour and a consistent approach and it's working. We are looking at a range of inputs to find the best way to support [person]". We spoke with this person's relative and they confirmed this was the case. We saw that care plans were reviewed and amended on a regular basis and people and their families were involved in this process. Staff spoken with held detailed knowledge about each of the people they supported. They were able to tell us people's likes and dislikes, what was important to them and what a good day looked like for them.

Families told us they were involved in the care planning for their loved ones on a regular basis. One relative described how closely they worked with the staff group to ensure that they were consistent in their care delivery of their relative. This level of communication between family and staff on a daily basis meant that the person benefitted from a team of people who were working in their best interests in order to support them appropriately and provide them with a good quality of life.

We saw that people were asked on a daily basis how they wanted to spend their day and were supported to complete their own 'daily schedule' which set out their plans for the day. We saw people were supported to take part in a number of activities including swimming, visiting the cinema or the pub, bowling and shopping. One person enjoyed riding their bike in the back garden and proudly showed us where this was kept. We saw a number of day trips took place every month and photos were taken showing people enjoying these experiences. We saw people liked to socialise and one person enjoyed going to discos. A member of staff told us, "[Person] doesn't like public transport, we have access to a car if we need transport, but we also plan things that are in walking distance".

A relative spoken with told us their family member was supported to take part in a number of activities to help maintain their independence. They told us they had regular meetings with the manager regarding their loved one's care and support. They told us, "We've been trying to get [person] into college but they won't accept her round here. The manager has tried and will keep in trying, she is full on with this, she looks beyond the barriers and doesn't just leave it".

We saw that the complaints procedure was clearly on display in the home and available in pictorial formats. One person living in the home told us they had no cause to complain and added, "I haven't a clue how to complain, but I would speak to staff if I wanted to make a complaint". Relatives told us they were aware of the complaints procedure but had never had to put a complaint in. We asked them if they felt it would be dealt with appropriately if they did so, and one relative replied, "Blimey yes, no problem with that, she [the manager] wouldn't let it stand". We looked at how complaints were handled. We saw that they were logged, investigated and responded to in line with the provider's procedures. We also noted that a number of compliments had also been received about the care and support people received in the home.

Good

Is the service well-led?

Our findings

People spoke highly of the registered manager and the care staff and considered the home to be well led. The registered manager was described as 'approachable', 'kind' and 'caring' and also one relative told us, "The kind of person who gets things done". One person living at the home told us, "I can speak to the manager in case I'm upset or anything" and we observed another person actively seek the registered manager out during the day to chat to her and it was clear that they felt happy in her company. Staff spoken with were all complimentary about the registered manager and the support she provided to them.

We saw that staff were motivated and that it was a happy place to work. One member of staff told us, "I do enjoy my job – I go home feeling I've made a difference". The registered manager told us, "My team are fantastic". Staff told us they felt listened to and supported. They told us, and we saw that staff meetings took place on a regular basis. One member of staff told us how staff had looked at how they could improve things. They told us, "We decided not to use the dishwasher as often and use our hands instead and everyone works together as a team in the kitchen. Plus it helps to maintain people's independence".

The position of deputy was currently vacant in the home. Relatives spoken with were aware of this, but did not see it as a problem as the registered manager was accessible. A relative told us, "If we leave a message she always rings us back". They told us that although there had been a change of staff since their relative had originally been there, they still had the same feeling when the walk through the door as when they first arrived. "[Manager] as a manager is really great and very approachable. She treats them all as individuals and they get that attention they need".

Staff were aware of the whistle blower procedures to report concerns about the conduct of colleagues, or other professionals. They told us they were confident that the registered manager would support them with any concerns.

Staff were aware of their roles and responsibilities and the vision of the home. One member of staff told us, "From a quality point of view we are trying to improve people's lives and make them more independent" and "People are improving [person] hasn't been here that long and will be moving out soon". The registered manager told us she felt their greatest achievement in the home to date, was the fact that one particular person was being supported to become more independent and that plans were in place for them to leave the home in the coming months and move into their own supported living accommodation. They manager told us, "If you had seen [person] when they first came to us and the difference in them now, I am so pleased we have been able to support [person] to move into independent living".

We saw that there were no formal meetings with families, but relatives spoken with told us they were in regular contact with the home. One relative did comment, "Communication is good here, but it would be nice to meet up with other families".

We saw that quality monitoring of the home took place on a regular basis. The registered manager carried out daily walk rounds the home to ensure the environment was safe and told us, "I like to get things done in a timely manner". We also saw a number of monthly audits were conducted by the registered manager and the regional manager in order to assess the quality of the care provided. The registered manager told us that in order to promote quality in the home she felt it was important to give staff different tasks to enable them to learn and develop and use their initiative. She told us, "I have an open door policy, staff know they can speak to me".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had made us aware of notifiable events and our checks showed that they had taken appropriate action. The registered manager had kept themselves up to date with new developments and requirements in the care sector in order to drive improvement within the home.