

Naizrah Care Ltd

Hope Lodge Care Home

Inspection report

98 Farley Hill
Luton
Bedfordshire
LU1 5NR

Tel: 07861888644
Website: www.hopelodgecenter.co.uk

Date of inspection visit:
01 October 2019

Date of publication:
21 October 2019

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hope Lodge care home is a small care home. Providing accommodation and personal care for up to three people aged between 18-65 with learning disabilities and autism. At the time of inspection three people were living at the service.

Hope Lodge Care home supports people in one building, the home has a communal living area, communal kitchen, communal bathroom facilities and a shared garden. People have their own bedrooms.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People using the service felt safe, however we found that systems were not in place to monitor and record explanations for people's bruising and injuries. People's medicines were not always managed in accordance with best practise guidance. Recruitment procedures were not robust, and staff did not have full employment history recorded and gaps in employment were not explored.

The management team was not always knowledgeable and did not always follow current legislation and best practise guidance to ensure the care and support people received was safe and effective. The service's audit systems were not effective in identifying areas requiring improvement which we found during inspection.

People were supported to eat and drink enough. People were supported to help prepare their own meals where possible and were given choice into meal options.

People were supported with regular health appointments and referred for specialist support when required. Staff members received regular supervisions with management and attended staff team meetings. Staff felt supported by the registered manager and felt able to discuss any concerns they had with them. Staff had received induction training and had regular refresher training.

Staff had developed positive and caring relationships with the people they supported. They had time to spend with people and opportunities to listen and talk to them. People were treated with dignity and respect. People's care was personalised and responsive to their needs. Staff were knowledgeable of people's needs and understood the importance of treating them as individuals.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18th March 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hope Lodge Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to Good governance. Due to the registered manager's systems and auditing processes not being effective in identifying areas of concern and their lack of knowledge around key legislation.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Hope Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors completed this inspection.

Service and service type

Hope Lodge Care Home is a 'care 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.

Notice of inspection

We gave the service 1-hour notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection was carried out on 1 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We also spoke to four members of staff including the registered manager and care workers.

We reviewed a range of records. This included two people's care records and three people's medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

Due to people's limited verbal communication skills we spoke with two relatives after the inspection about their experience of care provided to their relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place, staff had received safeguarding training which had given them a understanding safeguarding and how to report signs of abuse. One staff member told us "I would report abuse to safeguarding team and CQC following reporting to the manager."
- Systems and processes were not always effectively developed to ensure people were safe from harm. Staff recorded multiple marks on a person's body map, however no explanation of how the bruising or injury had occurred.
- Staff and management told us this was a common theme and this person sustained injuries through their behaviours. However, this had not been documented on the person's body maps or in their daily records.
- Investigation and analysis of the injuries was not done by the registered manager and this meant that possible abuse could not be monitored or identified. People's risk assessments did not clearly identify behaviours which may cause bruising or injury.

Using medicines safely

- Medicine systems in place were not always safe. We looked at people's medicine records and one person's as required medicine that was stored in the cupboard did not have a medicine administration record on file. This meant that staff were not always able to record and monitor when medicines had been administered safely. We discussed this with the registered manager who told they would request a new medicine administration record chart from the pharmacy.

Preventing and controlling infection

- Systems were in place to minimise the spread of infection such as thorough cleaning schedules, the use of personal protective equipment. However, in the communal bathroom we saw that the flooring had significantly lifted causing gaps between the wall and toilet to the floor, this meant the floor could not be cleaned properly and posed a risk for infection. The registered manager was aware and told us this would be rectified soon and that they were in the process of making many improvements within the home environment.

Learning lessons when things go wrong

- Incident reports had been completed by staff in detail which had been reviewed and signed off by the registered manager. However, there was no clear process following incidents or accidents to share learning amongst staff and minimise the risk for people in the future.

Staffing and recruitment

- Systems were not always in place to ensure that recruitment procedures were safe. Staff members did not always have a full work history recorded and gaps in employment had not always been explored and documented. The service did ask new applicants to complete a application form and requested past employer references and disclosure and barring service checks to ensure that new staff members were safe to work with vulnerable people.

We have recommended the registered manager reviews recruitment processes to ensure all staff have full employment history in their records and any gaps for employment are explored.

- There were enough staff on shift to meet people's needs during the inspection. We reviewed staff rota's which evidenced that there was always enough staff on shift, the manager had also allocated an extra day shift at weekends to facilitate increased community access activities. One staff member told us, "The manager has increased staffing at the weekends so that people can go on activities whenever they like without restrictions."

Assessing risk, safety monitoring and management

- People had detailed risk assessments which provided information around individual's risks including challenging behaviour, accessing the community, personal care and kitchen access. When we spoke with staff they were knowledgeable of people and how to manage risks both in the home and when accessing the community in line with risk assessments. Staff told us, "We keep in mind the risk assessments and work as per the care plan."
- The home had robust health and fire safety systems in place which included weekly checks of the fire alarm, regular fire evacuations, electrical testing and daily health and safety monitoring of the environment. The registered manager had implemented new policies and shared these with staff for safeguarding, health and safety, infection control and fire safety which were being followed correctly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service assessed people's needs and people had a detailed care plan in place which ensured that people's care needs were met.
- Staff were observed to offer people choice and promote their independence in line with good practise. We spoke with three staff members and all of them had good knowledge of people's care needs and individual care plans.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access a broad range of healthcare services including dentists, annual health checks, medical appointments and opticians. One person had been referred to positive behaviour support team for help to support them with their behaviour.
- Where required, information was shared with other agencies such as the local authority, behavioural team and general practitioners.

Staff support: induction, training, skills and experience

- Staff had completed regular training to ensure they had the skills needed to carry out their roles. Staff received induction training when they began employment which they told us was a mixture of classroom based and e-learning courses. One staff member told us, "We get lots of opportunities to do training here." Another staff member told us, "There is lots of training including, medicine and food hygiene, infection control and safeguarding."
- Staff had regular supervisions, meetings with the management team to discuss their work performance, training needs and progress. During the inspection two night staff came to the home for their scheduled supervisions. The registered manager told us, "I see staff every day and communicate with them openly, I also meet with staff on a regular basis for team meetings and supervisions."

Supporting people to eat and drink enough to maintain a balanced diet

- People were pleased with the food service and varied menus were in place. People were supported where possible to prepare their own meals. One staff member told us, "The manager has made lots of improvements, the main one being the new menus which are much healthier with options."
- People were involved in creating menus and we observed that meal times were relaxed, and people could choose when to eat their meals.
- Staff had a good understanding of how to promote people's choice whilst also supporting people to

follow a healthy and balanced diet. Staff monitored people's weight and the manager told us they would refer them to the dietician if they had any concerns.

Adapting service, design, decoration to meet people's needs.

- People had their own bedrooms which was personalised. One person was happy to show us photos of their bedroom.
- The service had used pictorial signs and displays throughout the home to help people understand where things were and instructions which people could understand.
- All the areas of the service were large and spacious which allowed people to cook or clean if they chose to do so. The registered manager acknowledged that some areas of the home still needed some work, and these were being dealt with.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager had completed detailed mental capacity assessments for people for decisions relating to their care and treatment. Where a person was assessed to lack capacity, a best interest meeting had been held and a record completed including the views of relatives and professionals involved with the person. Where needed the registered manager had applied for a DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were happy with the care and support they received and with the staff who supported them. Relatives told us they felt staff respected people and provided a high standard of care. One relative told us "My relative is so happy there." Another relative told us, "Staff are very caring."

Supporting people to express their views and be involved in making decisions about their care

- Positive and caring relationships had been developed with people. Staff were observed to interact with people in a kind and friendly manner. Staff understood that their role was to support people to learn new skills and be involved in all aspects of decision making.
- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests as well as their health and support needs. This allowed them to provide a more personalised service.
- People's care records included information on their likes, dislikes and preferred routines. The registered manager told us "Staff have worked here for many years and they know the residents very well." A staff member told us, "We are like a family here, we have all worked here for years and are very welcoming and supportive."

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to encourage people's independence. We saw one person make their own breakfast, help prepare lunch and go to access a day centre. Another person accessed the community for a day centre opportunity which they enjoyed.
- People's dignity was respected, and personal information was stored securely. We observed staff respected that the service was people's homes by knocking on doors and calling the doorbell instead of using the house keys.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were detailed with regards to people's likes dislikes and preferences. They also identified what people's strengths and interests were as well as areas where they may have needed more support. Staff members used this information to support people in a non-intrusive way. The registered manager told us, "All the care plans are devised within a person-centred approach and tailored made for the individual."
- It was clear that people were well known by staff and they were responsive to their needs. Staff shared with us information around people's preferences and how they wanted their care to be delivered. Staff knew people, their families and their backgrounds well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Not everyone using the service could communicate verbally, but staff had a good understanding of how to support people with making choices. This included the use of pictorial information, body language, and other verbalisations.
- A keyworker programme was in place, which gave staff the responsibility of working closely with a person to record monthly progress. This included information about what had gone well that, what the person preferred to do, any changes that might be required, and any choices they had made.
- Staff told us they had contact with people's families to update them and gain support and information for people as and when they required it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to participate in the wider community. They were supported to go on activities of their choice or to stay at home if they wished. Two people regularly attended a day centre and records showed they enjoyed and looked forward to this activity. People were supported to attend social events such as clubs, shopping trips, walks and drives. One person had a sensory light purchased for them to provide engagement when in the home. One relative told us "My relative is out on activities a lot now which is great."

Improving care quality in response to complaints or concerns

- The service had a complaints procedure, there had been no complaints made recently however the registered manager was confident that they would respond to any complaints formally and investigate where needed. The registered manager had issued quality assurance questions to people and relatives to gain feedback on the care provided and held regular staff and service user meetings.
- People were comfortable and knew how to make a complaint and felt confident that the registered manager would act upon any complaints raised quickly. One relative told us, "I have no complaints. If I did I would go straight to the manager."

End of life care and support

- The service supported younger adults with learning disabilities and autism. No current end of life care was being delivered. The manager was aware of what was required to support people with end of life care if needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Action was not always taken to ensure that areas identified as requiring improvement were acted upon in a timely manner. We saw in a recent local authority audit carried out in March 2019 concerns were raised around recruitment processes specifically employment gaps not being explored by the registered manager. At the time of inspection this had not been resolved.

- Audit tools being used were not always effective and had not identified areas of concern which we had found during the inspection. This meant that the service was failing to identify areas requiring improvement and improve their standards of care.

- The registered manager who is also the nominated individual had been in post for 12 months, however they had limited understanding of what duty of candour meant, when we asked about what this meant they told us, "I am not sure." However, the registered manager had notified the appropriate people if incidents had occurred and relatives felt involved in the care which their relatives received.

- The registered manager had very limited knowledge of key legislation and requirements needed for their role. When we asked them about their knowledge of Registering the right support, protected characteristics and Regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 they responded, "I do not know." This meant that there was a risk that key legislation requirements were not always followed.

- The registered manager was very open and honest and told us they were committed to learning to ensure that they had the knowledge and skills to fulfil their role.

The provider failed to ensure the governance systems in place were fully developed and effective in identifying areas of the service where improvements were needed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff and management had values that placed people at the centre of the service. However, we found that goals for people were not always discussed and evaluated for progress. Goals were identified in key

worker meetings and often recoded as being the same over a six-month period. There were no discussions with the staff and person about any progress or if these were achievable.

- The registered manager had a strong presence on the floor. Staff and people knew the manager and saw them regularly. One staff member told us, "The manager is fantastic and listens to us all, we have a good rapport with them." A relative told us, "The new manager is good, my daughter really likes them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in their care through key worker sessions and people's relatives were consulted and involved in the care their relative received. The service held regular staff meetings and meetings which people could attend to share feedback.
- Questionnaires were sent out to both people and their relatives to allow people to feedback on the quality of the service. We saw that this included pictorial versions for people who required it. However, feedback was not always evaluated and there was no clear action following these quality questionnaires.

Continuous learning and improving care

- Team meetings were utilised to communicate updates and required changes to staff. These included updates on activities, staffing, people's routines, diet and health. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had. One staff member told us, "We have regular staff meetings, they are very helpful."

Working in partnership with others

- The management worked in partnership with others for the benefit of the people using the service. The registered manager told us that they worked closely with the local authority and had recently referred a person to the positive behaviour support team. This was a team who provided support to services with people with learning disabilities and autism.
- The registered manager said and this was confirmed by staff that they supported staff, made recommendations, and booked positive behaviour support training for staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Due to poor governance audit systems and processes were not effective in identifying areas of concern.