Mark A Peake

Elwin Lodge Care Home

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**

Overall summary

This inspection took place on 3 June 2015 and was unannounced. The service met the requirements of the regulations during the previous inspection which took place on 30 January 2014.

There was a registered manager at the service. 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.

Elwin Lodge Care Home is a small care home for two people with learning disabilities. It is located in Tooting, South-West London. It is close to local amenities and has good transport links. It is one of three homes owned by Mark A Peake.

People using the service live in separate flats in the home, both with their own bedroom, bathroom, kitchen and lounge.

People were treated with kindness and respect and were able to take part in activities both in the home and out in the community.

Summary of findings

Effective methods were used to communicate with people using the service, who were not able to communicate verbally. Care plans identified the most appropriate techniques to communicate with them, for example the use of a communication book or by using objects of reference. Staff were familiar with these methods. We observed staff communicating with people and they did so confidently and in an engaging manner. We saw that people responded to them in a positive manner.

Where people did not have the capacity to consent to certain decisions related to their care, the service followed guidance in line with the Mental Capacity Act 2005 (MCA). Decisions were taken in people's best interests after consultations with professionals involved in their care. Where it was deemed that people required restrictions on their liberty to keep them safe, authorisation was sought from the local authority which helped to ensure people's rights were protected.

There was evidence that people's behaviours were managed effectively by the service. Support guidelines were in place to support staff when people displayed behaviour that challenged the service. Staff were familiar with these techniques. The service worked closely with psychologists and psychiatrists to understand the reason for these behaviour patterns and care plans were produced to minimise behaviour that challenged from occurring in future.

People's needs in terms of their medicines and their diet were met by the service. People told us they were able to see healthcare professionals such as their GP or consultant psychiatrist if they needed.

There were enough staff to meet people's needs and they displayed an excellent understanding of the best way to support people with respect to all aspects of their lives. They demonstrated an excellent understanding of people's medical and nutritional support needs. They received regular supervision and told us they were given responsibility as key workers for people.

Care plans and risk assessments were reviewed regularly to ensure they were still relevant to people. Audits, for example medicines, financial and health and safety were carried out as a means of quality assurance.

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?

Good

The service was safe. Healthcare professionals who we contacted and records that we saw gave us no cause for concern in relation to people's safety. Staff had attended safeguarding training and were able to identify potential signs of abuse.

There were enough staff to meet the needs of people. Where needed people were supported to go out during the day by staff.

Medicines were managed appropriately and staff demonstrated a good understanding of medicines management at the service.

Risk assessments for people were reviewed regularly and identified actions that staff needed to take to manage the risk.

Is the service effective?

Good

The service was effective. Staff displayed an excellent understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards. Best interests meetings were held where people did not have the capacity to make informed decisions and where people were restricted in some way to keep them safe, the provider acted in line with the MCA.

Staff received regular training and ongoing support in gaining relevant qualifications. They told us they felt valued within the organisation.

People's ongoing healthcare needs were met by the provider and referrals made to the appropriate healthcare professionals to manage more complex needs. Excellent relationships had been established with community professionals.

People's nutritional needs were met by the service.

Is the service caring?

Good

The service was caring. We observed friendly interaction between staff and people using the service

Care plans were person centred and looked at people's emotional wellbeing.

Staff were familiar with people's preferences in all aspects of their lives and their privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were reviewed regularly and were comprehensive in their scope. The service was responsive to the changing needs of people.

People were able to access activities of their choice.

There had been no formal complaints about the service from people, relatives or professionals.

Is the service well-led?

Good

The service was well-led. Staff told us the registered manager was approachable and listened to them.

Summary of findings

Health and social care professionals who we contacted told us they worked well with staff and said the service was managed well.

Quality monitoring checks, for example on medicines, financial records and environmental safety were completed.

Elwin Lodge Care Home

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 3 June 2015 and was unannounced. The inspection was carried out by an inspector. The service met the requirements of the regulations during the previous inspection which took place on 30 January 2014.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

We were unable to speak with people using the service during our inspection. This was because they were both unable to communicate verbally. One person had gone out to the day centre but we observed staff caring for the other. We also spoke with four staff including the registered manager. We looked at two care records, three staff files and other records related to the management of the service including, training records, audits and complaints. We contacted health and social care professionals to ask their views about the service following the inspection.

Good

Is the service safe?

Our findings

Although we were not able to speak to people using the service, we observed staff supporting a person during the inspection. Staff spoke to them in a kind manner and the person responded to them similarly. Reports that we read from social workers and other healthcare professionals were positive about the service and how people were treated.

Staff told us, "People are safe here, this is their home" and "They are well looked after, if we have any concerns we report them." Staff were familiar with safeguarding procedures and were able to identify potential signs of abuse. Safeguarding training had been delivered to staff. Staff completed body maps if any signs of injuries were noted on people, these were then countersigned by the registered manager along with the action that was taken in response. There had been no safeguarding concerns in relation to the service reported to the local authority safeguarding team.

We checked financial records of one person using the service. Appropriate checks were made when financial transactions occurred, for example receipts were retained for any transactions that took place. The registered manager carried out monthly audits on financial records which helped to ensure people were safeguarded against financial abuse.

Appropriate recruitment checks were carried out before employing staff and we found that there were enough staff to meet the needs of people. Potential staff were required to complete an application form and provide references, proof of identity and criminal record checks before starting work.

There was a core staff team assigned to each person and there were three staff on duty during the day and two staff at night. Both people using the service needed staff support when going out into the community and we saw that their needs were met by the service. During the inspection, one person had gone to a day centre while the other went out with staff during the day. The registered manager told us they never used bank or agency staff due to the specific needs of people. He said, "The staff with [the people using the service] work exclusively with them."

People were supported to take their medicines on time. Staff had attended medicines training and were familiar with the medicines that people were prescribed and what they had been prescribed for. Each person had a medicines profile and medicines guidelines were available providing staff with information about medicines, their uses and any potential side effects.

Medicines were stored correctly and any unused medicines were returned and signed by the pharmacist. Medicine administration records (MAR) were completed by staff. One person was non-compliant with their medicines and did not have the capacity to understand the reasons for taking them. Medicines were administered covertly to them. The provider had followed appropriate guidance from the Mental Capacity Act 2005 and had held a best interests meeting with professionals in the decision making process.

Staff told us that although people using the service sometimes behaved in a way that challenged them, they felt confident in supporting people because appropriate guidelines were in place. They also told us that they had supported people for a long time which meant they were familiar with their behaviours and knew how to support them. One staff member said, "[person] will jump, slam doors", "If you say no, they can get upset" and "They can be more challenging when out in the community, you just have to keep an eye on them and speak to them firmly. If you try and stop him they will just carry on."

Care plans contained up to date risk assessments for people and included actions for staff to keep people safe. For example, one of the people was not safe whilste out in the community due to a lack of road awareness. Guidelines for staff included how staff could support this person to stay safe whilst allowing a degree of independence, such as using simple clear instructions and ensuring there were no obstacles in their path. Behaviour support guidelines were in place for staff to refer to. They contained steps that both people using the service and staff could take. They were written in an easy read format and were designed to be easy to follow. Both staff and health and social care professionals who we spoke with told us that people's behaviour was managed well. One staff member said, "[person] has improved a lot. Before they would not tolerate people coming into their space but now they are fine."

A number of environmental checks were undertaken to help ensure the home was safe for people.

Good

Is the service safe?

For example, weekly water temperature and fire alarm checks were carried out. Current certificates for the fire system and electrical and gas safety were seen.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs effectively. Staff completed an induction when they started working at the service. The induction checklist covered areas such as care planning, risk assessments, medicines training, health and safety, and their job role. Although the staff who we spoke with had been working at the service for a long time, they told us that both the induction and ongoing training that they received prepared them well for their roles. The registered manager was aware that a new care certificate had been introduced for new staff and said that any induction training for new staff would be based around these requirements.

Staff training records showed that training had been delivered to staff in a number of areas including autism awareness, behaviour that challenged, safeguarding and the Mental Capacity Act 2005 (MCA). Staff also told us they had been encouraged by the registered manager to pursue nationally recognised qualifications in health and social care. One staff member said, "I'm doing QCF level 5, [the owner] paid for it, this shows that he trusts and believes in me."

Staff were regularly supervised and given an opportunity to discuss any concerns with the registered manager. Staff supervision records showed that topics discussed included performance issues, people using the service, team working, staffing issues, personal issues, training and development and annual leave. They also documented actions and timescales for staff to follow up which were looked at during subsequent meetings.

Staff demonstrated an excellent working knowledge of the MCA and the Deprivation of Liberty Safeguards (DoLS). The service put these into practice and helped to ensure that people's human rights were respected.

Staff considered people's capacity to take particular decisions and told us that meetings involving health and social care professionals needed to be held in order to make sure decisions were taken on behalf of people in their best interests. Staff told us, "Everyone has the right to make their own decisions but if they don't understand certain decisions then we have to have a best interests meeting" and "I cannot force someone to something myself, we need to have a best interests meeting." Another staff member said, "We make decisions based on people's best interests all the time, we involve community nurses, social workers and their psychiatrists." Records that we saw, about for example decisions related to medicines, confirmed that where people did not have the capacity to make informed decisions, these decisions were made on their behalf following best interests meetings involving various professionals involved in their care.

Both people using the service needed supervision whilst out in the community. The service had considered the impact of this on people and a DoLS application had been submitted for both people in line with the MCA. Staff said, "[person using the service] is not allowed out alone because they are not aware of the dangers on the road but they are not constantly supervised at home. They have freedom."

Autonomy and choice was one of the areas that was identified in people's care plans as an area that people needed support with. The importance of giving people choices was highlighted. Staff were directed to give support to people to make informed choices and for any choices to be respected. Care plans also highlighted the need to consult health and social care professionals and, advocates and family when coming to decisions about care and treatment that people did not have the capacity to understand.

Although people were not able to communicate verbally staff were aware of the importance of always asking people for their consent to their care, treatment and support. Where people did not have the capacity to make decisions they were given information in an accessible format. Staff told us, "We do always ask them because if you say anything to [person], they will understand", and "We use a communication book", "[person] likes repetition but we still give them choices."

Staff were familiar with people's ongoing health needs and these were reviewed regularly. Each person had a health action plan which not only contained details of important healthcare professionals but also the level of support needed to manage people's needs. These were written in a person centred way, for example they described how people felt when they were unwell and how they communicated. Care records contained evidence of podiatry and dental visits and reports from professionals. We saw evidence that recommendations were acted upon by staff.

Good

Is the service effective?

There was evidence of excellent links with community services. The service worked well with community health and social care providers to ensure appropriate referrals were made when needed. Staff told us, "We weigh [person] weekly and they see their GP regularly" and "The psychiatrist also reviews him/her, we write daily notes so we can share information with them." People's weights and blood pressure were monitored regularly and action was taken if needed.

There was evidence that the service had access to community professionals when managing more complex needs. People had been referred to occupational therapists and recommendations that had been given to staff to manage people's behaviour and reduce their anxiety had been followed. The reports that we read were very detailed and were developed after extensive assessment of people's needs including observations of behaviour both at home and in the community, speaking with staff and gathering information from other healthcare professionals involved in people's care.

There was evidence that staff and healthcare professionals worked closely together to manage people's needs. For example, psychiatrists had made referrals to community psychologists who had carried out a number of assessments on people and along with support from the provider they had developed guidelines for staff. We saw a copy of a psychologist's report which highlighted that the strategies that had been put in place had proved to be effective. The report also highlighted the excellent level of support that had been provided by staff at the service and praised the empathy of staff towards people and the ability of the provider to provide consistently high quality care.

The service demonstrated its commitment to best practice by being part of a pilot study in managing behaviour that challenges and looking at effective ways in which instances of challenging behaviour could be managed in a way to reduce the likelihood of them occurring in the future. The service had also developed a communication book between them and the day centre so that both were aware of any incidents that had taken place which may impact on people's mood. The communication book was based on a monitoring form used to identify triggers developed by a psychologist and had proven to be effective in monitoring and managing behaviour that challenged.

Staff supported people with their dietary requirements. They told us, "[person] can't cook, I have to cook for [them]." They were also familiar with people's preferences, telling us, "[person] likes Bolognese, he/she likes chicken but he/she does not like rice or eggs" and "[person] does not have any allergies."

People were able to choose their meals through effective communication methods such as visual aids. Food diaries were completed by staff, detailing what people had eaten for their meals. Those who had greater nutritional needs had food and fluid charts which helped to ensure they were given sufficient quantities to eat and drink.

Care plans contained detailed information about people's nutritional needs, including cultural requirements and the level of support needed. One person required a softened diet and staff told us how they went the extra mile to ensure this person was supported. They had purchased a smoothie maker which the person enjoyed a lot more than a regular blender. They said, "[person] needs their food to be softened, so we bought a smoothie maker which they love."

The kitchen environment was fit for use. Fresh fruit and plentiful supplies of food were available for people to help themselves to. Hygiene standards were maintained such as using separate chopping boards for different food types. Fridge freezer temperatures were taken daily to ensure that food was stored at the correct temperature.

Good

Is the service caring?

Our findings

People's individual preferences were acknowledged and respected. Staff told us that they tried to ensure people led active lives and supported them to pursue activities that they liked. They also said that they supported people to maintain family relationships, but this had not always been successful.

Staff told us that the length of time they had worked at the service supporting people meant that they were able to develop close relationships with them and got to know them really well. This was evident in our observations during the inspection and the confidence with which they spoke to us about people's preferences. Staff said, "I've been working here for over five years, I've got to know them really well" and "[person] does need prompting, when they are taking a shower, you have to show them how."

Care plans were person centred and focused on people as individuals. The service had completed comprehensive life histories about people which contained information about people's upbringing and any previous services they had lived in. They also recorded people's essential routines in detail, providing information on how they liked to spend their day and the areas in which they needed prompting and supporting. People had separate weekend routines which were different to their weekday routines and were distinct, with respect to the times they liked to get up and what they wanted to eat and how they spent their day.

The service had identified the impact of emotional wellbeing on people's behaviour and care plans were in place so that staff could support people in this aspect. People's right to privacy and dignity was respected by staff. Each person had their own bedroom, lounge and kitchen. People's bedrooms had been decorated to their liking and staff were aware of the importance of affording them privacy.

People were supported to make decisions. One person using the service had a communication book containing images related to breakfast, lunch, dinner, activities, personal care, clothes and a choice board which staff used to offer choices related to everyday matters. Staff said, "[person] can say a few basic words but not full sentences" and "Over time I have got used to how [person] communicates, everything is also written in their care plan." Another person used objects of reference to communicate with staff and clear guidelines were in place for this, including common signs and gestures and what they meant. One staff member said, "We know how to interpret [person's] ways of communicating. If they want to go out, [person] will lift their leg, and touch their hair if they want to have a bath." Another comment was, "We have all worked here for a long time. We know them inside out." In our observations, it was evident that staff were able to communicate effectively with people.

Good

Is the service responsive?

Our findings

Care plans were person centred and based around the individual needs of people using the service. Core needs were based around a number of areas including mobility, medicines, personal safety, communication, personal care, meals and nutrition, emotional needs, social contact, night care, autonomy and choice.

We found that the service was responsive to the individual needs of people and strove to meet them. For example, core support needs were identified and people's goals, along with how staff could support people to achieve their goals were also recorded. Where extra support was required in any of these areas, for example from psychologists or GPs, this was identified and sought from the appropriate people. Nutrition and diet care plans provided guidance to staff on how best to support people. People had care plans based around their medical and health support needs. We saw people's ongoing health needs were monitored closely. For example, it was noted that a person's blood pressure was high during their last medicines review and that staff were required to monitor this weekly until their next review with their GP. Staff followed these instructions.

Due to people's limited verbal communication, a communication care plan had been developed so that staff had the necessary information available to communicate effectively with people. These care plans included information about how to familiarise themselves with the vocabulary that people used, a guide to their gestures and words, and the tone of voice to be used. Care plans highlighted the importance of communicating effectively with people as a means of managing behaviour that challenged. People had received additional support from the speech and language therapy team and had communication books that staff used to communicate with people.

Progress reports providing a summary of people's care and any concerns over a period of time were completed by staff. These gave an overview of people's support needs in terms of their mental capacity, activities, behaviours, communication, and health and medicines.

The service had developed 'behaviours and support guidelines' for people using the service. These outlined typical behaviours for people and what support staff needed to give in these circumstances. Where these did not affect the safety of the person or other people, the guidelines were clear in advising staff to allow people to continue with these behaviours.

People had an individual daily activities timetable which incorporated things they liked to do. However, these activities were not fixed and people were free to take part in activities of their choosing. Staff told us, "They like to go to the day centre" and "On weekends, he/she spends his/her time at home, going shopping or doing laundry." Staff completed daily activity monitoring forms. Staff recorded the activities that people did in the morning, evening and night along with how settled they were during the activity, how involved they were and were given prompt questions to complete such as significant behaviours, and level of communication. These monitoring forms were used as a behaviour management tool and were also used by psychologists for their assessments.

We spoke with a music therapist who had worked with one person using the service every week for a number of years. They told us the person really enjoyed their sessions and they used the sessions to make music in the community and that it was their way to engage with the community.

They told us that living at the service had been a positive experience for the person and although the person used to be quite challenging at the beginning; their behaviour had changed dramatically over the years.

Staff and social care professionals who we spoke with told us that people using the service would be able to express their concerns if they were unhappy about something. One professional said, "If [person] is not happy, they would express it through their behaviour. [Person] seems very happy." Records that we saw from health care professionals gave no indication that people were unhappy with the service and made numerous references to how well people's behaviour was being managed.

There had been no formal complaints about the service from people, relatives or professionals. The complaints policy for the service stated that people were able to access independent advocacy advice if needed. It also highlighted that if people were deemed not to have the capacity to understand the complaints process; it could be used by relatives or other professionals to advocate on behalf of people. Contacts details for the CQC and the local authority were also provided.

Good

Is the service well-led?

Our findings

The aims and objectives of the service, as stated in the provider's statement of purpose made reference to providing a friendly, homely environment and to enable people to realise their full potential in society. The core principles were based on privacy, dignity, independence and choice of people using the service and how staff could support people in these aspects of their daily lives.

Staff told us they felt well supported and empowered to take on more responsibility by the registered manager. The registered manager had been in post since the service was first registered with CQC and had confidence that his staff team could meet the needs of people. Staff who we spoke with gave us examples of the progression they had made since they started working at the service, for example one staff member had initially started as a volunteer and was now the deputy manager of the service.

Staff said they would not hesitate to raise any concerns if they were witness to something that concerned them. Both the registered manager and the owner were a visible presence at the service and made themselves available for both people using the service and staff.

Health and social care professionals who we contacted told us they had no concerns about the service and praised the open culture at the home. They told us about the strong relationship they had built up with the service over a number of years. They said that the service was open to suggestions. They highlighted the length of time that staff had worked at the service, and the continuity of care provided as a key reason as to why people at the home were settled and happy.

Monthly staff meetings were held and provided an opportunity for staff to discuss issues related to individual people and their support needs. We read minutes of meetings and saw a range of topics had been discussed, including medical appointments, behaviour, finances and activities. We saw that actions assigned from previous meetings were followed up and met. Handovers took place between day and night shifts where staff completed a handover book with details of any significant events.

Staff recorded details of incidents and accidents in individual care records. There was evidence that staff were proactive in managing incidents of behaviour that challenged and worked with professionals to minimise the chance of them reoccurring in future.

Quality monitoring checks were completed to ensure people received a god level of care and support. Environmental safety audits, such as fire risk assessments, electrical and gas safety were completed. Medicine audits were completed by the registered manager and financial records were scrutinised to ensure people were safeguarded from financial abuse.