

The Royal School for the Blind

SeeAbility - Fir Tree Lodge Residential Home

Inspection report

Fir Tree Lodge
Heather Drive
Tadley
Hampshire
RG26 4QR

Tel: 01189815147

Website: www.seeability.org

Date of inspection visit:
11 December 2018

Date of publication:
04 March 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 11 December 2018 was announced. We gave the service 48 hours notice of our inspection visit because the location was a small residential home for adults who were not accustomed to having strangers enter their home. We needed to be sure that we would not cause them any unnecessary distress. The inspection team consisted of one inspector and one pharmacist inspector.

Fir Tree Lodge is registered to provide accommodation for up to 10 young adults with a physical disability, learning disability, sensory impairment and autism spectrum disorder. At the time of our inspection there were 10 people living in the service.

Fir Tree Lodge is a care home. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided. Both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. 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.

At the last inspection we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we found the provider had made improvements so they were no longer in breach of two regulations.

At the last inspection we found the provider had failed to provide person centred care and had delivered care which was task orientated and was not designed around people's individual needs or preferences.

The provider had also failed to appropriately document decisions about people's care and treatment made in their best interests. In addition, staff were not always able to identify the principles of the Mental Capacity Act 2005 and how they should be applied when caring for people.

At this inspection we identified one new breach and two continued breaches of the regulations.

Medicines were not managed safely. We had received several statutory notifications from the provider about

medicines incidents since our last inspection.

Staff did not always follow best practice guidance for infection control.

The provider could not produce evidence that staff were appropriately trained to administer some types of medicines for people.

The registered manager used systems and process for assessing, monitoring and improving quality and safety within the service. These were not effective, as they failed to prevent reoccurrence of medicines errors.

The provider had systems and processes in place to protect people from harm and abuse. Staff had completed safeguarding training which was regularly refreshed.

The registered manager deployed sufficient numbers of staff to maintain people's safety. They used safe recruitment processes to ensure only staff who were suitable to work in a care setting were employed

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 received care from trained staff. Staff were supported with regular supervision and training to help develop their knowledge. Staff were aware of the legal protections in place to protect people who lacked mental capacity to make decisions about their care and support.

People were supported to maintain a balanced diet. People were supported to maintain a healthy weight. Referrals were made to dieticians as appropriate.

Staff knew people's needs well and interacted with them in a caring and sensitive way. Staff supported people to communicate their needs and protected their privacy, dignity and independence.

Care plans contained specific details about the type of care and support people required and reflected their personalities and interests.

There was a complaints policy in place and evidence showed complaints were investigated promptly and thoroughly.

Staff had plans in place for supporting people during their last days to ensure they had a comfortable and pain free death.

Staff responsibilities were clear.

The provider used different methods to engage staff, people and the public in the service and sought feedback about the care provided to make improvements to care. The provider worked effectively with health and social care professionals to meet people's needs.

We found one breach, and two continued breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicines were not managed safely. People were not fully protected from the risk of infection.

People were protected from abuse. Sufficient numbers of suitable of were deployed to meet people's needs.

Staff reflected on incidents to prevent reoccurrences.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not been appropriately trained to administer certain medicines.

People were supported to maintain a healthy diet. Staff worked with healthcare professionals to help people lead healthy lives.

Staff sought people's consent before giving care or treatments.

Is the service caring?

Good ●

The service was caring.

People received care from staff who knew them well and had bonds with them.

People were supported to express their views.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care.

Staff sought people's views on care provided.

Staff had planned care for people in the event they reached the end of their life.

Is the service well-led?

The service was not always well-led.

Systems and processes to assess, monitor and improve quality and safety in the service were not effective.

Staff roles and responsibilities and roles were clear.

The provider involved people, relatives and staff in decisions about the service.

The provider worked effectively in partnership with healthcare professionals to meet people's needs.

Requires Improvement 

SeeAbility - Fir Tree Lodge Residential 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.

The inspection was completed by one inspector and a pharmacist inspector.

We inspected Fir Tree Lodge in response to several notifications of incidents relating to medicines management. No harm resulted for people supported as a result of these incidents

Because this inspection was brought forward, we had not requested the provider to complete an up to date Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The most recent PIR we had on file was from 2018. We reviewed other information we had received from and about the service, including previous inspection reports.

We looked at care plans and associated records of four people. We also reviewed other records relating to the management of the service, including risk assessments, the provider's overall development plan, audit records, training and supervision records, policies, procedures, medicines administration records, medicines refrigerator temperature recordings and three staff recruitment and supervision records. After the inspection we reviewed additional records sent to us by the provider including risk assessments for medicines which thin the blood.

Is the service safe?

Our findings

At our last inspection in April 2018 medicines had not been managed safely. At this inspection we found the provider had not made sufficient improvements and medicines were still not managed safely. From April to December 2018 we received 10 statutory notifications from the provider regarding medicines incidents and errors. Although the registered manager had provided training and supervision for staff, this had not been sufficient to prevent medicines incidents.

At the previous inspection we identified that the temperature of the room where medicines were stored was not checked daily. At this inspection we found staff did not always accurately record temperatures for the medicines refrigerator. Staff also failed to take appropriate action when the refrigerator temperature were outside the recommended range. This meant people were at risk harm through receiving medicines which were not effective as they had not been stored in line with manufacturers guidance.

People were not fully protected from the risk of infection. Some people who lived at the service received medicines and food through a Percutaneous Endoscopic Gastrostomy (PEG), which is a tube passed into a person's stomach through the abdominal wall to if they are unable to eat or drink or if there is a risk the person may choke when eating or drinking. Staff administered medicines through syringes into people's PEGs. Syringes were stored in lidded boxes in the kitchen area of the home. These syringes had not been fully dried and condensation had formed inside the storage boxes which posed a risk of bacteria growing inside the boxes. This meant people were at risk of developing an infection as equipment used to administer medicines had not been properly dried and stored.

The provider had failed to manage medicines safely. This was a continued breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Safe Care and Treatment.

The provider had systems and processes in place to protect people from the risk of harm and abuse. Staff completed an induction programme which included detailed safeguarding training and regular refreshers courses. Safeguarding and whistleblowing policies were available to staff and staff followed these when reporting concerns. Allegations of harm or abuse were reported by the provider to the Care Quality Commission (CQC) and the local authority. Records we reviewed showed concerns were investigated by the provider.

People's care plans contained personalised risk assessments to protect people's health and wellbeing and provide specific guidance for staff. One person's care plan contained a risk assessment for management of seizures. This included administration of emergency medicines and specific guidance for staff about when to call an ambulance. Another person's care plan contained guidance for staff about their respiratory condition and signs which indicated the person's condition was worsening. The risk assessment specified the techniques and actions staff should take in the event of an emergency.

Sufficient numbers of staff were rostered to provide people with care and support. People's needs were regularly assessed and one to one support was provided as needed. Rotas we reviewed for the four weeks

before inspection confirmed this. If there were staff absences due to sickness, the registered manager and office team arranged for cover so people receive the required level of support. Agency staff were occasionally used also used to cover shortfalls in staffing. The registered manager maintained continuity for people by requesting the same staff.

The registered manager maintained a log of accidents and incidents and used these to improve on care delivered and prevent reoccurrences.

Is the service effective?

Our findings

At our last inspection we found the provider had not recorded sufficient evidence to show they met the requirements of the Mental Capacity Act 2005 (MCA). The purpose of the MCA is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff were not able to identify the principles of the MCA and some applications to deprive people of their liberty had not always been discussed with relevant persons and documented fully as being in their best interests. This meant people were at risk of being deprived of their liberty without the appropriate processes to ensure this action was necessary, proportionate and in the person's best interests.

The provider had not demonstrated that the least restrictive option was in place and that decisions made on behalf of people were in their best interests. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

At this inspection we found the provider had made significant improvements and was no longer in breach of this regulation.

Records we reviewed showed applications to deprive people of their liberty had been fully documented and all relevant persons and professionals had been involved in the decision-making process. Where people were able to express their opinions about aspects of their care, this had been fully reflected in their care plans. Decisions made in people's best interests were also documented in their care plans.

People who lived at the service received medicines through their PEGs. We asked the registered manager for records of staff training in providing care or administering medicines for people who have PEGs. The registered manager told us staff had received training from a nurse representing the company who supplied nutritional supplements and equipment for administration via a PEG. However, the registered manager was unable to produce records of staff training. We could not be assured that staff were appropriately trained to give people food and medicines through a PEG. This meant people were at risk of harm through receiving unsafe care from staff who were not adequately trained.

This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Staffing.

People's needs and choices were fully reflected in their care plans which contained detailed assessments. Care plans contained specific information about people's health, social interests and relationships with family and friends and were written from the person's perspective. They contained sections such as 'How I would like to be supported' and 'Things I want to Try'. It was possible to 'see the person' through reading their care plan. Care plans contained information for staff about people's leisure pursuits, important relationships and aspirations. Each person's care plan contained detailed information about how people communicate including signs, sounds and facial expressions. One person's care plan stated if they were in pain they 'may grimace or frown.' This specific helped staff provide individualised support to meet the person's needs.

People were supported to maintain a healthy diet. People at risk of becoming overweight had support plans in place to help staff monitor their dietary intake. People ate a range of meals of their choice they wished at times which suited them. Suitable risk assessments were in place for people identified as being at risk of choking. Dietician referrals had been completed for people when they required support with eating.

Staff worked with professionals from other agencies such as health and social care to meet people's needs. People's care plans contained records of appointments with doctors, nurses and speech and language therapists. Records showed that best practice was observed when decisions about people's health were made in their best interests. The provider's specialist team worked in partnership with people and their families to support to people living with a visual impairment. This was recorded in people's 'Health action plans'.

As the provider specialised in supporting people living with a visual impairment, people's care plans also contained 'Vision passports'; documents used to record specific health information and appointments with professionals such as ophthalmologists and opticians. This helped ensure that people received specialist support and suitable equipment to support their vision and wellbeing.

The building was adapted to meet the needs of the people living at the service. Corridors were well lit and wide enough to allow wheelchair access. People's rooms were spacious and were decorated according to their personal tastes. Communal areas were clean and spacious. All bathrooms were clean and contained suitable equipment.

Is the service caring?

Our findings

At our last inspection we found that staff did not always provide care which was person centred. Staff took a task-based approach to delivering care and did not always introduce themselves to people or inform them if they were making changes to the environment. In addition, staff provided group based activities of their own choosing, instead of consulting people about their preferred activities.

The delivery of care was not personalised and was based on group activities and a task-based approach from staff. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

At this inspection we found the provider had made significant improvements and was no longer in breach of this regulation.

Staff had developed bonds with the people they supported. We observed staff having respectful interactions with people during our inspection. Staff anticipated people's needs and continually checked with them to ensure they were meeting their preferences. We observed one staff member providing support to two people during a sensory activity. At each stage of the activity they checked people's preferences to make sure they understood their choices. During the activity the staff member laughed with people, made eye contact and used therapeutic touch such as hand holding. It was clear that both people were very comfortable with the staff member and that they enjoyed the activity.

Staff had positive relationships with people and had supported them to express their needs. This was confirmed in records we reviewed. People's care plans contained records of discussions with people and their keyworkers where people had expressed their preferences for certain leisure activities, trips and holidays. Evidence showed and staff confirmed people had been able to take part in their chosen activities.

Staff treated people with dignity and any personal care was given in a way which respected people's privacy and promoted their independence. Staff addressed people by their preferred names and spoke with them in a respectful way. Staff supported people's independence through helping them choose what they wanted to do. People were able to spend their time as they wished, eating at their preferred times and taking part in activities if they felt they wanted to.

Is the service responsive?

Our findings

At the last inspection, we found activities were provided in larger groups. Although care plans detailed people's preferred activities, evidence and observations from our inspection showed people were often unable to engage in their chosen activities.

People did not always receive support to maintain their sense of self, their independence and be involved in their local community. This was a further breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

At this inspection we found the provider had made significant improvements and was no longer in breach of this regulation.

During our inspection we observed staff supporting people in the communal lounge. Each person was engaged in a different activity and was supported by a member of staff. One person had chosen to read independently. Another person was listening to a staff member reading a story, whilst a third person was playing musical instruments. People appeared to be relaxed and were laughing with staff.

Records we reviewed showed that care and support plans were regularly reviewed. Wherever possible, people were involved in their reviews and were encouraged to express their opinions about care and support delivered. Staff worked in partnership with people's legally appointed representatives such as family members, if people were unable to make decisions about their care.

A photo board in the communal area showed pictures of people during outings. The registered manager confirmed staff had consulted people about places they would like to visit before planning trips. This meant people were supported to express their preferences and that staff planned outings to people's preferred locations.

There was a complaints policy in place. The registered manager kept a record of complaints which showed they responded to promptly and investigated thoroughly.

The provider complied with the Accessible Information Standard (AIS). The AIS is a legal requirement introduced by the government to make sure that people with a disability or sensory loss are given information in a way they can understand. People we spoke with were not able to tell us if they knew how to complain, however, the provider had a complaints policy in place which was available in an easy read format. This included details of how to make a complaint and actions the provider would take to resolve a complaint. People's care plans contained detailed information for staff about how they communicated. This included use of sign language such as 'Makaton' which is used by people who have a learning difficulty.

At the time of our inspection no-one at the service was receiving end of life care. However, staff had held best interest meetings to discuss appropriate arrangements for people if they became terminally unwell. This included decisions to give life-saving treatments such as emergency resuscitation. Where appropriate,

sensitive discussions had been held with people's family members so plans could be put in place if people became unwell. This was documented in people's care plans. Staff maintained a sensitive approach and only held conversations about end of life care if appropriate.

Is the service well-led?

Our findings

At our last inspection we found the registered manager did not have robust systems in place for monitoring quality and safety within the service. The registered manager's checks and audits had failed to identify incomplete tasks and some medicines errors. In addition, no action plan had been produced to address medicines errors and low numbers of staff attended meetings.

These areas were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At this inspection we found that although actions had been taken to address these issues, insufficient time had passed to prove these actions had been effective.

We had received 10 statutory notifications of medicines incidents over a period of seven months between April and December 2018. In addition, the registered manager's audits failed to identify that staff had not acted when medicines refrigerator temperatures were not within safe ranges.

The registered manager had worked with a different pharmacist with a new monitored dosage system and administration record in September 2018 to address factors identified as contributing to previous medicines errors. A new procedure for administering medicines with two staff members present was introduced following further medicines errors in November 2018. However, insufficient time had passed to prove whether these measures had been embedded. We could not be assured these changes were effective in addressing medicines errors.

The registered manager was unable to provide documentary evidence of staff training for the administration of medicines through a PEG. We could not be assured that staff were appropriately trained to administer medicines in this way. This meant people were at risk of harm through receiving care from staff who had not been trained.

Systems to assess, monitor and improve quality and safety in the service were ineffective. This meant people were at risk of harm through receiving unsafe or inadequate care.

These areas were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Staff engaged people who lived in the service through reciprocal communication. Since the last inspection, the registered manager had also made links with the local community to engage the public in the service. This helped to promote a sense of inclusion for people living in the home. They told us, "We've been invited to a party at the local community centre." People were supported to maintain relationships with friends and relatives who were welcomed at the home at any time. People were also supported to regularly visit to relatives for periods of several days.

Staff reflected on incidents to prevent reoccurrences. The registered manager kept a record of accidents and incidents and encouraged staff to reflect on the actions needed to improve care for people.

Staff at the home worked with a range of professionals to support people's health and care needs. This included specialist nurses, social workers and GPs. Records we reviewed showed staff attended meetings with social care professionals to ensure people's care and support needs were appropriately met and that any decisions made on behalf of people were made in their best interests. Staff acted as advocates for people and liaised with healthcare professionals if there were changes in people's health needs. This ensured that people received appropriate treatment to maintain their health and wellbeing.

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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. The provider's policy for medicines management was not always being followed. Risks had not always been identified and assessed with the necessary safety measures put in place. Infection prevention and control best practice had not always been followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not effective in assessing, monitoring and improving the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not completed all necessary training to deliver safe, effective care for people

