

Autism.West Midlands

Upper Ford Lodge

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 ●

Summary of findings

Overall summary

About the service

Upper Ford Lodge is a residential care home providing accommodation and personal care to up to 10 people with autistic spectrum disorders and learning disabilities.

The home is split over three floors, has communal bathrooms, kitchen, lounges, and a large accessible garden.

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.

The service consistently applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

There were eight people living at the home on the day of the inspection.

People's experience of this service and what we found

People looked happy and relaxed in the home. Relatives said their family member was safe and were happy with the service. Staff were trained in safeguarding, they understood and recognised the signs of abuse, and how to report it to keep people safe.

Potential risks to people had been identified and staff were knowledgeable in how to support people to reduce any risks. People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed. The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.

People's care continued to be reviewed with the person and their relative. People were encouraged to be independent with preparing meals and drinks and were supported to maintain a healthy well-balanced diet. Staff were engaged and worked well with health professionals following any advice and guidance given.

People said they were treated respectfully by staff and were given choices about their care and support. People were actively encouraged with their areas of interest and hobbies. Staff spoke passionately about their roles and the people that live in the home.

The home had a high level of engagement with relatives of the people and professionals. The registered manager and provider checked the quality of the care provided and encouraged suggestions from people and staff to improve people's care further. The registered manager kept up to date with best practice developments, so they could develop the care provided further.

Staff were supported by management, and managers had a clear vision for the home and development. Staff were clear of their roles and responsibilities and told us they worked well as a team. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was Good. The last report was published 1 August 2017.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Upper Ford Lodge

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

The inspection was carried out by one inspector and one inspection manager.

Service and service type

Upper Ford Lodge 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 04 February 2020.

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. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We also spoke with eight members of staff including the registered manager, deputy manager, director of operations, quality and autism practice manager, and four care staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with two relatives about their experience of the care provided, and two professionals who regularly visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely and received regular competency checks to ensure safe administration of medication.

- People were supported to take their medicines safely. Staff were trained and had their competency assessed to make sure they were managing people's medicines in a safe way.
- Records included protocols for 'as and when [PRN]' to take medicines and body charts for topical creams. We found people's body charts for topical creams information was stored in different files which could be confusing for staff. When we discussed this with the registered manager they said all relevant information would be moved and stored in to one file.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and who they would speak to if they had any issues or concerns. For example, one person told us, "I would speak to a member of staff if I was worried about anything."
- Relatives we spoke with felt their family members were safe living at the home or out doing things they enjoyed, and they had no concerns.
- Staff knew how to keep people safe from harm. Staff had received training in safeguarding and could identify types of abuse. Staff knew how to report any concerns, understood the safeguarding policy and knew where they could access this.

Assessing risk, safety monitoring and management

- People's needs were assessed, and care planning was tailored and personalised to meet people's needs. Care plan information included people's likes, dislikes, communication and routines.
- One- page profiles were in place detailing important information about the person, such as needs and risks.
- Risks were assessed, and guidance for staff to be able to support people safely was in place. These were not always reviewed or signed. The registered manager agreed to review and sign them.
- Staff had assessed people's safety and well-being needs and considered when planning their care. For example, if people had increased risks in relation to food and the risk of choking. We saw staff had person specific guidelines to follow. For example, foods to avoid if the person became anxious or distressed.

Staffing and recruitment

- Relatives told us, there had been staff changes but felt those changes were positive and they were developing good working relationships with the team. They [relatives] spoke positively about the management team.
- Professionals told us there was always enough staff and that the team were approachable and proactive.

- Staffing levels met the needs of the people. We saw people had opportunities to go out and follow their interests. This included staffing being available to support people on a one to one basis when required. For example, preparing a meal in the kitchen.
- Checks took place prior to potential employment of staff to ensure suitability to care for people. The registered manager also undertook regular checks on the continued suitability of staff to care for people, to provide ongoing assurance.
- Staff told us there was enough staff to care for people at times people wanted.
- The registered manager told us, they were recruiting to fill vacancies, and they used agency staff when needed to ensure people's needs are met. They told us they use the same agency staff member to ensure consistency of care.

Preventing and controlling infection

- Communal areas of the home were clean and tidy.
- Staff followed safe practices in line with infection control such as with handling of laundry. For example, different coloured baskets for each person was in place.
- Staff confirmed personal protective equipment, such as gloves and aprons, were available for them to use, to reduce any spread of infections.

Learning lessons when things go wrong

- One relative described an incident that took place in the past. They said they had worked with the team to identify the cause and to develop guidelines for staff to prevent happening again.
- Staff understood how to report and record any accidents and incidents.
- Systems were in place for recording of accidents and incidents. These were reviewed by senior management. Any lessons learned were discussed with the staff team and care files updated as necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed before moving in to the home, the information gathered formed people's care planning. One person told us, "I visited the service. I talked to the registered manager and staff about things I liked doing, and things I don't."
- Regular reviews were carried out to make sure people's changing needs were known to staff.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff support: induction, training, skills and experience

- Relatives we spoke with told us there had been staff changes. They felt there were enough experienced staff to support their family member.
- Staff told us, they completed induction training when first starting their employment which consisted of classroom based, e-Learning and the completion of the care certificate. The care certificate is a set of national standards that gives the skills, knowledge and behaviours expected in health and social care.
- Staff told us they received appropriate training to meet the needs of the people and to enable them to carry out their role. For example, specialist training in autism and epilepsy.

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

- People told us they enjoyed the food. They told us they had choices of meals. For example, if they wanted something different to the menu on offer this was facilitated.
- One relative told us they were working with staff to maintain a healthy weight for their family member.
- People were offered drinks and snacks throughout the day.
- Staff understood people's level of support needed and any risks associated with their eating and drinking. For example, good eating habits could be found in care files.

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

- One relative told us the registered manager had worked closely with health professionals to support their family members anxiety. This had been successful and improved the persons quality of life as they were now able to follow their interests.
- Health professionals told us the registered manager and staff team were proactive and followed guidance and advice offered.
- Each person had a health action plan which recorded when they attended health appointments and

outcomes to help remain healthy and well.

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

- People had their own bedrooms which were decorated to their personal taste and preferences.
- People had access to communal rooms and a large garden giving them choice of where they wanted to spend their time.
- There were areas of the home in need of some refurbishment such as windows and doors. Some improvements had already started to be made. For example, the outside of the house had been painted. The registered manager told us they continue to work with the landlord to ensure people's needs were met.

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.

- Staff had a good understanding of the MCA and supported people to make their own decisions wherever possible.
- Where people needed support to make decisions these were done in their best interest and recorded in care files.
- DoLS applications had been made and any conditions associated with their DoLS had been met. We discussed the need for the registered manager to keep a log of correspondence when waiting for authorisations to be granted.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now the same. 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 told us that they were well cared for and that they liked the staff supporting them. One person told us, "I like being in the kitchen and cooking with staff."
- People were relaxed and comfortable with staff. Staff were respectful and kind to people. We observed positive interactions.
- Staff confidently explained how each person received support. For example, with relationships important to people to have contact with. Staff supported people to achieve this.
- Staff spoke passionately about the people they supported. They [staff] knew people's likes and preferences and things that are important to them. For example, they told us, "[Person's name] loves pictures of aeroplanes."

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

- People said they were listened to and were involved, where possible, in their reviews and meetings.
- Each person had a key worker that worked with them supporting the person to express how they felt about their care. People were encouraged to make day to day decisions such as where they chose to spend their time.
- People had access to an advocate who visits the home and attend meetings.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent were possible, such as with things that are important to them.
- Staff treated people respectfully and with dignity. For example, when supporting with health needs.
- Staff understood the people and knew when people wanted space and time alone and ensured this was respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. 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 said, staff supported them to do things they enjoyed and that interested them. Activities sought were based on individual choice. People were supported to have an annual holiday if they wished.
- Care plans were person centred, staff understood people's individual care requirements by meeting regularly with people and understanding what had and had not worked well and making changes where necessary.

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.

- People were listened to, staff had received specialist training and demonstrated a good understanding of people's communication.
- The provider identified people's information and communication needs by assessing each person's individual needs. People's communication needs were recorded in care plans. We saw evidence that information and communication needs were being met. For example, there were activity schedules and menus in a pictorial format.

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 told us they were able to spend their day doing what they wanted. One person told us "I meet up with my friends at football."
- Relatives told us they were welcome to visit without restriction, and people were supported to go home regularly.
- Staff had a good understanding of people's preferences, routine's and support needs and promoted people's choices and control over the care and support they received on a daily basis. For example, people told us, they were able to do fun things such as rock climbing and horse riding.
- Professionals told us how people had benefited from living at the home, as they had seen people develop and start socialising, getting involved and using communal areas.

Improving care quality in response to complaints or concerns

- People told us they could talk to staff if they had any concerns.
- Relatives told us they know how to raise concerns, that the registered manager would act and respond but they were happy with the service.
- The provider had a complaints procedure in place and had not received any complaints in the last twelve months.

End of life care and support

- There was no one in receipt of end of life care at the time of our visit.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives spoke positively about staff and management. For example, one person said, "They [staff team] always do their best... you can't fault the managers."
- We saw people doing what they enjoyed such as, being in the kitchen, watching television or being out in the garden.
- Staff spoke positively of the management team. They told us they were encouraged to express their views and were listened to and managers were supportive. One staff said, "They [management] were so helpful and supportive when I needed them, I don't know what I would have done without them."
- The registered manager understood people's needs by regularly providing support and care for people, so felt they led by example.

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

- Relatives were informed of any accidents and incidents and said they had good, open and honest relationships with management.
- The registered manager and provider understood their legal responsibility in reporting any events and incidents which were legally required to the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and responsibilities. Managers monitored performance of staff through supervisions and spot checks on staff practice.
- The registered manager told us they were working towards standardising paper work such as health action plans to ensure it was easier for staff to find information.
- The provider was meeting their legal responsibility of displaying their last CQC inspection rating in the home.

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

- People and relatives are asked for feedback on how to improve the service through surveys. The registered manager told us, they would be sent out as part of the annual compliance audit and this year they will also be sending out to professionals who are involved in the service to complete.

- Surveys were developed in accessible formats for the people.

Continuous learning and improving care

- There were quality monitoring systems in place. A variety of audits were carried out and this meant that any shortfalls were identified and used to drive improvements. Records showed audits had become more comprehensive and were reviewed by the director of operations.

Working in partnership with others

- Professionals we talked with spoke positively about Upper Ford Lodge. The service has an excellent reputation of working well with others and being proactive in their approach. The registered manager worked closely with the specialist epilepsy nurse to support one person with their epilepsy. The registered manager took on the role of lead facilitator raising awareness and better understanding of epilepsy and delivers training to existing staff and new starters during their induction.
- The registered manager told us working with others had such a positive outcome for one person that they are now able to go out on activities and on holiday.
- The registered manager told us the success of one person's transition in to the home. They told us they worked with other professionals such as speciality doctors, community learning disability nurse and social worker. Careful planning was involved which included an initial assessment to make sure the service was right and met the needs of the person. The person was involved throughout the whole process and was able to develop their care planning around their aspirations and goals, wants and needs.