# Independence Matters C.I.C.

# Pine 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

Pine Lodge provides short term and respite care to around twenty adults with learning difficulties. They can accommodate up to three people at any one time.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who understood safeguarding procedures and were able to recognise the signs of potential abuse.

Risks to people had been thoroughly assessed and plans were put in place to manage these risks. At the same time people were supported to live their lives without unnecessary restrictions.

Robust recruitment procedures had been employed to ensure that staff were suitable to work with people who used the service. There were sufficient numbers of staff deployed to provide care safely. The service ensured that people with particularly complex needs were supported by staff who had the skills to meet those needs. Staff received comprehensive training to enable them to meet people's needs.

People were given support to take their medicines as prescribed. People's nutritional needs were met and they were supported to access appropriate healthcare services if they needed it.

People were supported by staff who showed respect and cared for them as individuals whilst maintaining their dignity. People were encouraged to make their own decisions where possible and their consent was sought appropriately.

People and those important to them were involved in planning of their care, how it was delivered and their independence was promoted. People's care was delivered in the way they wished, by staff who were knowledgeable about their needs.

People who used the service and staff who supported them were able to express their views on the service. People were supported to make complaints and were confident that these would be heard and acted upon. The service maintained good communication with people who used the service and their families.

The management team maintained a good overview of the service and had systems in place to monitor the safety and quality of the service. Staff were supported by the management and felt valued by the organisation.

## 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.

There were sufficient numbers of staff to meet people's needs. Staff were knowledgeable about safeguarding procedures.

Risks had been appropriately assessed as part of the care planning process. Staff had been provided with clear guidance on the management of identified risks.

Medicines were managed in accordance with best practice and people received their medicines safely.

### Is the service effective?

Good

The service was effective.

Staff were highly motivated, well trained and effectively supported. Induction procedures for new members of staff were robust and appropriate.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

People were supported to have their nutritional needs met and to access health care services.

### Is the service caring?

Good

The service was caring.

Staff knew people well and provided support discreetly and with compassion.

People and their families were fully involved in making decisions about their care and their independence was promoted.

### Is the service responsive?

Good

The service was responsive.

People's care plans were detailed, personalised and contained

information to enable staff to meet their identified care needs.

The needs of people were fully assessed before they started to use the service. People were supported through the transition between young people's and adult services.

People were supported to enjoy a range of activities that interested them.

People and their families were empowered to make meaningful decisions, about how they lived their lives. People were supported to raise any issues that concerned them.

## Is the service well-led?

Good

The service was well led.

The manager and directors had provided staff with appropriate leadership and support. Staff and managers worked effectively as a team to ensure people's needs were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided, and drive improvements within the service.

The service's managers and staff were open, willing to learn and worked collaboratively with other professionals to ensure peoples' health and care needs were met.

# Pine Lodge

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 08 August 2016 and was announced. The provider was given 24 hours' notice because the location was a small service. We wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider and returned to us in June 2016. 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.

We looked at previous information received from the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted a care commissioner (who funds the care for people) of the service, the local authority safeguarding team and the local authority quality monitoring team.

People who used the service were unable to give us their views. We spoke with three relatives of people who used the service, four members of staff and the registered manager. We also carried out some general observations during our visit.

We reviewed four people's care records and medicines administration record (MAR) charts. We viewed three staff recruitment files as well as training and induction records. We also reviewed a range of management documentation monitoring the quality of the service.

Good

# Is the service safe?

## Our findings

Staff told us that they received training in safeguarding and they were able to tell us different types of potential abuse that people might experience. They were confident that they could recognise if a person was experiencing harm in some way. They described what signs they would look for that might indicate potential harm. They also told us that they refreshed their safeguarding training in their annual appraisal sessions, by completing a workbook, to ensure that their knowledge was up to date.

People's relatives we spoke with told us, that they felt risks to people were well managed. One relative told us, "They (staff) have [person's] bed as low as it will go and monitor [person] and have pressure mats in case they fall out of bed when they have a seizure."

Risks to people's safety had been fully assessed and plans had been put in place to reduce the risk without restricting the person's freedom unnecessarily. Staff gave us an example of the assessment of risk for one person. The person had some difficulties with their balance and had been assessed as being at risk of falling when they were getting off the bus from their day service. So a care plan was put in place, and support provided when they exited the bus. However, they were assessed as not being at risk of falling when they got onto the bus. So they did this independently. Staff told us that it was important to promote the person's independence as much as possible.

The care plans we looked at gave clear and detailed information of the assessed risks to people and the measures put in place to reduce the risk. We saw that each person had a personal emergency evacuation plan which provided staff with guidance on how to support people to safety, in the event of an emergency in the home.

Staff also told us that risks were also assessed for them in respect of people who may express behaviour which challenges others. This would be to ensure that staff had the guidance to manage any such behaviours in order to maintain the safety of those people, others and staff around them. Another example would be ensuring staff were able to safely manoeuvre people's wheelchairs without putting themselves or people at risk of harm.

Staff were recruited using robust procedures that ensured they were suitable to work with vulnerable people. We saw that the service had sought references from previous employers. Disclosure and Barring Service (DBS) checks had been carried out to show the applicant's suitability for this type of work, The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

One person's relative we spoke with told us, "Yes there's enough staff." We looked at staff rotas and saw that there were consistently sufficient numbers of personnel available to meet people's needs. We were told that the service used agency staff when they needed to. The service requested that the same agency staff were used as they knew how the service operated and provided a greater level of consistency for people who used the service. Staff numbers were calculated according to the needs of the people using the service at

any one time. Since people's use of the service was planned well in advance of their stay, numbers of staff were calculated and staff allocated shifts in plenty of time to meet people's needs.

People's medicines were managed well. One person's relative with spoke with told us, "They manage medicines fine, haven't had a problem." Another person's relative told us, "As soon as [person] needs their medication they give it to them."

Medicines were booked in when the person started their stay at the service and were booked out as needed, when people went to their day service or ended their stay. The senior member of staff showed us that people's medicine administration record (MAR) charts were held electronically at the service. When people started their stay a MAR chart was completed for the medicines that they brought with them. As staff completed the MAR charts they checked the instructions on the medicines packets to ensure that the medicines were still 'in date' and whether the dosage had changed since the person's last stay. Medicines were administered by two staff to ensure accuracy and audits were carried out by the senior staff when they were on duty and administering medicines. We noted that all the MAR charts that we looked at were completed accurately and fully.

People's medicines were stored in locked drawers in their rooms or in a fridge for those medicines that needed refrigeration to ensure their effectiveness. Fridge temperatures were monitored daily and audited monthly. This ensured that medicines that required refrigeration were kept at the correct temperature to ensure their effectiveness.

Good

# Is the service effective?

## Our findings

People had their needs met by staff who had the necessary skills and had received comprehensive training. One person's relative we spoke with told us, "They (staff) definitely know what they're doing, they seem to have enough training."

Staff told us that they received training in a wide range of areas including; medicines management, safeguarding, infection control, equality and diversity, epilepsy, diabetes, end of life care and autism. They also told us that all new staff had to complete an induction booklet and attain national induction standards before they commenced working independently. We were told that all new staff had the opportunity to shadow more experienced staff before they commence work with people. All staff were also required to shadow more experienced colleagues before the started supporting any person they had not worked with before.

The provider told us in their PIR, "Staff training, we have mandatory and bespoke training, all new staff complete the care certificate. Staff work through self directed work books and are periodically tested by quizzes in team meetings and supervisions. Staff are measured against key performance objectives derived from the care standards and our business plan." We saw that staff performance was measured against national induction standards and care standards as part of their development.

Training in medicines administration was particularly robust. Staff told us that they first completed the training, then were observed to ensure their competence, and they were observed regularly throughout the year before their refresher training. The service had devised a flowchart in respect of medicine administration errors which had a colour coding to denote the severity of the error, which in turn dictated the action to be taken. Action could be additional practice or ceasing to administer medicines, until the member of staff had more training in this area.

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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called 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 were being met.

We saw that the service had sought DoLS authorisations for people in order to keep them and others safe. Staff operated within the principles of the act in order to keep people safe while not restricting their liberty unnecessarily. The staff we spoke with told us they had received training on the MCA. They were able to tell

us how the MCA affected their role and the support they provided to the people who used the service.

Staff understood the importance of people receiving support to make their own decisions and gave us examples of how they achieved this. They told us that they sought people's consent verbally or by watching people's facial expressions, if they could not communicate verbally. One member of staff told us, "As long as they're safe they can do what they want." A relative of one person told us, "They [staff] explain as much as they can to [person] so that they understand."

The registered manager had good knowledge of the MCA and demonstrated that they followed the principles of the Act when supporting the people who used the service. We saw records that showed appropriate steps had been taken in regards to protecting those people who were unable to make their own decisions. These included the recording of who was involved in making decisions in people's best interests and what these decisions were.

Although we did not observe a mealtime during our inspection, from the records we viewed and from the staff we spoke with, we concluded that people's nutritional needs were met. A relative of one person told us, "[Person] needs a soft diet and the staff manage this really well."

We saw that people's nutrition and hydration needs were carefully monitored at Pine Lodge. Some of the people who used the service had complex nutritional needs and staff had received specialised training in order to meet these needs such as the use of percutaneous endoscopic gastrostomy (PEG). This is a procedure where people receive their nutrition directly into their stomachs via a tube.

People's care plans also provided staff with clear guidance on the person's nutritional needs and how to meet them. For instance, if someone needed a soft diet there was information on how to prepare this to the needs of the person. The care plan of another person who needed a PEG tube to ingest their food provided staff with clear step-by-step guidance on how to meet their nutritional needs. There was clear guidance on quantities of food to provide, the timings of meals and how to set up the equipment. Staff told us that if they pureed food for people who had difficulties swallowing then they pureed each component of the meal individually in order to make it look more appetising. One member of staff we spoke with told us how they supported one person to eat. They told us, "[Person] dictates the pace of meals."

Some of the people who used the service had complex health needs and staff were provided with clear guidance on how to recognise when people needed specialised support. One person's relative told us that they were confident in the service's ability to respond to people's health needs. they told us, "[Staff] are very much on the ball." The registered manager told us that there was an arrangement with the local GP practice for people to be registered with them during their stay at Pine Lodge, so that medical support was close at hand if it was needed. Staff told us that they would make appointments for people when people required medical support. People's care plans contained detailed information on their physical and mental health needs to enable staff to identify health concerns especially for people who were unable to communicate verbally.

Good

# Is the service caring?

## Our findings

We saw staff treating people with respect and kindness and warmly interacting with them. One person's relative told us, "They're [staff] lovely, really nice people." Another person's relative told us, "The staff are lovely. I haven't found anyone that I wasn't happy to look after [person]."

Staff were able to tell us in great detail about the need of individuals. They told us about one person who sometimes exhibited behaviours that might challenge others and how they supported that person. They told us, "We know how to relax [Name], we distract them with something they like to do." Another member of staff we spoke with told us, "We know people's preferences." They also told us how they knew how people communicated. They gave us an example of one person who made a particular gesture if they were hungry, thirsty or too hot. One person's relative told us, "Like me they (staff) know [Name's] different mannerisms and what [Name] vocalisations mean."

People's care plans provided detailed information on their needs and preferences. We saw that there was one section which provided a 'pen picture' of the person. This section contained details of vital information about the person including health issues and contact details for family and health professionals. There were also details of the person's communication needs and what they wanted from the service.

People and their families were involved as much as possible in planning their care. We saw in people's care plans, where people were able to, they had signed their care plans in agreement with how their care was delivered. One person's relative told us, "[Name] has got a care plan and we've got a copy. Yes they did talk to us when it was all put together."

Care plans were reviewed regularly to ensure that they contained up to date information about the person. One person's relative told us that they attended the annual reviews and that they, "Feel listened to."

A relative of one person with complex needs told us, "Staff stand outside and keep an eye on [person] but give them as much privacy as possible." Staff told us that they ensured that they promoted people's dignity and told them what they were going to do before providing care. One member of staff told us, "You close the door and talk through everything you're going to do." We saw that people's confidential information was kept securely in the office at the service to ensure that it was only seen by those who needed to see it.

The service promoted people's independence. A relative of one person who used the service told us, "They [staff] support [person] to walk around as much as they can." Another example of how the service promoted people's independence was an area of the home that could be used as a self-contained area with it's own kitchen and bathroom. People who were able to could live more independently in this area of the home if they wished or could improve their independence skills.

Good

# Is the service responsive?

## Our findings

The team leader told us that some people who used the service had very complex needs. Staff who were particularly skilled at meeting these people's needs were allocated to shifts up to a month in advance, to ensure that the person's needs would be met. The registered manager told us that the furniture in rooms could be rearranged to meet people's individual needs and preferences. One person's relative told us, "I can't fault it at all, we always get the dates we want."

Before people started to use the service, there was a coordinated transition process to ensure that the service had an accurate picture of their needs and that people would be comfortable at Pine Lodge. The transition process consisted of the person visiting Pine Lodge and staff visiting them to discuss their needs with them and their families. Discussions were also held with people's previous respite providers and any other services that they used to get a comprehensive picture of their needs. Staff we spoke with told us, "It's a big jump between children's and adult's services. We try to make it as pain free as possible."

Care plans were person centred and provided very detailed information on how to meet each person's needs. There was clear family involvement in planning people's care where the person themselves was unable to contribute to the process. One person's relative told us, "We've told them (staff) what [Name] likes and doesn't like." Staff told us that they found the care plans gave them the information to meet people's needs for instance, around people's complex nutritional requirements. They told us, "The care plans are person centred, they are about the individual person."

One section of the care plans was titled, "What I want from the service." This provided staff with detailed information about what support each person wanted from the service. This included the person's needs regarding what equipment they needed to support them, how to support the person's nutritional needs and how to fit equipment such as body braces for people who needed them. There was also information on how the person communicated and what people's interests were, so staff could meet people's needs.

Staff encouraged people to join in with activities. For instance one member of staff told us that they found out that if they sang to one particular person it encouraged them to relax and participate in more activities. There was information about people's preferences for activities within their care plans. People and their relatives had been consulted about what their preferences for activities were. While people used the service at Pine Lodge they continued their normal daytime activities while at the weekend activities specific to people's preferences were provided. One person's relative told us, "If they can get [name] out, they do." There were also activities within the home and it was hope that the planned installation of a sensory room would offer people further options when they used the service.

We saw that Pine Lodge had a robust complaints procedure and we noted some of the complaints that had been received. Complaints were responded to promptly and were thoroughly investigated. The records we saw showed that this was to the satisfaction of all parties.

A relative of one person who used the service told us, "I've never had to complain." They went on to tell us,

"[Manager] would probably take suggestions on board, would listen and say if it worked or didn't work."

Arrangements were in place to enable people to provide feedback to the service. We saw copies of recent surveys for people who used the service or their relatives. These were all complimentary about the service. The surveys were produced in easy read and standard formats to enable as many people as possible to provide their feedback.

Good

# Is the service well-led?

## Our findings

The staff we spoke with talked positively about the registered manager at Pine Lodge and the provider organisation. They told us, "[Manager] is nearly always here, they're approachable, or they're available on the phone, [Manager] always rings back. "They treat us as equals." Another member of staff told us, "The office door is always open and [Management] make you feel valued."

Staff we spoke with also told us that there was an open culture within the provider organisation. One member of staff told us that the provider, Independence Matters, held 'meet and greet' sessions where staff can ask questions of the provider's senior officers. Another member of staff told us they spoke with the chief executive and felt respected by them and that they felt listened to. The registered manager told us that Independence Matters was a staff led company where the provider considered staff to be the ones to drive the business. Staff told us that the Independence Matters was not hierarchical and that they felt highly valued within the provider organisation.

The registered manager told us that practice issues were picked up and dealt with promptly and this was confirmed by staff we spoke with. They told us, "[Senior] picks up poor practice and we support and advise each other." Staff told us that the registered manager often supported them with practical tasks within the home and would ask them what tasks needed doing to support them. They told us, "[Manager] is never afraid to their hands dirty." The registered manager told us that the service tried as far as possible to use the same agency workers to cover any absence or shortfalls in permanent staffing as they felt it provided more consistency for the people who used the service.

Some staff members were part of the organisations staff advisory board which acted as a link between care staff and the provider's management team. This enabled them to put forward ideas about staffing issues to senior colleagues and ensure that the opinions of all staff were heard by the provider.

We noted from our records that the registered manager was complying with their responsibilities in notifying us of significant incidents.

The culture of the service was clearly to provide high quality person centred care for the people who used the service. The registered manager sought to model a caring and flexible approach to meet the different complex needs of the people who used the service. The service was adaptable to the needs of the people using it as evidenced by the deployment of specific staff who were particularly knowledgeable about meeting individual's complex needs.

Information about people's needs and any changes was communicated via a handover sheet to ensure that all staff were kept up to date and had all current information to effectively meet people's needs. We saw that there were regular staff team meetings held at Pine Lodge and that staff had the opportunity to during these to make suggestions and that these were listened to. The registered manager told us that the team had signed up to a social care commitment and used the team meetings to explore different care values such as promoting dignity and respect. They told us that the team discussed these values, what they meant and

how they could further improve their practice in respect of the values.

Staff told us that their suggestions for improvements to the service were welcomed. For instance, they had suggested to the registered manager that an underused room in the home could be converted into a sensory room for people who used the service. We saw that there were plans in progress to make this happen. A suggestion had also been made to redecorate the lounge and replace the flooring. This had also been agreed and was due to take place soon after our visit.

The service maintained robust records of safety checks on equipment in the premises. We saw audits of care files, room cleanliness and the management of medicines in the home. The audits identified any issues that needed attention and included action plans to remedy these. The registered manager also maintained a training matrix so that they could ensure that all staff training was up to date and identify when staff were due for refresher courses.