Howlett Homes Limited

Solent Lodge

Inspection report

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Hampshire
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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

The service provides residential care for up to four adults with learning and physical disabilities.

There was a registered manager in place. 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.

We previously inspected Solent Lodge on the 8 December 2016 and rated the home as requires improvement. We found a breach Regulation 17 HSCA RA Regulations 2014 Good governance. People who used the service were not protected against the risks of unsafe or ineffective care because effective quality assurance of the service was not taking place. We also found a breach of Regulation 12 HSCA RA Regulations 2014, Safe care and treatment. People who used the service were not always protected against the risks of unsafe or ineffective care because appropriate checks were not always being done to ensure that medicines were stored correctly. Regular checks had not been done to ensure the competency of staff administering medicines. There was insufficient guidance for staff about administering medicines that were to be given 'as required' and administration records were not always completed.

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

People were safeguarded from potential harm and abuse. Staff undertook safeguarding training and any issues raised were fully investigated. The service was homely and maintained to make sure it remained a safe and pleasant place for people to live.

Care and treatment was planned and delivered to maintain people's health and safety. During the inspection people's needs were met by sufficient numbers of staff.

Safe arrangements were in place to reduce the possibility of infection in the service.

The provider had learned lessons from previous inspections, accidents and incidents and use this to drive improvement.

Documentation was created in a format suitable to support people to make decisions.

The registered manager and staff had created a culture of promoting independence.

Recruitment processes remained robust. Medicines were administered by staff who had received training to undertake this safely.

Staff were provided with training to help them care for people effectively. They received supervision and appraisal, which helped to develop the staff's skills. People's dietary needs were known and if staff had concerns people were referred to relevant health care professionals to help to maintain their well-being.

People's rights were protected in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities regarding this.

Staff supported people with kindness, dignity and respect. People were supported to undertake a range of activities at the service and in the community.

People received the care and support they required and their needs were kept under review.

People were asked for their views about the service and feedback received was acted upon. The registered manager, staff and senior management team undertook checks and audits of the service.

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 had improved to good.

Medicines were stored and administered safely. Staff had received safeguarding training and were aware of actions they needed to take to keep people safe.

Staffing levels met the needs of the people using the service. Staff had been recruited safely. Processes were in place to manage any unsafe practice.

Appropriate arrangements were in place to reduce the possibility of infection in the home. Staff had received training in infection control.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service had improved to good.

The provider carried out robust quality assurance checks to assess and monitor the quality of care people received.

People felt there was an open, welcoming and approachable culture within the home.

The staff engaged positively with external healthcare professionals.

Solent 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 4 December 2017, was unannounced and carried out by one inspector.

We gave the service two days' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this.

Solent 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 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.

Prior to our inspection we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We also spoke with the local authority to gain their views about this service. We reviewed all of this information to help us to make a judgement.

During our inspection we undertook a tour of the service. We used observation to see how people were cared for whilst they were in the communal areas of the service. We looked at a variety of records; this included three people's care records, risk assessments and medicine administration records (MARs). We

looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and complaints information. We also looked at staff rotas, four staff files, supervision and appraisal records, as well as recruitment documentation.

We spoke with the registered manager, two members of staff, two healthcare professionals and reviewed feedback from relatives.

Good

Is the service safe?

Our findings

Comments from relatives' and healthcare professionals included, "The home is safe because they keep me updated a lot and I would know if there were any issues" and "The staff care about people here, they are like friends and they wouldn't let anything bad happen".

At our previous inspection we found guidance for administering medicine was not always clear so we issued a requirement notice. At this inspection we found improvements had been made and the provider had met the requirements of the regulation. The registered manager had told us a lot of lessons had been learnt from the previous inspection and said additional audits had been put in place in respect of medicine management. There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in a medicine cabinet that was secured to the wall. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing care and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and their individual needs. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs.

The provider had safe recruitment processes in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. One member of staff told us, "I would not hesitate to report something if I felt abuse was happening." We found safeguarding issues were reported to the local authority and were acted upon.

Peoples' care records contained assessments which identified potential risks which may impact on their health or safety. Assessments included strategies for staff and people to follow in relation to the risk of falls, choking, absconding, possible seizures and potential hazards to people's wellbeing when going out in the community. Risks to people's wellbeing were monitored and reviewed to help keep people safe. This was recorded in peoples' daily records which were also used to support peoples' care reviews. We observed staff understood the risks present for each person in their care and they were able to tell us about the action they would take to reduce the possibility of harm.

The provider had safe arrangements in place to reduce the possibility of infection in the home. Staff told us they were provided with personal protective equipment, for example; gloves and aprons to help maintain infection control. Advice was sought from infection control specialists to protect peoples' wellbeing. Quality assurance audits demonstrated the registered manager had frequently carried out health and safety checks to ensure the home was clean and safe to live in. One professional said, "I generally find the place clean and tidy when I visit. It's not always perfect but that is because people are doing activities and sometimes it can get messy but at least they (people) are doing things.

Good

Is the service effective?

Our findings

Healthcare professionals and staff told us people received effective care. One staff member said, "I have had loads of training in safeguarding and the care certificate" A member of staff said, "People get to pick what they want to eat" and "The MCA is about choices which we promote and we have to fill paperwork out for DoLS".

Staff were provided with and completed mandatory and specialist training. For example; first aid, moving and handling, fire safety, nutrition, food hygiene, safeguarding, the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS], learning disabilities and autism. Training provided helped staff to develop and maintain their skills. New staff had to complete a period of induction and undertake the fifteen elements of the care certificate [a nationally recognised training programme]. Staff received supervision and had a yearly appraisal, which allowed the registered manager and staff to discuss any performance issues or training needs.

Staff were knowledgeable about how to protect peoples' human rights. Staff told us they asked people to consent to their care. This was done by verbal communication or through the use of body language, communication symbols and pictures. We saw staff understood each person's unique way of communicating. We found staff gave people choices and supported them to make decisions for themselves. A member of staff said, "We get to know people well and we know when they are happy and sad because of their body language but they also tell us too."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the DoLS. The registered manager was aware of their responsibilities in relation to DoLS. Where people had been assessed as lacking capacity to give consent to their care and make their own decisions, care was provided in their best interests. Records showed staff had followed the key principles and the Act and appropriately recorded decisions made in peoples' best interest.

The registered manager said, "We have no dietary requirements as far as health is concerned" When we asked someone what they enjoyed eating they said, "cheese". Later in the afternoon a member of staff asked the person, "Would you like egg or cheese on your sandwich?" Staff were knowledgeable about what people liked to eat and drink. The registered manager said, "We all sit down together and talk about meals and drinks. They (people) decide what they want and then we get it delivered in"

We found people were supported by a range of health care professionals, such as GP's, district nurses, speech and language therapists, physiotherapists, chiropodists and dentists. We found as people's needs changed their care was reviewed and health care professionals were contacted for help and advice.

The service had a culture of promoting independence. Staff understood people's likes, dislikes and preferences for their care. Staff were positive in supporting people to develop their skills. For example, a

member of staff told us, "We have a one touch kettle so it takes the risk away and means people can make their own hot drinks with our help". Comments from staff included, "Would you like to go and get the milk", "Give it a stir (person)" and "Can you put the milk back in the fridge (person). These prompts were observed throughout our inspection and people responded very positively.

Good

Is the service caring?

Our findings

Healthcare professionals told us staff were caring. One professional commented, "The home has a good balance of staff and they look after people well, I am sure I would be happy to place a family member in there".

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans and risk assessments were documented using pictures, symbols and writing. We saw local advocacy information and dates of resident and relatives meetings were displayed to help keep people informed. A professional said, "People are able to express their views and tell staff how they are feeling"

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equality Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristic were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Staff understood peoples' preferences for their care and support, their personalities, interests and preferred routines. We observed this during a conversation between one person and a member of staff whilst they were taking part in activities. Staff were seen to be attentive and they offered help and assistance to people. Staff attended to people straight away if they were anxious or upset and comforted them in a gentle and kind way. To avoid anxiety about our visit the registered manager informed people we were coming to inspect the service. This helped one person who had a routine and was anxious about meeting new people. The person engaged with us and appeared comfortable in our presence. This demonstrated staff understood the importance of sharing information and supporting people to adjust their routines. When the person concerned seen us they shouted, smiled and laughed. A member of staff said, "That is a good sign because it means they are happy and doesn't mind you being here"

Peoples' individual communication needs were understood and staff gained good eye contact, bent down or used appropriate touch to aid communication or help to reassure people. We saw staff listened and acted upon what people said. For example, the registered manager responded positively when one person asked to show us around their bedroom and the home. The registered manager took a step back and encouraged the person to talk to us about their experience in the home. During our conversation the registered manager showed sensitivity when a difficult subject was discussed by redirecting the discussion to ensure dignity was maintained.

People received care and support in private in either their bedroom or in bathrooms with the doors closed. We saw staff knocked on people's bedroom doors before entering and addressed people by their preferred names. A relative said, "The staff are really caring and they do respect people"

There was a confidentiality policy in place for staff to follow. People's personal information was stored securely and computers were password protected in line with the Data Protection Act.

Good

Is the service responsive?

Our findings

Relatives' and healthcare professionals provided positive feedback about how staff responded to people. One healthcare professional said, "Every time I have been in the home there is usually something going on, people going out or doing things like singing to music, playing with magazines and making pictures".

People were supported to lead happy and fulfilled lives in the least restrictive way. They were empowered to make choices about all aspects of their lives, including what they did each day, where they went and how they spent their time. Staff told us about a wide variety of community-based activities they were supported to take part in. This included going to the disco, horse riding on a Thursday, cinema, shopping, visiting the day centre and attending church. Care plans accurately reflected peoples' hobbies and interests. One person's bedroom was covered in merchandise of their favourite football team. Their care plan detailed the importance of their preferred football team.

Records of the care and support delivered were maintained and showed people had been supported in accordance with their plans and their wishes. The registered manager had extensive knowledge of each person's needs and any underlying health concerns. The registered manager said, "We have a risk assessment in place for one person who had a seizure when they were four. We found this out during the assessment so it is important to acknowledge the risk in their care plan".

When people's needs changed, their care plans were reviewed to make sure they remained up to date and fit for purpose. For example, during a time of anxiety and behaviours that challenged one person's care plan was reviewed and updated to reflect changes required. Records showed a number of healthcare professionals had been involved in reviewing the persons care.

Each person's physical, medical and social needs had been assessed before they moved into the service and communicated to staff. Pre-admission assessment of needs included information about people's likes, dislikes and preferences about how their care was to be provided. Care plans also included information which documented people's upbringing, early life, education, teenage years, career and work, social and recreational interests and personal achievements. This detail was useful in supporting staff to build positive relationships with people.

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time. The registered manager had a positive and open relationship with people, so did not need to use formal complaints procedures to resolve concerns. Any issues raised were dealt with immediately as and when they arose. The views of people were sought on a daily basis and people were listened to, for example in their choice of meals and the way their rooms were decorated

Good

Is the service well-led?

Our findings

Relatives, healthcare professionals and staff told us the registered manager was approachable and that the service was well managed. One professional said, "It hasn't always been a good home but it is nice to have seen it develop and move into a better place now" and "The manager has been a really good thing for the place, honest and good with people".

At our previous inspection we found the provider did not have robust arrangements in place for monitoring the service and driving improvement so we issued a requirement notice. At this inspection we found improvements had been made and the provider had met the requirements of the regulation. We found quality monitoring checks and audits were in place. These covered areas such as; peoples' care and medicine records, accident and incidents, staff files, and the environment. Information from the checks and audits undertaken were shared with the provider. The registered manager said, "We have a monthly audit for medication, temperature checks, all temperature checks are on the computer. We have bath temperature checks. The water temperature can't go over 39 degrees but we get staff to check it anyway with a thermometer" and "I do the care plans. Daily notes are completed by the staff such as what food people have and what personal care they have but I check it".

Learning from safeguarding investigations, accidents and incidents was implemented to improve the service. The registered provider supported the service by ensuring best practice information was shared with the registered manager and staff. We found notifications were submitted to the Care Quality Commission as required by law.

Professionals provided positive feedback about the culture and leadership in the home. One professional said, "They (staff) seem to work very well, they are polite and caring. (Person) has absconded in the past in other homes, but here they have everything in place. People are always appropriately dressed for the weather, I get sent rotas every week, I like (person) to have a short sleeve shirt for cooking. The manager is good, good knowledge directs and manages the staff well and they seem to know what they are doing.

People's views were sought through speaking directly with them or through resident and relative meetings. We found feedback received was acted upon, such as suggestions of food to be added to the menu or activities or places to visit. The registered manager regularly obtained feedback from people. For example, amongst many questions, a resident meeting record showed people had been asked, "Do you like all the staff?" People responded positively and were happy with the care and support they received.

We saw staff meetings took place, which enabled staff to give their opinion about the service. Staff we spoke with told us they could speak to the registered manager or management team at any time and did not have to wait for meetings to air their views. Minutes of the meetings were provided to help staff who were unable to attend to keep informed.